

**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

Friends of Patrick J. Kennedy Inc.

ADDRESS (number and street)  
▼

P.O. Box 321

☐Check if different  
than previously  
reported. (ACC)

Pawtucket

RI

02860

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00326140

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

RI

01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☒

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(c) 30-Day **POST**-Election Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2007

through

06

30

2007

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

Type or Print Name of Treasurer

William San Bento, Jr.

Signature of Treasurer

Electronically Filed by William San Bento, Jr.

Date

07

12

2007

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Patrick J. Kennedy Inc.

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 7

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	287025.00	485694.51
(b) Total Contribution Refunds (from Line 20(d)).....	4225.00	6225.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	282800.00	479469.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	154748.97	430087.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	4771.00	7113.31
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	149977.97	422974.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	653637.60	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

## For further information contact:

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

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

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

Friends of Patrick J. Kennedy Inc.

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 7

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 7

## I. RECEIPTS

COLUMN A  
Total This PeriodCOLUMN B  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

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

237950.00

392047.00

(ii) Unitemized.....

3075.00

4490.00

(iii) TOTAL of contributions

from individuals..... ▶

241025.00

396537.00

(b) Political Party Committees.....

0.00

7.51

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

46000.00

89150.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)

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

287025.00

485694.51

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

0.00

0.00

## 13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

4771.00

7113.31

## 15. OTHER RECEIPTS

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

4285.60

11903.22

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

296081.60

504711.04

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	154748.97	430087.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	4225.00	6225.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4225.00	6225.00
21. OTHER DISBURSEMENTS.....	17850.00	79350.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	176823.97	515662.99

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	534379.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	296081.60
25. SUBTOTAL (add Line 23 and Line 24).....	830461.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	176823.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	653637.60

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

<b>Name of Candidate</b> Patrick J. Kennedy		<b>Candidate ID Number</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">H4RI01034</div>
<b>Name of Principal Campaign Committee</b> Friends of Patrick J. Kennedy Inc.		<b>Committee ID Number</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00326140</div>
<b>Committee Address</b> P.O. Box 321		
<b>City</b> Pawtucket	<b>State</b> RI	<b>ZIP</b> 02860
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">456811.04</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">47900.00</div>
2. Aggregate amount of contributions from personal funds of the candidate .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
3. Gross receipts minus the candidate's personal contributions .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">456811.04</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">47900.00</div>

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

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

FOR LINE NUMBER: PAGE 6 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

A. Jeffrey Abrams

Mailing Address 9350 Wilshire Blvd. Suite 250

City State Zip Code  
 Beverly Hills CA 90212

FEC ID number of contributing federal political committee.

C

Name of Employer  
Warner Bros.Occupation  
Writer/Producer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 7

Transaction ID: C33216

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

B. Jonathan Alexander

Mailing Address 818 Connecticut Ave., NW

City State Zip Code  
 Washington DC 20006

FEC ID number of contributing federal political committee.

C

Name of Employer  
Monument Strategies LLCOccupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33113

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

C. Michael Ansani

Mailing Address 1127 W. George St.

City State Zip Code  
 Chicago IL 60657

FEC ID number of contributing federal political committee.

C

Name of Employer  
RDM Development & Investment LLCOccupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: C33169

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) .....

1500.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Jerome Ansel

Mailing Address 7626 Fenwick Place

City State Zip Code  
 Boca Raton FL 33496

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Real Estate Developer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33306

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

**B.** Alexander R. Baldwin, III

Mailing Address c/o Stephen Smith & Co.  
509 Madison Ave. 15th Fl.

City State Zip Code  
 New York NY 10022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Actor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 9 / 2 0 0 7

Transaction ID: C33198

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**C.** Alexander R. Baldwin, III

Mailing Address c/o Stephen Smith & Co.  
509 Madison Ave. 15th Fl.

City State Zip Code  
 New York NY 10022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Actor

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33331

Amount of Each Receipt this Period

700.00

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

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

4000.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Alexander R. Baldwin, III

Mailing Address c/o Stephen Smith & Co.  
509 Madison Ave. 15th Fl.

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Actor

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 7

Transaction ID: C33330

Amount of Each Receipt this Period

1300.00

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

Full Name (Last, First, Middle Initial)

**B.** William Bartholomay

Mailing Address 10 S La Salle St.  
30th Fl.

City State Zip Code  
Chicago IL 60603-1021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Near North National Group

Occupation  
Broker

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: C33189

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

**C.** Michael Bauer

Mailing Address 2500 N Lakeview Ave  
Apt 2005

City State Zip Code  
Chicago IL 60614-4871

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RES Publica Group

Occupation  
Consultant

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: C33163

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) .....

1800.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Edmund J. Bergassi

Mailing Address 24 Sharot St.

City State Zip Code  
 New Rochelle NY 10801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bergassi Group LLC

Occupation  
Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33289

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)

Myles D. Berman

Mailing Address 6638 N. Ramona Ave.

City State Zip Code  
 Lincolnwood IL 60712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alzheimer & Gray

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 9 / 2 0 0 7

Transaction ID: C33187

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)

Diane Binder

Mailing Address 10960 Wilshire Blvd. #2150

City State Zip Code  
 Los Angeles CA 90024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Assistant Production Coordinator

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 7

Transaction ID: C33213

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) .....

1750.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Dara Blumenberg

Mailing Address 505 Greenwich St. PHC

City State Zip Code  
 New York NY 10013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Time Inc.

Occupation

Online Publisher

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33311

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**B.** Lawrence S. Bond

Mailing Address 11755 Wilshire Blvd. Suite 2100

City State Zip Code  
 Los Angeles CA 90025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bond Companies

Occupation

Chairman

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 8 / 2 0 0 7

Transaction ID: C33276

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**C.** Francisco L. Borges

Mailing Address 2 Northington Way

City State Zip Code  
 Farmington CT 06032

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

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

Transaction ID: C33120

Amount of Each Receipt this Period

1000.00

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

Refund issued this period

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

3000.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Shelley A. Botvin

Mailing Address 12 Bagy Wrinkle Cove

City State Zip Code  
 Warren RI 02885

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Homemaker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 7 / 2 0 0 7

Transaction ID: C33137

Amount of Each Receipt this Period

1250.00

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

Full Name (Last, First, Middle Initial)

**B.** Howard Bovers

Mailing Address 405 Lexington Ave  
 26th Fl.

City State Zip Code  
 Manhattan NY 10174

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Atlantic Sea Island Group  
LLC

Occupation  
Chairman

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33274

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**C.** Bill Boyd

Mailing Address P.O. Box 1179

City State Zip Code  
 Mc Kinney TX 75070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Boyd Veigel, P.C.

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 6 / 2 0 0 7

Transaction ID: C33099

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) .....

2500.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Stanley M. Brand

Mailing Address 3 Pebble Ridge Ct.

City State Zip Code  
 Rockville MD 20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brand Law Group

Occupation  
Attorney

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 4 / 2 5 / 2 0 0 7

Transaction ID: C33117

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)

Frank L. Branson

Mailing Address 4514 Cole Ave.  
Suite 1800

City State Zip Code  
 Dallas TX 75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: C33178

Amount of Each Receipt this Period

2300.00

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

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

Michelle Bratsafolis

Mailing Address 440 West End Ave.  
Apt. 4B

City State Zip Code  
 New York NY 10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33335

Amount of Each Receipt this Period

1900.00

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

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

5200.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Nicholas A. Bratsafolis Mailing Address 440 West End Ave. Apt. 4B City State Zip Code New York NY 10024 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Refinance.com CEO Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7 <b>Transaction ID: C33334</b> Amount of Each Receipt this Period 2300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Nicholas A. Bratsafolis Mailing Address 440 West End Ave. Apt. 4B City State Zip Code New York NY 10024 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Refinance.com CEO Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7 <b>Transaction ID: C33333</b> Amount of Each Receipt this Period 800.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Adam Brecht Mailing Address 7 Cornelia St. #2-F City State Zip Code New York NY 10014 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation International Cosmetics & Perfumes Director of Corp. Communications Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 7 <b>Transaction ID: C33154</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**4100.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Adam Brecht

Mailing Address 7 Cornelia St. #2-F

City State Zip Code  
 New York NY 10014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
International Cosmetics  
& Perfumes

Occupation

Director of Corp. Communications

Receipt For: 2008

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33336

Amount of Each Receipt this Period

50.00

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

Full Name (Last, First, Middle Initial)

**B.** Daniel B. Brewster, Jr.

Mailing Address 505 Greenwich St. PHC

City State Zip Code  
 New York NY 10013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Topping Fund LLC

Occupation

Managing Partner

Receipt For: 2008

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33313

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**C.** Graham H. Brewster

Mailing Address 505 Greenwich St. PHC

City State Zip Code  
 New York NY 10013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Deedz NYC LLC

Occupation

Principal

Receipt For: 2008

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33312

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) .....

2050.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Lawrence Brezner		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address c/o Satin & Co. 1601 Cloverfield Blvd. #500NT		<b>Transaction ID:</b> C33239
City Santa Monica	State CA	Zip Code 90404
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Morra Breazner Steinberg & Tenenba	Occupation Partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Eli Broad		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 10900 Wilshire Blvd. 12th Fl.		<b>Transaction ID:</b> C33219
City Los Angeles	State CA	Zip Code 90024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Broad Foundations	Occupation Founder	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Katherine D. Brodie		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 6818 Brookville Rd.		<b>Transaction ID:</b> C33281
City Chevy Chase	State MD	Zip Code 20815
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Akin Gump Strauss Hauer & Feld LLP	Occupation Policy Counsel	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Dorothy A. Budd

Mailing Address 3707 Crescent

City State Zip Code  
 Dallas TX 75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 3 / 2 0 0 7

Transaction ID: C33082

Amount of Each Receipt this Period

500.00

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

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

John J. Bulfin

Mailing Address 134 Cortez Rd.

City State Zip Code  
 West Palm Beach FL 33405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEO Group Inc.

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 9 / 2 0 0 7

Transaction ID: C33057

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)

Kathy Byrne

Mailing Address 250 E. Pearson

City State Zip Code  
 Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cooney & Conway

Occupation

Attorney

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 5 / 1 8 / 2 0 0 7

Transaction ID: C33156

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) .....

2000.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

**A.** Full Name (Last, First, Middle Initial)  
Christopher Cantrell  
Mailing Address 4118 Woodcreek Dr.

City State Zip Code  
Dallas TX 75220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Professor

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 7

Transaction ID: C33061

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)  
P.R. Caramadre  
Mailing Address 1403 Warwick Ave. #106

City State Zip Code  
Warwick RI 02888

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Delta Dental

Occupation  
Business Executive

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: C33105

Amount of Each Receipt this Period

2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
P.R. Caramadre  
Mailing Address 1403 Warwick Ave. #106

City State Zip Code  
Warwick RI 02888

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Delta Dental

Occupation  
Business Executive

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: C33104

Amount of Each Receipt this Period

2300.00

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

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

4850.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Vincent Caramadre

Mailing Address 140 Hazelton St.

City State Zip Code  
 Cranston RI 02920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EPR Inc.

Occupation

Computer Analyst

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 3 / 2 0 0 7

Transaction ID: C33106

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

**B.** Vincent Caramadre

Mailing Address 140 Hazelton St.

City State Zip Code  
 Cranston RI 02920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EPR Inc.

Occupation

Computer Analyst

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 3 / 2 0 0 7

Transaction ID: C33107

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

**C.** Nancy G. Cheney

Mailing Address 3601 Turtle Creek #504

City State Zip Code  
 Dallas TX 75219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33204

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) .....

5600.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Myron M. Cherry

Mailing Address 30 N. LaSalle

City State Zip Code  
 Chicago IL 60602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Myron M. Cherry & Associa-  
tes

Occupation  
Attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: C33176

Amount of Each Receipt this Period

500.00

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

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

Randall F. Clark

Mailing Address 22053 Caroline Ct

City State Zip Code  
 Frankfort IL 60423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Merchandise Mart Properti-  
es

Occupation  
Attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: C33162

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)

George A. Cloutier

Mailing Address 240 North Ocean Blvd.

City State Zip Code  
 Palm Beach FL 33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Management Servi-  
ces

Occupation  
Principal

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 1 / 2 0 0 7

Transaction ID: C33050

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) .....

2750.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Marshall S. Cogan Mailing Address 15 West 53rd St. Apt. 31B City New York State NY Zip Code 10019 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Generation III Occupation Investor Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 0.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 7 <b>Transaction ID: C33201</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Refund issued this period
<b>B.</b> Full Name (Last, First, Middle Initial) Arnold Cohen Mailing Address 500 Bayview Dr. #1120 City Sunny Isles State FL Zip Code 33160 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Retired Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 7 <b>Transaction ID: C33252</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Nancy Corshen Mailing Address 254 19th St. City Santa Monica State CA Zip Code 90402 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 7 <b>Transaction ID: C33209</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**2500.00**

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

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 21 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

**A.** Full Name (Last, First, Middle Initial)  
Catherine M. Crowley

Mailing Address 70 E 96th St  
Apt 5B

City State Zip Code  
New York NY 10128-0749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 7

Transaction ID: C33251

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)  
Elizabeth I. Crown

Mailing Address 332 Eaton Ln.

City State Zip Code  
Northfield IL 60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C33287

Amount of Each Receipt this Period

2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Patricia Crown

Mailing Address 5 Polo Club Dr.

City State Zip Code  
Denver CO 80209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Psychotherapist

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C33286

Amount of Each Receipt this Period

2300.00

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

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

5600.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Michael F. Csar

Mailing Address 215 W. Huron St. #3

City State Zip Code  
 Chicago IL 60610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gardner Carton & Douglas

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 9 / 2 0 0 7

Transaction ID: C33188

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)

Brian Daly

Mailing Address 1601 W. School St.  
 Apt. 208

City State Zip Code  
 Chicago IL 60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fidelity Consulting Group  
LLC

Occupation  
Principal

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: C33170

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)

Larry S. Davis

Mailing Address 1322 Monroe St.

City State Zip Code  
 Hollywood FL 33019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 9 / 2 0 0 7

Transaction ID: C33055

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) .....

1250.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

**A.** Full Name (Last, First, Middle Initial)  
Nancy Jean Davis  
Mailing Address 10811 SW Tradition Sq.

City State Zip Code  
Port Saint Lucie FL 34987
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested
Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 7

Transaction ID: C33060

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)  
Virginia De Paiva  
Mailing Address 90 Beechwood Dr.

City State Zip Code  
Cranston RI 02921
FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired
Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 7

Transaction ID: C33108

Amount of Each Receipt this Period

2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Virginia De Paiva  
Mailing Address 90 Beechwood Dr.

City State Zip Code  
Cranston RI 02921
FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired
Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 7

Transaction ID: C33109

Amount of Each Receipt this Period

2300.00

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

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

5600.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

**A.** Full Name (Last, First, Middle Initial)  
Eugene A. Dellea

Mailing Address 26 Albany Rd.

City State Zip Code  
West Stockbridge MA 01266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berkshire Health Systems

Occupation  
President

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 0 7

Transaction ID: C33254

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)  
Valerie Devereaux

Mailing Address 2384 SE 13th Court

City State Zip Code  
Pompano Beach FL 33062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 7

Transaction ID: C33052

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)  
Robert D. Dockendorff

Mailing Address 260 Amber Drive

City State Zip Code  
San Francisco CA 94131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 7

Transaction ID: C33242

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) .....

2000.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

B.J. Dockweiler

Mailing Address 833 San Vicente Blvd.

City State Zip Code  
 Santa Monica CA 90402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Producer/Fundraiser

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33231

Amount of Each Receipt this Period

500.00

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

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

Jay Doherty

Mailing Address 210 E. Pearson St. Suite 9B

City State Zip Code  
 Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Haymarket Group

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 9 / 2 0 0 7

Transaction ID: C33194

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)

Jorge A. Dominicus

Mailing Address 7103 S. Flagler Dr.

City State Zip Code  
 West Palm Beach FL 33405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Crystals

Occupation  
Vice President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 9 / 2 0 0 7

Transaction ID: C33058

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) .....

2500.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

**A.** Full Name (Last, First, Middle Initial)  
Mark Donheiser  
Mailing Address 4214 Southcrest Rd.

City State Zip Code  
Dallas TX 75229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mathis & Donheiser

Occupation  
Attorney

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 4 / 0 3 / 2 0 0 7

Transaction ID: C33070

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)  
Donald J. Dowd  
Mailing Address 69 Hale St.

City State Zip Code  
Springfield MA 01108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coca-Cola Co.

Occupation  
Consultant

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 7

Transaction ID: C33243

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)  
Michael J. Duggan  
Mailing Address 207 Mabery Rd.

City State Zip Code  
Santa Monica CA 90402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 7

Transaction ID: C33207

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) .....

2250.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

**A.** Full Name (Last, First, Middle Initial)  
Richard E. Farley  
Mailing Address 80 Pine St. 19th Fl.

City State Zip Code  
New York NY 10005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cahill, Gordon & Reindal

Occupation  
Attorney

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 7

Transaction ID: C33341

Amount of Each Receipt this Period

2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Richard E. Farley  
Mailing Address 80 Pine St. 19th Fl.

City State Zip Code  
New York NY 10005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cahill, Gordon & Reindal

Occupation  
Attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 7

Transaction ID: C33340

Amount of Each Receipt this Period

2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Cynthia Farrelly Gesner  
Mailing Address 3735 Malibu Vista Dr.

City State Zip Code  
Malibu CA 90265

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Actress

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 7

Transaction ID: C33223

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) .....

4900.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Victor Fazio

Mailing Address 1333 New Hampshire Ave NW

City State Zip Code  
 Washington DC 20036-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akin Gump Strauss Hauer  
& Feld LLP

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33283

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)

Rebecca Feliciano

Mailing Address Via Portica #8  
Monte Alvernia

City State Zip Code  
 Guaynabo PR 00969

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33319

Amount of Each Receipt this Period

400.00

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

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

Rajiv K. Fernando

Mailing Address 141 W. Jackson Blvd. Suite 2201A

City State Zip Code  
 Chicago IL 60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Trader

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: C33177

Amount of Each Receipt this Period

2300.00

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

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

3700.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Miguel Forbes		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address c/o Forbes Magazine 60 Fifth Ave.		<b>Transaction ID:</b> C33302
City New York	State NY	Zip Code 10011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Forbes Magazine	Occupation VP of Business Development	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

<b>B.</b> Full Name (Last, First, Middle Initial) William L. Fouche, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 560 Northlake Dr.		<b>Transaction ID:</b> C33100
City Dallas	State TX	Zip Code 75218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

<b>C.</b> Full Name (Last, First, Middle Initial) Mark W. Freel		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 73 Governor Bradford Dr.		<b>Transaction ID:</b> C33136
City Barrington	State RI	Zip Code 02806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Edwards Angell Palmer & Dudge LLP	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Mitchell H. Freeman		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 640 West End Ave. Apt. 7B		<b>Transaction ID:</b> C33320
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-employed	Occupation Private Investor/Advisor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

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

<b>B.</b> Full Name (Last, First, Middle Initial) Mark Freitas		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 10 Spring House Rd.		<b>Transaction ID:</b> C33244
City State Zip Code Greenwich CT 06831	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Frank Crystal & Co.	Occupation President & COO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

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

<b>C.</b> Full Name (Last, First, Middle Initial) Cynthia Friedman		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 300 Seminole Ave. Apt 2A		<b>Transaction ID:</b> C33303
City State Zip Code Palm Beach FL 33480-3779	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-employed	Occupation Private Investor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

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

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

3150.00

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

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 31 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Lindsay A. Gardner

Mailing Address 348 25th St.

City State Zip Code  
 Santa Monica CA 90402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Media Tech Capital Invest-  
ments

Occupation  
Investor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 7

Transaction ID: C33214

Amount of Each Receipt this Period

500.00

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

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

Joseph E. Gargan

Mailing Address 1401 Langley Pl

City State Zip Code  
 Mc Lean VA 22101-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mesirow Financial Inc.

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33304

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)

Gary J. Gaube

Mailing Address 280 Child Hill Rd.

City State Zip Code  
 Woodstock CT 06281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Landmark Medical Associat-  
es

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 7 / 2 0 0 7

Transaction ID: C33134

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) .....

2500.00

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

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

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

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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)

Friends of Patrick J. Kennedy Inc.

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

John J. George

Mailing Address 20 S. Clark St. Suite 400

City State Zip Code  
 Chicago IL 60603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Daley & George LLP

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: C33155

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)

Kent E. George, Jr.

Mailing Address 6 Latimer Rd.

City State Zip Code  
 Santa Monica CA 90402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Actor/Writer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 7

Transaction ID: C33221

Amount of Each Receipt this Period

2300.00

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

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

Kent E. George, Jr.

Mailing Address 6 Latimer Rd.

City State Zip Code  
 Santa Monica CA 90402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Actor/Writer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 7

Transaction ID: C33222

Amount of Each Receipt this Period

200.00

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

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

3500.00

**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 33 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

A. Wallace B. Gernt, Jr.

Mailing Address 14 Wingate Rd.

City State Zip Code  
 Providence RI 02906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gernt & Associates

Occupation  
Consultant

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 5 / 1 7 / 2 0 0 7

Transaction ID: C33138

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

B. Gerard Gil

Mailing Address Galeria Paseos Mall  
 100 Gran Blvd., Suite 102

City State Zip Code  
 San Juan PR 00926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Attorney/Developer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33343

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

C. Gerard Gil

Mailing Address Galeria Paseos Mall  
 100 Gran Blvd., Suite 102

City State Zip Code  
 San Juan PR 00926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Attorney/Developer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33344

Amount of Each Receipt this Period

2300.00

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

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

5600.00

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)

Friends of Patrick J. Kennedy Inc.

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

Richard Gilbert

Mailing Address 51 Line Rd.

City State Zip Code  
 Malvern PA 19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 7 / 2 0 0 7

Transaction ID: C33088

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)

Matthew A. Gohd

Mailing Address 101 W. 67th St.

City State Zip Code  
 New York NY 10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palicapital Inc.

Occupation

Senior Managing Director

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33316

Amount of Each Receipt this Period

1000.00

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

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

David Gomes

Mailing Address 10 Summer St.

City State Zip Code  
 Norwell MA 02061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C Drive Corporation

Occupation

Sales/Marketing

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 5 / 1 7 / 2 0 0 7

Transaction ID: C33142

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**

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)

Friends of Patrick J. Kennedy Inc.

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

George B. Gould

Mailing Address 750 Hickory Ln.

City State Zip Code  
 Woodstock VA 22664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
George B. Gould Inc.

Occupation  
Consultant

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt

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

Transaction ID: C33118

Amount of Each Receipt this Period

500.00

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

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

Fernando E. Grillo

Mailing Address 1223 N. Greenview Ave. #25

City State Zip Code  
 Chicago IL 60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grillo & Associates

Occupation  
Attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: C33171

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)

John C. Grzebien

Mailing Address 511 Wolfe St

City State Zip Code  
 Alexandria VA 22314-3729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

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

Transaction ID: C33292

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) .....

2000.00

**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)

Friends of Patrick J. Kennedy Inc.

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

Youn Hadar

Mailing Address 20 East 9th St. #3D

City State Zip Code  
 New York NY 10003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33347

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)

John Hannan

Mailing Address 1133 5th Ave.

City State Zip Code  
 New York NY 10019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lion Advisors

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33272

Amount of Each Receipt this Period

2300.00

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

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

Debra L. Harriman

Mailing Address 2067 Norfork Rd.

City State Zip Code  
 Northfield IL 60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C33285

Amount of Each Receipt this Period

2300.00

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

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

5600.00

**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)

Friends of Patrick J. Kennedy Inc.

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

Gerald T. Harrington

Mailing Address 209 Blackberry Hill Dr.

City State Zip Code  
 South Kingstown RI 02879

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capitol City Group LLC

Occupation  
Managing Director

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 7 / 2 0 0 7

Transaction ID: C33151

Amount of Each Receipt this Period

2300.00

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

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

John B. Harwood

Mailing Address 72 Capwell Ave.

City State Zip Code  
 Pawtucket RI 02860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 7 / 2 0 0 7

Transaction ID: C33143

Amount of Each Receipt this Period

1000.00

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

**C.** Full Name (Last, First, Middle Initial)

David Herrman

Mailing Address 4924 Greenville Ave.

City State Zip Code  
 Dallas TX 75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Herrman Sherrman LLP

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 3 / 2 0 0 7

Transaction ID: C33068

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) .....

3550.00

**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)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Seema Hingorani

Mailing Address 4 Nutmeg Ln.

City State Zip Code  
 Darien CT 06820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fidelity Investments

Occupation  
Global Director of Research

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33346

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**B.** Melody L. Hobson

Mailing Address 1200 N. Lake Shore Dr.  
 Apt. 1005

City State Zip Code  
 Chicago IL 60610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ariel Capital Management

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: C33165

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**C.** Alan P. Hogan

Mailing Address 661 E. 9th St.

City State Zip Code  
 Indianapolis IN 46202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hogan Group Inc.

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C33300

Amount of Each Receipt this Period

2300.00

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

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

4300.00

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

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 39 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Vicki V. Hood

Mailing Address 130 N Garland Ct  
Apt. 4205

City State Zip Code  
Chicago IL 60602-4842

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kirkland & Ellis

Occupation  
Attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: C33193

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**B.** Ada Horwich

Mailing Address 630 N. Maple Dr.

City State Zip Code  
Beverly Hills CA 90210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Clinical Social Worker

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 7

Transaction ID: C33211

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

**C.** Norman Hsu

Mailing Address 160 Wooster St. #3C

City State Zip Code  
New York NY 10012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Next Components Ltd

Occupation  
Director

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 7

Transaction ID: C33310

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) .....

2500.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

George-Ann Hyams

Mailing Address 627 San Lorenzo St.

City State Zip Code  
 Santa Monica CA 90402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
George Spota Productions  
Inc.

Occupation  
Producer

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 5 / 3 0 / 2 0 0 7

Transaction ID: C33217

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)

Jill Iscol

Mailing Address 63 Lyndel Rd.

City State Zip Code  
 Pound Ridge NY 10576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iscol Family Foundation

Occupation  
Executive Director

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33332

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)

Justin L. Jeter

Mailing Address 6635 Lange Cir.

City State Zip Code  
 Dallas TX 75214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mathis & Donheiser

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 3 / 2 0 0 7

Transaction ID: C33064

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) .....

2250.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Edward M. Kennedy, Jr.

Mailing Address P.O. Box 8124

City State Zip Code  
 New Haven CT 06530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marwood Group

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33339

Amount of Each Receipt this Period

2000.00

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

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

Roger Khetan

Mailing Address 2817 Dyer St.

City State Zip Code  
 Dallas TX 75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baylor Hospital

Occupation  
ER Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 9 / 2 0 0 7

Transaction ID: C33103

Amount of Each Receipt this Period

300.00

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

Refund issued this period

**C.** Full Name (Last, First, Middle Initial)

Roger Khetan

Mailing Address 2817 Dyer St.

City State Zip Code  
 Dallas TX 75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baylor Hospital

Occupation  
ER Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 9 / 2 0 0 7

Transaction ID: C33051

Amount of Each Receipt this Period

100.00

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

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

2400.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Dale Klatzker		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 27 Peepload Rd		<b>Transaction ID:</b> C33145
City Scituate	State RI	Zip Code 02857
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Providence Center	Occupation CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

<b>B.</b> Full Name (Last, First, Middle Initial) David M. Knott		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 232 Cleft Rd.		<b>Transaction ID:</b> C33273
City Mill Neck	State NY	Zip Code 11765
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Knott Partners Management	Occupation Fund Manager	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

<b>C.</b> Full Name (Last, First, Middle Initial) Joseph A. Kouba		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 1445 5th St.		<b>Transaction ID:</b> C33206
City Santa Monica	State CA	Zip Code 90401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Businessman/Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Peter A. Kraus		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 4906 Shadywood Ln.		<b>Transaction ID:</b> C33067
City Dallas	State TX	Zip Code 75209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Waters & Kraus LLP	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

<b>B.</b> Full Name (Last, First, Middle Initial) Gilbert H. Lamphere		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 645 Fifth Ave. 18th Fl.		<b>Transaction ID:</b> C33305
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Finance	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

<b>C.</b> Full Name (Last, First, Middle Initial) Thomas E. Lanctot		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 1500 Tower Rd.		<b>Transaction ID:</b> C33190
City Winnetka	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer William Blair & Company	Occupation Investment Banker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

A. Thomas H. Lee

Mailing Address 767 5th Ave  
Ste 600

City State Zip Code  
New York NY 10153-0075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thomas H. Lee Capital LLC

Occupation  
President

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 7

Transaction ID: C33246

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

B. Thomas H. Lee

Mailing Address 767 5th Ave  
Ste 600

City State Zip Code  
New York NY 10153-0075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thomas H. Lee Capital LLC

Occupation  
President

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 7

Transaction ID: C33247

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

C. Timothy J. Leiweke

Mailing Address 572 N. Bundy

City State Zip Code  
Los Angeles CA 90049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AEG

Occupation  
President & CEO

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

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

Transaction ID: C33183

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) .....

6600.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** John G. Levi

Mailing Address 10 South Dearborn St.

City State Zip Code  
 Chicago IL 60603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sidney & Austin

Occupation  
Attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C33262

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

**B.** Daniel Levin

Mailing Address 350 W. Hubbard St.  
Suite 500

City State Zip Code  
 Chicago IL 60610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Habitat Co.

Occupation  
Developer

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 5 / 2 9 / 2 0 0 7

Transaction ID: C33186

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**C.** Andrew A. Levy

Mailing Address 46 Baldwin Farms North

City State Zip Code  
 Greenwich CT 06831

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33323

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Rodney B. Lewis

Mailing Address P.O. Box 400

City State Zip Code  
 Sacaton AZ 85247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gila River Indian Communi-  
ty

Occupation  
General Counsel

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33342

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)

Martin Lifton

Mailing Address 3333 New Hyde Park Rd.

City State Zip Code  
 New Hyde Park NY 11042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lifton Company

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33321

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)

Marcie K. Lipsitz

Mailing Address 3537 Haynie Ave.

City State Zip Code  
 Dallas TX 75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

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 4 / 1 7 / 2 0 0 7

Transaction ID: C33090

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) .....

1750.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Paul M. Lisnek		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address 623 W. Briar Pl.		<b>Transaction ID:</b> C33116
City State Zip Code Chicago IL 60657		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Paul M. Lisnek		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 623 W. Briar Pl.		<b>Transaction ID:</b> C33161
City State Zip Code Chicago IL 60657		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Steven C. Lockard		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 6500 Eagle Ridge Dr.		<b>Transaction ID:</b> C33096
City State Zip Code El Paso TX 79912-2005		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer TPI Composites	Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Steven C. Lockard

Mailing Address 6500 Eagle Ridge Dr.

City State Zip Code  
 El Paso TX 79912-2005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TPI Composites

Occupation  
President

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 3 / 2 0 0 7

Transaction ID: C33097

Amount of Each Receipt this Period

500.00

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

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

Edward T. Lopes, Jr.

Mailing Address 43 Hamilton Dr.

City State Zip Code  
 Portsmouth RI 02871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 7 / 2 0 0 7

Transaction ID: C33140

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)

Claudette Lussier

Mailing Address 1717 Redcliff St.

City State Zip Code  
 Los Angeles CA 90026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 3 0 / 2 0 0 7

Transaction ID: C33220

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) .....

1250.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Anne Mai

Mailing Address 50 Cornwall Ln.

City State Zip Code  
 Port Washington NY 11050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33328

Amount of Each Receipt this Period

400.00

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

Full Name (Last, First, Middle Initial)

**B.** Vincent A. Mai

Mailing Address 50 Cornwall Ln.

City State Zip Code  
 Port Washington NY 11050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AEA Investors

Occupation

Chairman

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33327

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

**C.** Vincent A. Mai

Mailing Address 50 Cornwall Ln.

City State Zip Code  
 Port Washington NY 11050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AEA Investors

Occupation

Chairman

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33326

Amount of Each Receipt this Period

2300.00

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

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

5000.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Ralph M. Mariano

Mailing Address P.O. Box 4736

City State Zip Code  
 Middletown RI 02842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dept. of Defense

Occupation  
Engineer

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 5 / 1 7 / 2 0 0 7

Transaction ID: C33153

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)

Randal Mathis

Mailing Address 5302 Swiss Ave.

City State Zip Code  
 Dallas TX 75214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mathis & Donheiser

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 1 / 2 0 0 7

Transaction ID: C33126

Amount of Each Receipt this Period

2300.00

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

\* In-Kind: Reception - Ca-  
tering

**C.** Full Name (Last, First, Middle Initial)

Randal Mathis

Mailing Address 5302 Swiss Ave.

City State Zip Code  
 Dallas TX 75214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mathis & Donheiser

Occupation  
Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 1 / 2 0 0 7

Transaction ID: C33131

Amount of Each Receipt this Period

2300.00

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

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

5600.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 209

(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			

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)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Rebekah Mathis Mailing Address 5302 Swiss Ave. City Dallas State TX Zip Code 75214 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Mathis & Donheiser Occupation Attorney Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: C33127 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * In-Kind: Reception - Ca- tering	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	7	2300.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		0	1		2	0	0	7																							
2300.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) Rebekah Mathis Mailing Address 5302 Swiss Ave. City Dallas State TX Zip Code 75214 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Mathis & Donheiser Occupation Attorney Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: C33130 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	7	2300.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		1	1		2	0	0	7																							
2300.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) Peter S. McDonnell Mailing Address 522 Kenilworth Ave. City Kenilworth State IL Zip Code 60043 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Advanced Equities Occupation Investment Banker Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: C33159 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	0	7	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		1	8		2	0	0	7																							
500.00																																

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

5100.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

John H. McDowell

Mailing Address 6612 Mercedes

City State Zip Code  
 Dallas TX 75214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hughes Luce LLP

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 3 / 2 0 0 7

Transaction ID: C33066

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)

Kathleen A. McGrath

Mailing Address 9350 Wilshire Blvd. Suite 250

City State Zip Code  
 Beverly Hills CA 90212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First Tuesday Media

Occupation  
Producer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 7

Transaction ID: C33215

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)

Michael E. McMahon

Mailing Address 60 Hammond Hill

City State Zip Code  
 Saunderstown RI 02874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33301

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) .....

1750.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

**A.** Full Name (Last, First, Middle Initial)  
Jan Miller  
Mailing Address 3827 Beverly Dr.

City State Zip Code  
Dallas TX 75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 7

Transaction ID: C33115

Amount of Each Receipt this Period

500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Christopher Modrzejewski  
Mailing Address 584 Rosemont Ave.

City State Zip Code  
Pasadena CA 91103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sage Advisors Inc.

Occupation  
Consultant

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: C33184

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)  
Mohegan Tribe  
Mailing Address 5 Crow Hill Rd.

City State Zip Code  
Uncasville CT 06382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 7

Transaction ID: C33087

Amount of Each Receipt this Period

2300.00

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

Funds Permissible Under  
the Act

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

3300.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Mohegan Tribe		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 5 Crow Hill Rd.		<b>Transaction ID:</b> C33086
City Uncasville	State CT	Zip Code 06382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	Refund issued this period

<b>B.</b> Full Name (Last, First, Middle Initial) Barbara R. Monie		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 7865 East Cannon Dr.		<b>Transaction ID:</b> C33095
City Scottsdale	State AZ	Zip Code 85258
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer TPI Composites	Occupation COO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Alonzo Monk		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 405 N. Lincoln Ave.		<b>Transaction ID:</b> C33172
City Park Ridge	State IL	Zip Code 60068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AM3	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

4200.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

John T. Moore

Mailing Address 9 Old Field Rd.

City State Zip Code  
 Setauket NY 11733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marwood Group

Occupation  
Investor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33338

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)

Morongo Band of Mission Indians

Mailing Address P.O. Box 366

City State Zip Code  
 Cabazon CA 92230

FEC ID number of contributing  
federal political committee.

C

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 4 / 1 6 / 2 0 0 7

Transaction ID: C33098

Amount of Each Receipt this Period

1000.00

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

Funds Permissible Under  
the Act

**C.** Full Name (Last, First, Middle Initial)

Barry Newman

Mailing Address 225 West 34th St. Suite 2220

City State Zip Code  
 New York NY 10122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lehman Newman & Flynn CPA

Occupation  
CPA

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33322

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**

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

FOR LINE NUMBER: PAGE 56 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Joseph Noonan

Mailing Address 28 Bridle Ln.

City State Zip Code  
 Scituate MA 02066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 7 / 2 0 0 7

Transaction ID: C33148

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)

Lawrence O'Brien

Mailing Address 3410 Q St. NW

City State Zip Code  
 Washington DC 20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
O'Brien Calio

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 2 3 / 2 0 0 7

Transaction ID: C33228

Amount of Each Receipt this Period

750.00

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

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

Ronald J. Oehl

Mailing Address 485 Madison Ave.

City State Zip Code  
 New York NY 10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roehl & TLM Ltd

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: C33202

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) .....

2750.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Christopher O'Neill

Mailing Address 1310 19th Street, NW

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
O'Neill, Athy & Casey, P.-  
C.

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: C33123

Amount of Each Receipt this Period

500.00

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

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

Sean P. O'Shea

Mailing Address 325 L St. NE

City State Zip Code  
 Washington DC 20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akin Gump Strauss Hauer  
& Feld LLP

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33279

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)

James A. Pappas

Mailing Address 250 Bradley Pl. Unit 708

City State Zip Code  
 Palm Beach FL 33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pappas Properties

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 4 / 2 0 0 7

Transaction ID: C33245

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) .....

1500.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Steven C. Parrish

Mailing Address 5 McMahon Ln.

City

Westport

State

CT

Zip Code

06880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Altria Group Inc.

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33234

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)

Winkle Paw

Mailing Address 41 Shelbourne Ave.

City

Daly City

State

CA

Zip Code

94015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Next Components Ltd

Occupation

Business Analyst

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 7

Transaction ID: C33309

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)

Matthew J. Pechinski

Mailing Address 266 Scotland Rd.  
Apt. 18D

City

South Orange

State

NJ

Zip Code

07079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westwood Capital

Occupation

Senior VP

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33233

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) .....

2500.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Claiborne Pell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 45 Ledge Rd.		<b>Transaction ID:</b> C33263
City Newport	State RI	Zip Code 02840
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b> Full Name (Last, First, Middle Initial) Lisa Perry		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 1 Sutton Place South		<b>Transaction ID:</b> C33298
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Fashion Designer Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b> Full Name (Last, First, Middle Initial) Richard Perry		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 1 Sutton Place South		<b>Transaction ID:</b> C33297
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Perry Corp. Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Investor Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> 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**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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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)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Joseph A. Power, Jr.

Mailing Address 344 W. Wellington Ave.

City	State	Zip Code
Chicago	IL	60657

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-employedOccupation  
Attorney

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	5		1	8		2	0	0	7

Transaction ID: C33157

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**B.** Gordon S. Prussian

Mailing Address 161 E. Chicago Ave. #57D

City	State	Zip Code
Chicago	IL	60611

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
General Parking Corporati-  
onOccupation  
Chairman

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	7

Transaction ID: C33196

Amount of Each Receipt this Period

2000.00

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

Full Name (Last, First, Middle Initial)

**C.** Suzanne E. RaffaelliMailing Address 2621 Palisade Ave  
Apt 12A

City	State	Zip Code
Bronx	NY	10463-6110

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Wilhelmina ModelOccupation  
Model

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	7

Transaction ID: C33345

Amount of Each Receipt this Period

2300.00

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

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

5300.00

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

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 61 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** John P. Ragan

Mailing Address 307 E. Royal Palm Rd.

City State Zip Code  
 Phoenix AZ 85020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TPI Composites

Occupation  
Director, Military Programs

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 4 / 1 3 / 2 0 0 7

Transaction ID: C33093

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**B.** Shirley M. Reece

Mailing Address 3816 Wentwood Dr.

City State Zip Code  
 Dallas TX 75225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Homemaker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 3 / 2 0 0 7

Transaction ID: C33071

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

**C.** Richard S. Reynolds, III

Mailing Address P.O. Box 8704

City State Zip Code  
 Richmond VA 23226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Reynolds Trust

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 0 7

Transaction ID: C33255

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) .....

2000.00

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

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 62 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Elizabeth L. Ricci

Mailing Address 3 Salem Dr.

City State Zip Code  
 North Providence RI 02904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33271

Amount of Each Receipt this Period

2000.00

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

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

Ray Rickman

Mailing Address 11 Barnes St.

City State Zip Code  
 Providence RI 02906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rickman Group

Occupation

President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: C33288

Amount of Each Receipt this Period

800.00

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

**C.** Full Name (Last, First, Middle Initial)

Patrick W. Robbins

Mailing Address 405 Shandell Dr.

City State Zip Code  
 Bedford IN 47421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C33299

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) .....

4800.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

A. John W. Rogers, Jr.

Mailing Address 200 E. Randolph Dr.

City State Zip Code  
 Chicago IL 60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ariel Capital Management  
Inc.

Occupation  
CEO

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 5 / 1 8 / 2 0 0 7

Transaction ID: C33158

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

B. Greg Rohan

Mailing Address 3715 Cragmont Ave.

City State Zip Code  
 Dallas TX 75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heritage Auction Galleries

Occupation  
President

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 7 / 2 0 0 7

Transaction ID: C33089

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

C. Paul A. Rosenfeld

Mailing Address 1923 W. Erie

City State Zip Code  
 Chicago IL 60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAR Solutions

Occupation  
President

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: C33173

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) .....

1750.00

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 64 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Steven R. Ross

Mailing Address 1333 New Hampshire Ave NW  
Ste 400

City State Zip Code  
Washington DC 20036-1532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Akin Gump Strauss Hauer  
& Feld LLP

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33282

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**B.** Ira Roxland

Mailing Address 1221 Avenue of the Americas  
24th Fl.

City State Zip Code  
New York NY 10020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sonnenschein Nath & Rosen-  
thal LLP

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 7

Transaction ID: C33324

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

**C.** Jillian Sackler

Mailing Address 660 Park Ave.

City State Zip Code  
New York NY 10021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Arthur M. Sackler Foundat-  
ion

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C33205

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) .....

2500.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

**A.** Full Name (Last, First, Middle Initial)  
Manuel Sanchez  
Mailing Address 2137 Scarlet Oak Ln.

City State Zip Code  
Lisle IL 60532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sanchez & Diez

Occupation  
Attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: C33197

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)  
Donna P. Satow  
Mailing Address 158 Mercer St.

City State Zip Code  
New York NY 10012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JED Foundation

Occupation  
President

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 7

Transaction ID: C33101

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)  
Donna P. Satow  
Mailing Address 158 Mercer St.

City State Zip Code  
New York NY 10012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JED Foundation

Occupation  
President

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 7

Transaction ID: C33102

Amount of Each Receipt this Period

700.00

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

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

1250.00

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

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 66 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Jonathan N. Savage

Mailing Address 86 Weybosset St.

City State Zip Code  
 Providence RI 02903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Shechtman, Halpern & Sava-  
ge

Occupation  
Attorney

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 5 / 1 7 / 2 0 0 7

Transaction ID: C33144

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**B.** Gary N. Schaar

Mailing Address 807 Chautauqua Blvd.

City State Zip Code  
 Pacific Palisades CA 90272

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 4 / 2 0 0 7

Transaction ID: C33240

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

**C.** Gary W. Schuerfeld

Mailing Address 200 E. Monroe Ave.

City State Zip Code  
 Alexandria VA 22301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33121

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) .....

1750.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Keith R. Schwartz

Mailing Address 6026 Victor St.

City	State	Zip Code
Dallas	TX	75214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	7

Transaction ID: C33076

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)

Keith R. Schwartz

Mailing Address 6026 Victor St.

City	State	Zip Code
Dallas	TX	75214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	7

Transaction ID: C33077

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)

Stephen A. Schwarzman

Mailing Address 345 Park Ave. 31st Fl.

City	State	Zip Code
New York	NY	10154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blackstone GroupOccupation  
Chairman & CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	7

Transaction ID: C33248

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**SUBTOTAL** of Receipts This Page (optional) .....

2800.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Stephen A. Schwarzman

Mailing Address 345 Park Ave. 31st Fl.

City State Zip Code  
 New York NY 10154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blackstone Group

Occupation  
Chairman & CEO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 4 / 2 0 0 7

Transaction ID: C33250

Amount of Each Receipt this Period

2700.00

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

Refund issued this period

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

Tamer Seckin

Mailing Address 202 Columbia Heights

City State Zip Code  
 Brooklyn NY 11201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C33232

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)

Nathan Shapiro

Mailing Address 1661 Ryders Ln.

City State Zip Code  
 Highland Park IL 60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SF Investments

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 9 / 2 0 0 7

Transaction ID: C33191

Amount of Each Receipt this Period

2300.00

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

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

7000.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Nathan Shapiro

Mailing Address 1661 Ryders Ln.

City State Zip Code  
 Highland Park IL 60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SF Investments

Occupation  
President

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 9 / 2 0 0 7

Transaction ID: C33192

Amount of Each Receipt this Period

700.00

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

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

Lynne Goldman Silbert

Mailing Address 9255 Doheny Rd. #1502

City State Zip Code  
 Los Angeles CA 90069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Psychotherapist

Occupation  
Wellness Community

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 5 / 3 0 / 2 0 0 7

Transaction ID: C33210

Amount of Each Receipt this Period

1000.00

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

**C.** Full Name (Last, First, Middle Initial)

David Simon

Mailing Address 311 N. Robertson Blvd. #900

City State Zip Code  
 Beverly Hills CA 90211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berliner Film Co.

Occupation  
Sales

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 7

Transaction ID: C33226

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) .....

2000.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Barry R. Sloane		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 5 Spinnaker Dr. P.O. Box 247		<b>Transaction ID:</b> C33317
City Barrington	State RI	Zip Code 02806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Century Bank	Occupation Banker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

<b>B.</b> Full Name (Last, First, Middle Initial) Todd J. Slotkin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 888 Park Ave. Apt. 12B		<b>Transaction ID:</b> C33269
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
Name of Employer IXIS Capitol Markets	Occupation Executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3300.00	

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

<b>C.</b> Full Name (Last, First, Middle Initial) Todd J. Slotkin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 888 Park Ave. Apt. 12B		<b>Transaction ID:</b> C33270
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer IXIS Capitol Markets	Occupation Executive	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3300.00	

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

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

3300.00

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

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

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

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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)

Friends of Patrick J. Kennedy Inc.

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

Stephen E. Smith, Jr.

Mailing Address 3 Concord Ave. #32

City State Zip Code  
 Cambridge MA 02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harvard University

Occupation  
Professor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33337

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)

Todd A. Smith

Mailing Address 70 W Madison St  
Ste 5500

City State Zip Code  
 Chicago IL 60602-4212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Power, Rogers, Smith

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: C33160

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)

Daniel K. Storino

Mailing Address 590 Aberdeen Rd.

City State Zip Code  
 Inverness IL 60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayer, Brown, Rowe & Maw  
LLP

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: C33167

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) .....

2250.00

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 72 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

**A.** Full Name (Last, First, Middle Initial)  
Donald J. Storino  
Mailing Address 55 W. Delaware #408

City State Zip Code  
Chicago IL 60610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Storino, Ramello & Durkin

Occupation  
Attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
920.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: C33166

Amount of Each Receipt this Period

750.00

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

**B.** Full Name (Last, First, Middle Initial)  
Barbara Sutton  
Mailing Address 4 Franklin St.

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cassidy & Associates

Occupation  
Govt. Relations Consultant

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 7

Transaction ID: C33185

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)  
Jean Taylor  
Mailing Address 201 E. 86th St. Apt. 34D

City State Zip Code  
New York NY 10028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 7

Transaction ID: C33318

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) .....

2750.00

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



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

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

FOR LINE NUMBER: PAGE 73 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Taylor		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 7
Mailing Address 439 Forsheer Dr.		<b>Transaction ID:</b> C33056
City Chesterfield	State MO	Zip Code 63017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer U Gas	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Henry A. Terhune		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 1333 New Hampshire Ave. NW		<b>Transaction ID:</b> C33280
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Akin Gump Strauss Hauer & Feld 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Lynn Epsteen Teshar		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 219 E. 69th St.		<b>Transaction ID:</b> C33315
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Art Dealer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

4000.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

**A.** Full Name (Last, First, Middle Initial)  
Martin S. Teshar  
Mailing Address 9 East 69th St. Suite 1C

City State Zip Code  
New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Physician

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 7

Transaction ID: C33314

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)  
John L. Tishman  
Mailing Address 147 Mianus River Rd.

City State Zip Code  
Bedford NY 10506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tishman Realty & Construc-  
tion.

Occupation  
Real Estate/Construction Exec.

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 5 / 2 9 / 2 0 0 7

Transaction ID: C33199

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)  
Salvatore P. Toia  
Mailing Address 3931 S. Leavitt

City State Zip Code  
Chicago IL 60699

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Leona's Restaurant

Occupation  
Vice President/Secretary

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: C33174

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) .....

2500.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Jenno Topping Mailing Address c/o Grant Tani Barash & Altman 9100 Wilshire Blvd. Suite 1000W City State Zip Code Beverly Hills CA 90212 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Fresh Paint Productions Producer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 7 <b>Transaction ID: C33208</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas M. Tully Mailing Address 33 N. Dearborn St. Suite 2450 City State Zip Code Chicago IL 60602 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Thomas M. Tully & Associates Attorney Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 7 <b>Transaction ID: C33195</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Viejas Tribal Government Mailing Address 1 Viejas Grade Rd. City State Zip Code Alpine CA 91901 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 7 <b>Transaction ID: C33260</b> Amount of Each Receipt this Period 2300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Funds Permissible Under the Act

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

**3800.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Christopher P. Vitale Mailing Address 21 Academy Ave. City Bristol State RI Zip Code 02809 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Capitol City Group Occupation Attorney Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 7 <b>Transaction ID: C33146</b> Amount of Each Receipt this Period 2300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Garrett Vogel Mailing Address 3767 Forest Ln. Suite 124 City Dallas State TX Zip Code 75244 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-employed Occupation CPA Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 7 <b>Transaction ID: C33069</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Charles Wadsworth-Johnson, IV Mailing Address 4706 49th St. NW City Washington State DC Zip Code 20016 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Akin Gump Strauss Hauer & Feld LLP Occupation Attorney Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7 <b>Transaction ID: C33284</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 77 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Fares Wehbe		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 1306 N. McCadden Pl.		<b>Transaction ID:</b> C33227
City Hollywood	State CA	Zip Code 90028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Real Estate Development	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

<b>B.</b> Full Name (Last, First, Middle Initial) Howard Weingrow		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 7
Mailing Address 805 Third Ave., 15th Floor		<b>Transaction ID:</b> C33261
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Stanoff Corporation	Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

<b>C.</b> Full Name (Last, First, Middle Initial) Allison B. Weiss		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 7
Mailing Address 1455 Ocean Dr. Apt. 1607		<b>Transaction ID:</b> C33053
City Miami Beach	State FL	Zip Code 33139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self-employed	Occupation Investor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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

4000.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

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

Diane N. Weiss

Mailing Address 1500 South Ocean Blvd.

City State Zip Code  
 Boca Raton FL 33432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 9 / 2 0 0 7

Transaction ID: C33054

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)

Philip Weisser

Mailing Address 225 West 34th St.  
 #2220

City State Zip Code  
 New York NY 10122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACT NY

Occupation  
CPA

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33325

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)

John R. Wyma

Mailing Address 123 N. Wacker Dr. Suite 1600

City State Zip Code  
 Chicago IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John Wyma & Associates

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: C33168

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) .....

2000.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Gail Zappa		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 1801 Centruy Park East Suite 1010		<b>Transaction ID:</b> C33132
City Los Angeles	State CA	Zip Code 90067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Intercontinental Absurdities 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Robert P. Zimmerman		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7
Mailing Address 160 Middle Neck Rd. #6G		<b>Transaction ID:</b> C33119
City Great Neck	State NY	Zip Code 11021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Zimmerman/Edelson Inc.	Occupation Partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Daley & George LLP		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 2 First National Plaza 20 S. Clark St. Suite 400		<b>Transaction ID:</b> C33164
City Chicago	State IL	Zip Code 60603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

PARTNERSHIP--partners below if itemized

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

2250.00

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

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

Use separate schedule(s)  
or each category of the  
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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)

Friends of Patrick J. Kennedy Inc.

**A.** Full Name (Last, First, Middle Initial)  
Michael Daley  
Mailing Address 20 S. Clark St. Suite 400

City State Zip Code  
Chicago IL 60603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Daley & George LLP

Occupation  
Partner

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: C33256

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
John J. George  
Mailing Address 20 S. Clark St. Suite 400

City State Zip Code  
Chicago IL 60603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Daley & George LLP

Occupation  
Partner

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: C33257

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Ghazal & Associates LLC

Mailing Address 1331 H St. NW  
Suite 1200

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

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 4 / 1 3 / 2 0 0 7

Transaction ID: C33094

Amount of Each Receipt this Period

1000.00

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

LLC permissible funds see  
below if itemized

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

1000.00

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



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

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

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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)

Friends of Patrick J. Kennedy Inc.

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

Jay C. Ghazal

Mailing Address 4870A Old Dominion Dr.

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ghazal & Associates LLC

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 7

Transaction ID: C33110

Amount of Each Receipt this Period

1000.00

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

[MEMO ITEM]

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

SBE Entertainment Group LLC

Mailing Address 8000 Beverly Blvd.

City State Zip Code  
Los Angeles CA 90048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 7

Transaction ID: C33224

Amount of Each Receipt this Period

2300.00

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

LLC permissible funds see  
below if itemized

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

Sam Nazarian

Mailing Address 8000 Beverly Blvd.

City State Zip Code  
Los Angeles CA 90046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SBE Entertainment Group  
LLC

Occupation  
CEO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 7

Transaction ID: C33355

Amount of Each Receipt this Period

2300.00

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

[MEMO ITEM]

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

2300.00

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)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** SBE Entertainment Group LLC

Mailing Address 8000 Beverly Blvd.

City State Zip Code  
 Los Angeles CA 90048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 7

Transaction ID: C33225

Amount of Each Receipt this Period

2300.00

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

LLC permissible funds see  
below if itemized

Full Name (Last, First, Middle Initial)

**B.** Sam Nazarian

Mailing Address 8000 Beverly Blvd.

City State Zip Code  
 Los Angeles CA 90046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SBE Entertainment Group  
LLC

Occupation  
CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 7

Transaction ID: C33356

Amount of Each Receipt this Period

2300.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Storino, Ramello & Durkin

Mailing Address 9501 West Devon Ave.  
8th Fl.

City State Zip Code  
 Rosemont IL 60018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: C33175

Amount of Each Receipt this Period

500.00

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

PARTNERSHIP--partners bel-  
ow if itemized

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

2800.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 209

(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)

Friends of Patrick J. Kennedy Inc.

**A.** Full Name (Last, First, Middle Initial)  
Donald J. Storino

Mailing Address 55 W. Delaware #408

City State Zip Code  
Chicago IL 60610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Storino, Ramello & DurkinOccupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

920.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	0	7

Transaction ID: C33235

Amount of Each Receipt this Period

170.00

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

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Wonderland Treatment Center LLC

Mailing Address 8207 Mulholland Dr.

City State Zip Code  
Los Angeles CA 90046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	7

Transaction ID: C33212

Amount of Each Receipt this Period

500.00

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

LLC permissible funds see  
below if itemized

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

500.00

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

237950.00

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

Use separate schedule(s)  
or each category of the  
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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)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** American Association of Nurse Anesthetists CRNA PAC

Mailing Address CRNA PAC  
412 First St. SE Suite 12

City State Zip Code  
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00173153

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  
0 6 / 2 2 / 2 0 0 7

Transaction ID: C33295

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**B.** American Association of Nurse Anesthetists CRNA PAC

Mailing Address CRNA PAC  
412 First St. SE Suite 12

City State Zip Code  
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00173153

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  
0 6 / 2 2 / 2 0 0 7

Transaction ID: C33296

Amount of Each Receipt this Period

2000.00

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

Full Name (Last, First, Middle Initial)

**C.** American Bankers Association PAC

Mailing Address 1120 Connecticut Ave., NW

City State Zip Code  
Washington DC 20036

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 7

Transaction ID: C33277

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) .....

4000.00

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

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

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

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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)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** American Federation of State, County & Municipal Employees AFL-CIO

Mailing Address 1625 L Street, NW

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00011114

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  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33307

Amount of Each Receipt this Period

2500.00

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

Full Name (Last, First, Middle Initial)

**B.** American Health Care Associaton PAC

Mailing Address 1201 L St. NW

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00006080

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 7 / 2 0 0 7

Transaction ID: C33147

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**C.** American Maritime Officers, Voluntary PAF

Mailing Address 650 Fourth Avenue

City State Zip Code  
 Brooklyn NY 11232

FEC ID number of contributing  
federal political committee.

**C** C00027532

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 3 / 2 0 0 7

Transaction ID: C33229

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) .....

4500.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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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)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** ASFT Inc. PACMailing Address 295 W. Crossville Rd.  
Building 200City State Zip Code  
Roswell GA 30075FEC ID number of contributing  
federal political committee.**C** C00428680

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 5 / 1 7 / 2 0 0 7

Transaction ID: C33135

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**B.** AT&T Federal PACMailing Address 175 E. Houston  
Room 7-A-50City State Zip Code  
San Antonio TX 78205FEC ID number of contributing  
federal political committee.**C** C00109017

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C33259

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**C.** BAE Systems USA PACMailing Address 1215 Jefferson Davis Highway  
Suite 1500City State Zip Code  
Arlington VA 22202FEC ID number of contributing  
federal political committee.**C** C00281212

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 7

Transaction ID: C33308

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**

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)

Friends of Patrick J. Kennedy Inc.

## **A.**

Full Name (Last, First, Middle Initial)

Boilermakers-Blacksmiths LEAP

Mailing Address 753 State Avenue  
Suite # 565

City State Zip Code  
Kansas City KS 66101

FEC ID number of contributing  
federal political committee.

**C** C00005157

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 7

Transaction ID: C33278

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)

Citizens Financial Group Inc. PAC

Mailing Address One Citizens Plaza

City State Zip Code  
Providence RI 02903

FEC ID number of contributing  
federal political committee.

**C** C00307249

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 5 / 1 7 / 2 0 0 7

Transaction ID: C33139

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)

CWA-COPE PCC

Mailing Address 501 3rd St. NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00002089

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  
0 6 / 1 2 / 2 0 0 7

Transaction ID: C33258

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  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

**A.** Full Name (Last, First, Middle Initial)  
FMR Corporation PAC  
Mailing Address 82 Devonshire St.

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 Y  
0 5 / 1 7 / 2 0 0 7

Transaction ID: C33133

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)  
General Dynamics Voluntary Political Contribution Plan  
Mailing Address 3190 Fairview Park Dr.

City State Zip Code  
Falls Church VA 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 7

Transaction ID: C33230

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)  
GEO Group Inc. PAC  
Mailing Address 621 NW 53rd St.  
Suite 700

City State Zip Code  
Boca Raton FL 33487

FEC ID number of contributing federal political committee. **C** C00382150

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 Y  
0 4 / 0 9 / 2 0 0 7

Transaction ID: C33059

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) .....

4000.00

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



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

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

**A.** Full Name (Last, First, Middle Initial)  
Laborers' Political League  
Mailing Address 905 16th Street, NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 7

Transaction ID: C33084

Amount of Each Receipt this Period

5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
MacAndrews & Forbes Holdings Inc. PAC  
Mailing Address 35 E. 62nd St.

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C** C00432856

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

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

Transaction ID: C33293

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)  
Office of the Commissioner of Major League Baseball PAC  
Mailing Address 1050 Connecticut Ave. NW #1100

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00368142

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 4 / 2 5 / 2 0 0 7

Transaction ID: C33111

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) .....

7500.00

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

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

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

**A.**

Full Name (Last, First, Middle Initial)

Radiation Therapy Services PAC

Mailing Address 2234 Colonial Blvd.

City State Zip Code  
 Fort Myers FL 33907

FEC ID number of contributing  
federal political committee.

**C** C00385120

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 7 / 2 0 0 7

Transaction ID: C33152

Amount of Each Receipt this Period

5000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Raytheon PAC

Mailing Address 870 Winter St.

City State Zip Code  
 Waltham MA 02451

FEC ID number of contributing  
federal political committee.

**C** C00097568

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  
 0 5 / 0 2 / 2 0 0 7

Transaction ID: C33124

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)

RI Manufacturers Association PAC

Mailing Address 229 Waterman St.

City State Zip Code  
 Providence RI 02906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 7 / 2 0 0 7

Transaction ID: C33149

Amount of Each Receipt this Period

500.00

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

Funds Permissible Under  
the Act

**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  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Seafarers Political Activity

Mailing Address 5201 Auth Way

City State Zip Code  
 Camp Springs MD 20746

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  
 0 5 / 0 8 / 2 0 0 7

Transaction ID: C33128

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**B.** SEIU COPE

Mailing Address 1313 L St., NW

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00004036

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C33329

Amount of Each Receipt this Period

5000.00

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

Full Name (Last, First, Middle Initial)

**C.** United Food & Commercial Workers ABC

Mailing Address 1775 K St. NW

City State Zip Code  
 Washington DC 20006

FEC ID number of contributing  
federal political committee.

**C** C00002766

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 8 / 2 0 0 7

Transaction ID: C33264

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) .....

11000.00

**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)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** US Cuba Democracy PAC

Mailing Address 1200 W. 49th St.

City State Zip Code  
Hialeah FL 33012

FEC ID number of contributing federal political committee. **C** C00387720

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 Y  
0 4 / 2 5 / 2 0 0 7

Transaction ID: C33122

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**B.** Van Ness Feldman PC PAC

Mailing Address 1050 Thomas Jefferson St. NW

City State Zip Code  
Washington DC 20007

FEC ID number of contributing federal political committee. **C** C00205369

Name of Employer Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33112

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

**C.** Verizon Communications Good Govt. PAC

Mailing Address 1717 Arch St. 47-S

City State Zip Code  
Philadelphia PA 19103

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 7

Transaction ID: C33253

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) .....

2500.00

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

46000.00

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

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or each category of the  
Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

**A.** Full Name (Last, First, Middle Initial)  
Chubb Insurance  
Mailing Address P.O. Box 7247-0180

City State Zip Code  
Philadelphia PA 19170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 7

Transaction ID: C33352

Amount of Each Receipt this Period

212.00

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

Vendor refund - Liability  
Insurance

**B.** Full Name (Last, First, Middle Initial)  
Chubb Insurance  
Mailing Address P.O. Box 7247-0180

City State Zip Code  
Philadelphia PA 19170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 7

Transaction ID: C33351

Amount of Each Receipt this Period

87.00

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

Vendor refund - Auto Insu-  
rance

**C.** Full Name (Last, First, Middle Initial)  
PriMedia, Inc.  
Mailing Address 1775 Bald Hill Rd.

City State Zip Code  
Warwick RI 02886

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3786.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 7

Transaction ID: C33353

Amount of Each Receipt this Period

3786.00

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

Vendor refund - Media Buys

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

4085.00

**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 94 / 209

(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 checked="" type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) US Treasury		Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	6		2	0	0	7													
Mailing Address Credit Accounting Branch 3700 East - West Highway		<b>Transaction ID:</b> C33354 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td>686.00</td> </tr> </table>	686.00																			
686.00																						
City Hyattsville State MD Zip Code 20782																						
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Refund - 1120 POL Tax																				
Name of Employer	Occupation																					
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td>686.00</td> </tr> </table>		686.00																			
686.00																						

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

686.00

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

4771.00

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

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

FOR LINE NUMBER: PAGE 95 / 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 601 Washington St.		<b>Transaction ID:</b> C33182	
City Stoughton	State MA	Amount of Each Receipt this Period 1392.87	
Zip Code 02072			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 11790.01	
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * Interest	

<b>B.</b> Full Name (Last, First, Middle Initial) Citizens Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 601 Washington St.		<b>Transaction ID:</b> C33348	
City Stoughton	State MA	Amount of Each Receipt this Period 1422.19	
Zip Code 02072			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 11790.01	
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * Interest	

<b>C.</b> Full Name (Last, First, Middle Initial) Citizens Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 601 Washington St.		<b>Transaction ID:</b> C33349	
City Stoughton	State MA	Amount of Each Receipt this Period 1438.64	
Zip Code 02072			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 11790.01	
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * Interest	

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

4253.70

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

4253.70

# **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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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. American Express Merchant Services**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10726

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

105.00

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

Full Name (Last, First, Middle Initial)

## **B. American Express Merchant Services**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10727

Date of Disbursement

04 / 24 / 2007

Amount of Each Disbursement this Period

4.73

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

Full Name (Last, First, Middle Initial)

## **C. American Express Merchant Services**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10728

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

4.50

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

**SUBTOTAL** of Disbursements This Page (optional) .....

114.23

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



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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. American Express Merchant Services**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10881

Date of Disbursement

05 / 01 / 2007

Amount of Each Disbursement this Period

161.88

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

Full Name (Last, First, Middle Initial)

## **B. American Express Merchant Services**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10869

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

4.50

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

Full Name (Last, First, Middle Initial)

## **C. ASAP Printing & Graphics**

Mailing Address 2805 Mount Vernon Ave.

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Printing

Candidate Name

007  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10454

Date of Disbursement

04 / 09 / 2007

Amount of Each Disbursement this Period

904.45

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

**SUBTOTAL** of Disbursements This Page (optional) .....

1070.83

**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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. ASAP Printing & Graphics**

Mailing Address 2805 Mount Vernon Ave.

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Printing

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10745

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

5381.52

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

Full Name (Last, First, Middle Initial)

## **B. Avenet LLC**

Mailing Address 1380 Energy Ln. Suite 206

City Saint Paul State MN Zip Code 55108

Purpose of Disbursement  
Website

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10448

Date of Disbursement

04 / 03 / 2007

Amount of Each Disbursement this Period

960.00

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

Full Name (Last, First, Middle Initial)

## **C. Brian Barrie**

Mailing Address 680 Serotina Ct.

City Mount Pleasant State SC Zip Code 29464

Purpose of Disbursement  
Consultant-Website

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10447

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

500.00

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

**SUBTOTAL** of Disbursements This Page (optional) .....

6841.52

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Brian Barrie

Mailing Address 680 Serotina Ct.

City  
Mount PleasantState  
SCZip Code  
29464Purpose of Disbursement  
Consultant-Website

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10614

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)

**B.** Brian Barrie

Mailing Address 680 Serotina Ct.

City  
Mount PleasantState  
SCZip Code  
29464Purpose of Disbursement  
Consultant-Website

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10743

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)

**C.** Beacon Mutual Insurance

Mailing Address 1 Beacon Center

City  
WarwickState  
RIZip Code  
02886Purpose of Disbursement  
Insurance

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10696

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	0	7

Amount of Each Disbursement this Period

265.00

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

SUBTOTAL of Disbursements This Page (optional) .....

1265.00

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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A. Blue Engine Message & Media LLC**

Mailing Address 1300 Connecticut Ave. NW 6th Fl.

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Consultant-Media

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10729

Date of Disbursement

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

Amount of Each Disbursement this Period

7500.00

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

Full Name (Last, First, Middle Initial)

**B. Blue Plate Catering**

Mailing Address 1061 W Van Buren St.

City  
ChicagoState  
ILZip Code  
60607Purpose of Disbursement  
Reception - Catering

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10845

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	7

Amount of Each Disbursement this Period

1761.61

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

Full Name (Last, First, Middle Initial)

**C. Bristol 4th of July Committee**

Mailing Address P.O. Box 561

City  
BristolState  
RIZip Code  
02809Purpose of Disbursement  
Advertisement

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10704

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	7

Amount of Each Disbursement this Period

800.00

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

SUBTOTAL of Disbursements This Page (optional) .....

10061.61

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

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City  
North Kingstown

State  
RI

Zip Code  
02852

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10445**

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

20.00

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

Full Name (Last, First, Middle Initial)

**B.** Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City  
North Kingstown

State  
RI

Zip Code  
02852

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10463**

Date of Disbursement

04 / 14 / 2007

Amount of Each Disbursement this Period

378.97

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

Full Name (Last, First, Middle Initial)

**C.** Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City  
North Kingstown

State  
RI

Zip Code  
02852

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10575**

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

49.00

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

**SUBTOTAL** of Disbursements This Page (optional) .....

447.97

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City  
North Kingstown

State  
RI

Zip Code  
02852

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10591**

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

378.97

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

Full Name (Last, First, Middle Initial)

**B.** Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City  
North Kingstown

State  
RI

Zip Code  
02852

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10618**

Date of Disbursement

05 / 07 / 2007

Amount of Each Disbursement this Period

23.00

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

Full Name (Last, First, Middle Initial)

**C.** Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City  
North Kingstown

State  
RI

Zip Code  
02852

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10632**

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

378.97

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

**SUBTOTAL** of Disbursements This Page (optional) .....

780.94

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City  
North Kingstown

State  
RI

Zip Code  
02852

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10719**

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

378.97

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

Full Name (Last, First, Middle Initial)

**B.** Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City  
North Kingstown

State  
RI

Zip Code  
02852

Purpose of Disbursement  
Travel

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10736**

Date of Disbursement

06 / 04 / 2007

Amount of Each Disbursement this Period

43.00

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

Full Name (Last, First, Middle Initial)

**C.** Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City  
North Kingstown

State  
RI

Zip Code  
02852

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10747**

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

23.00

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

**SUBTOTAL** of Disbursements This Page (optional) .....

444.97

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

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City  
North Kingstown

State  
RI

Zip Code  
02852

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10840**

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

378.97

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

Full Name (Last, First, Middle Initial)

**B.** Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City  
North Kingstown

State  
RI

Zip Code  
02852

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10873**

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

378.97

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

Full Name (Last, First, Middle Initial)

**C.** Care First Blue Cross Blue Shield

Mailing Address P.O. Box 79749

City  
Baltimore

State  
MD

Zip Code  
21279

Purpose of Disbursement  
Health Insurance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10474**

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

540.00

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

**SUBTOTAL** of Disbursements This Page (optional) .....

1297.94

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



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Care First Blue Cross Blue Shield

Mailing Address P.O. Box 79749

City Baltimore State MD Zip Code 21279

Purpose of Disbursement  
Health Insurance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10627**

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

540.00

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

Full Name (Last, First, Middle Initial)

**B.** Care First Blue Cross Blue Shield

Mailing Address P.O. Box 79749

City Baltimore State MD Zip Code 21279

Purpose of Disbursement  
Health Insurance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10748**

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

540.00

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

Full Name (Last, First, Middle Initial)

**C.** Clarke Flower Shops Inc.

Mailing Address 398 Hope St.

City Providence State RI Zip Code 02906

Purpose of Disbursement  
Constituent expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10572**

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

119.57

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

**SUBTOTAL** of Disbursements This Page (optional) .....

1199.57

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. Columbia Books**

Mailing Address 1825 Connecticut Ave. NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Computer software

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10471

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

559.00

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

Full Name (Last, First, Middle Initial)

## **B. David L. Andrukitis Inc.**

Mailing Address 50 E St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Printing

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10583

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

866.36

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

Full Name (Last, First, Middle Initial)

## **C. DC Dept. of Employment Services**

Mailing Address P.O. Box 96664

City Washington State DC Zip Code 20090

Purpose of Disbursement  
Payroll taxes/withholdings

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10581

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

261.57

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

**SUBTOTAL** of Disbursements This Page (optional) .....

1686.93

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** District of Columbia

Mailing Address P.O. Box 7792  
Ben Franklin Station

City Washington State DC Zip Code 20044

Purpose of Disbursement

Payroll taxes/withholdings

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10450

Date of Disbursement

04 / 09 / 2007

Amount of Each Disbursement this Period

747.00

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

Full Name (Last, First, Middle Initial)

**B.** District of Columbia

Mailing Address P.O. Box 7792  
Ben Franklin Station

City Washington State DC Zip Code 20044

Purpose of Disbursement

Payroll taxes/withholdings

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10606

Date of Disbursement

05 / 07 / 2007

Amount of Each Disbursement this Period

748.00

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

Full Name (Last, First, Middle Initial)

**C.** District of Columbia

Mailing Address P.O. Box 7792  
Ben Franklin Station

City Washington State DC Zip Code 20044

Purpose of Disbursement

Payroll taxes/withholdings

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10735

Date of Disbursement

06 / 04 / 2007

Amount of Each Disbursement this Period

747.00

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

**SUBTOTAL** of Disbursements This Page (optional) .....

2242.00

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<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)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A. Emery's Catering**

Mailing Address 24 Central St.

City	State	Zip Code
Central Falls	RI	02863

Purpose of Disbursement  
Reception - Catering

Candidate Name

007
Category/ Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10705

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	7

Amount of Each Disbursement this Period

1142.53

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

Full Name (Last, First, Middle Initial)

**B. ETS**Mailing Address 10 Pidgeon Hill Dr.  
Suite 200

City	State	Zip Code
Sterling	VA	20165

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001
Category/ Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10441

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	7

Amount of Each Disbursement this Period

46.29

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

Full Name (Last, First, Middle Initial)

**C. ETS**Mailing Address 10 Pidgeon Hill Dr.  
Suite 200

City	State	Zip Code
Sterling	VA	20165

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001
Category/ Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10440

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	7

Amount of Each Disbursement this Period

58.24

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

SUBTOTAL of Disbursements This Page (optional) .....

1247.06

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** ETS

Mailing Address 10 Pidgeon Hill Dr.  
Suite 200

City Sterling State VA Zip Code 20165

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D10723

Date of Disbursement

05 / 02 / 2007

Amount of Each Disbursement this Period

30.00

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

Full Name (Last, First, Middle Initial)

**B.** ETS

Mailing Address 10 Pidgeon Hill Dr.  
Suite 200

City Sterling State VA Zip Code 20165

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D10722

Date of Disbursement

05 / 02 / 2007

Amount of Each Disbursement this Period

41.47

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

Full Name (Last, First, Middle Initial)

**C.** ETS

Mailing Address 10 Pidgeon Hill Dr.  
Suite 200

City Sterling State VA Zip Code 20165

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D10739

Date of Disbursement

06 / 04 / 2007

Amount of Each Disbursement this Period

30.00

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

**SUBTOTAL** of Disbursements This Page (optional) .....

101.47

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A. ETS**

Mailing Address 10 Pidgeon Hill Dr.  
Suite 200

City Sterling State VA Zip Code 20165

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10738**

Date of Disbursement

06 / 04 / 2007

Amount of Each Disbursement this Period

30.00

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

Full Name (Last, First, Middle Initial)

**B. Federal Express**

Mailing Address P.O. Box 360353

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10442**

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

14.37

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

Full Name (Last, First, Middle Initial)

**C. Federal Express**

Mailing Address P.O. Box 360353

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10472**

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

34.48

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

**SUBTOTAL** of Disbursements This Page (optional) .....

78.85

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

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

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. Federal Express**

Mailing Address P.O. Box 360353

City  
Pittsburgh

State  
PA

Zip Code  
15250

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10586**

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

19.04

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

Full Name (Last, First, Middle Initial)

## **B. Federal Express**

Mailing Address P.O. Box 360353

City  
Pittsburgh

State  
PA

Zip Code  
15250

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10597**

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

17.96

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

Full Name (Last, First, Middle Initial)

## **C. Federal Express**

Mailing Address P.O. Box 360353

City  
Pittsburgh

State  
PA

Zip Code  
15250

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10624**

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

26.77

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

**SUBTOTAL** of Disbursements This Page (optional) .....

63.77

**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  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. Federal Express**

Mailing Address P.O. Box 360353

City  
Pittsburgh

State  
PA

Zip Code  
15250

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10703**

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

10.23

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

Full Name (Last, First, Middle Initial)

## **B. Federal Express**

Mailing Address P.O. Box 360353

City  
Pittsburgh

State  
PA

Zip Code  
15250

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10742**

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

18.13

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

Full Name (Last, First, Middle Initial)

## **C. Federal Express**

Mailing Address P.O. Box 360353

City  
Pittsburgh

State  
PA

Zip Code  
15250

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10749**

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

27.01

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

**SUBTOTAL** of Disbursements This Page (optional) .....

55.37

**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  
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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. Federal Express**

Mailing Address P.O. Box 360353

City  
Pittsburgh

State  
PA

Zip Code  
15250

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10867

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

28.28

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

Full Name (Last, First, Middle Initial)

## **B. Francesca E. Gage**

Mailing Address 1825 Vernon St. NW Apt. 46

City  
Washington

State  
DC

Zip Code  
20009

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10462

Date of Disbursement

04 / 14 / 2007

Amount of Each Disbursement this Period

1047.02

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

Full Name (Last, First, Middle Initial)

## **C. Francesca E. Gage**

Mailing Address 1825 Vernon St. NW Apt. 46

City  
Washington

State  
DC

Zip Code  
20009

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10590

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

1047.02

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

**SUBTOTAL** of Disbursements This Page (optional) .....

2122.32

**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

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(check only one)

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10609**

Date of Disbursement

05 / 07 / 2007

Amount of Each Disbursement this Period

10.00

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

Full Name (Last, First, Middle Initial)

**B.** Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10625**

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

97.69

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

Full Name (Last, First, Middle Initial)

**C.** Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10631**

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

1047.02

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

**SUBTOTAL** of Disbursements This Page (optional) .....

1154.71

**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:  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10718**

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

1047.02

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

Full Name (Last, First, Middle Initial)

**B.** Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10744**

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

118.00

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

Full Name (Last, First, Middle Initial)

**C.** Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10839**

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1047.02

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

**SUBTOTAL** of Disbursements This Page (optional) .....

2212.04

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

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10872

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

1047.02

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

Full Name (Last, First, Middle Initial)

**B.** Institute for Labor Studies

Mailing Address 99 Bald Hill Rd.

City Cranston State RI Zip Code 02920

Purpose of Disbursement  
Advertisement

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10464

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)

**C.** Jewish Voice & Herald

Mailing Address 130 Sessions St.

City Providence State RI Zip Code 02906

Purpose of Disbursement  
Advertisement

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10468

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

285.00

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

**SUBTOTAL** of Disbursements This Page (optional) .....

1832.02

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Christopher J. Kent

Mailing Address 9 Karen Ann Dr.

City  
SmithfieldState  
RIZip Code  
02917Purpose of Disbursement  
Office Supplies

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10576

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	7

Amount of Each Disbursement this Period

8.96

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

Full Name (Last, First, Middle Initial)

**B.** Kieloch Consulting

Mailing Address 400 C. St. NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Office rent

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10438

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	7

Amount of Each Disbursement this Period

600.00

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

Full Name (Last, First, Middle Initial)

**C.** Kieloch Consulting

Mailing Address 400 C. St. NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Office rent

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10602

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	7

Amount of Each Disbursement this Period

600.00

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

SUBTOTAL of Disbursements This Page (optional) .....

1208.96

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Kieloch Consulting

Mailing Address 400 C. St. NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Office rent

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10720

Date of Disbursement

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

Amount of Each Disbursement this Period

600.00

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

Full Name (Last, First, Middle Initial)

**B.** Kieloch Consulting

Mailing Address 400 C. St. NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Utilities

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10741

Date of Disbursement

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

Amount of Each Disbursement this Period

102.73

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

Full Name (Last, First, Middle Initial)

**C.** Randal Mathis

Mailing Address 5302 Swiss Ave.

City  
DallasState  
TXZip Code  
75214Purpose of Disbursement  
Reception - Catering

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10611

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	7

Amount of Each Disbursement this Period

2300.00

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

\* in-kind received

SUBTOTAL of Disbursements This Page (optional) .....

3002.73

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Rebekah Mathis

Mailing Address 5302 Swiss Ave.

City  
Dallas

State  
TX

Zip Code  
75214

Purpose of Disbursement  
Reception - Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10612**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

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

\* in-kind received

Full Name (Last, First, Middle Initial)

**B.** Rebekah Mathis

Mailing Address 5302 Swiss Ave.

City  
Dallas

State  
TX

Zip Code  
75214

Purpose of Disbursement  
Reception - Catering

Candidate Name

007  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10571**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5579.98

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

Full Name (Last, First, Middle Initial)

**C.** Rebekah Mathis

Mailing Address 5302 Swiss Ave.

City  
Dallas

State  
TX

Zip Code  
75214

Purpose of Disbursement  
Reception - Catering

Candidate Name

007  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10613**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

478.75

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

**SUBTOTAL** of Disbursements This Page (optional) .....

8358.73

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** MCI Worldcom

Mailing Address P.O. Box 856053

City  
Louisville

State  
KY

Zip Code  
40285

Purpose of Disbursement  
Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10443**

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

111.28

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

Full Name (Last, First, Middle Initial)

**B.** MCI Worldcom

Mailing Address P.O. Box 856053

City  
Louisville

State  
KY

Zip Code  
40285

Purpose of Disbursement  
Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10592**

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

92.85

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

Full Name (Last, First, Middle Initial)

**C.** MCI Worldcom

Mailing Address P.O. Box 856053

City  
Louisville

State  
KY

Zip Code  
40285

Purpose of Disbursement  
Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10701**

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

109.05

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

**SUBTOTAL** of Disbursements This Page (optional) .....

313.18

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



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10461

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	0	7

Amount of Each Disbursement this Period

2740.90

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

Full Name (Last, First, Middle Initial)

**B.** Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10573

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	7

Amount of Each Disbursement this Period

34.80

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

Full Name (Last, First, Middle Initial)

**C.** Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10589

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	7

Amount of Each Disbursement this Period

2740.90

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

SUBTOTAL of Disbursements This Page (optional) .....

5516.60

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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10630

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	0	7

Amount of Each Disbursement this Period

2740.90

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

Full Name (Last, First, Middle Initial)

**B.** Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10717

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	7

Amount of Each Disbursement this Period

2740.90

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

Full Name (Last, First, Middle Initial)

**C.** Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10838

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	7

Amount of Each Disbursement this Period

2740.90

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

SUBTOTAL of Disbursements This Page (optional) .....

8222.70

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City Washington State DC Zip Code 20002

Purpose of Disbursement

Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10848

Date of Disbursement

06 / 18 / 2007

Amount of Each Disbursement this Period

88.00

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

Full Name (Last, First, Middle Initial)

**B.** Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City Washington State DC Zip Code 20002

Purpose of Disbursement

Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10871

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

2740.90

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

Full Name (Last, First, Middle Initial)

**C.** Mount Fuji Florist Inc.

Mailing Address 182 Academy Ave.

City Providence State RI Zip Code 02908

Purpose of Disbursement

Constituent expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10690

Date of Disbursement

05 / 21 / 2007

Amount of Each Disbursement this Period

230.85

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

**SUBTOTAL** of Disbursements This Page (optional) .....

3059.75

**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:  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. NAACP Providence Branch**

Mailing Address P.O. Box 5767

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement  
Advertisement

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10601

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

300.00

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

Full Name (Last, First, Middle Initial)

## **B. National Democratic Club**

Mailing Address 30 Ivy St.

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Dues

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10617

Date of Disbursement

05 / 07 / 2007

Amount of Each Disbursement this Period

275.00

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

Full Name (Last, First, Middle Initial)

## **C. NGEN LLC**

Mailing Address 3142 Dumbarton St. NW

City  
Washington

State  
DC

Zip Code  
20007

Purpose of Disbursement  
Computer Hardware

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10610

Date of Disbursement

05 / 07 / 2007

Amount of Each Disbursement this Period

157.05

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

**SUBTOTAL** of Disbursements This Page (optional) .....

732.05

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A. NGP Software**Mailing Address 5039 Connecticut Ave. NW  
Suite 1A

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Computer software

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10580

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	7

Amount of Each Disbursement this Period

1750.00

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

Full Name (Last, First, Middle Initial)

**B. Rhode Island Trooper Association**Mailing Address 626 Park Ave.  
Suite 1A

City Cranston State RI Zip Code 02910

Purpose of Disbursement  
Advertisement

Candidate Name

004  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10863

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	7

Amount of Each Disbursement this Period

295.00

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

Full Name (Last, First, Middle Initial)

**C. RI Dept. of Employment & Training**

Mailing Address One Capitol Hill Suite 36

City Providence State RI Zip Code 02908

Purpose of Disbursement  
Payroll taxes/withholdings

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10582

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	7

Amount of Each Disbursement this Period

224.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

2269.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Ryan, Phillips, Utrecht & MacKinnon

Mailing Address 1133 Connecticut Ave. NW #300

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Professional services-Legal

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10453

Date of Disbursement

04 / 09 / 2007

Amount of Each Disbursement this Period

495.23

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

Full Name (Last, First, Middle Initial)

**B.** Ryan, Phillips, Utrecht & MacKinnon

Mailing Address 1133 Connecticut Ave. NW #300

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Professional services-Legal

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10598

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

331.25

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

Full Name (Last, First, Middle Initial)

**C.** Ryan, Phillips, Utrecht & MacKinnon

Mailing Address 1133 Connecticut Ave. NW #300

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Professional services-Legal

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10713

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

224.89

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

**SUBTOTAL** of Disbursements This Page (optional) .....

1051.37

**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 PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Sonia Cleaning Service

Mailing Address 12150 Jennell Dr.

City  
BristowState  
VAZip Code  
20136Purpose of Disbursement  
Office cleaning

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10456

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	7

Amount of Each Disbursement this Period

45.72

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

Full Name (Last, First, Middle Initial)

**B.** Sonia Cleaning Service

Mailing Address 12150 Jennell Dr.

City  
BristowState  
VAZip Code  
20136Purpose of Disbursement  
Office cleaning

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10633

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	0	7

Amount of Each Disbursement this Period

45.72

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

Full Name (Last, First, Middle Initial)

**C.** Sonia Cleaning Service

Mailing Address 12150 Jennell Dr.

City  
BristowState  
VAZip Code  
20136Purpose of Disbursement  
Office cleaning

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10841

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	7

Amount of Each Disbursement this Period

45.72

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

SUBTOTAL of Disbursements This Page (optional) .....

137.16

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** State of Rhode IslandMailing Address Division of Taxation  
One Capitol HillCity State Zip Code  
Providence RI 02908Purpose of Disbursement  
Payroll taxes/withholdings

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10451

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 7

Amount of Each Disbursement this Period

36.10

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

Full Name (Last, First, Middle Initial)

**B.** State of Rhode IslandMailing Address Division of Taxation  
One Capitol HillCity State Zip Code  
Providence RI 02908Purpose of Disbursement  
Payroll taxes/withholdings

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10608

Date of Disbursement

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

Amount of Each Disbursement this Period

36.10

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

Full Name (Last, First, Middle Initial)

**C.** State of Rhode IslandMailing Address Division of Taxation  
One Capitol HillCity State Zip Code  
Providence RI 02908Purpose of Disbursement  
Payroll taxes/withholdings

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10734

Date of Disbursement

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 7

Amount of Each Disbursement this Period

36.10

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

SUBTOTAL of Disbursements This Page (optional) .....

108.30

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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Temple Beth-El

Mailing Address 70 Orchard Ave.

City  
ProvidenceState  
RIZip Code  
02906Purpose of Disbursement  
Advertisement

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10459

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	7

Amount of Each Disbursement this Period

250.00

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

Full Name (Last, First, Middle Initial)

**B.** Towne House Flowers

Mailing Address 2555 Hartford Ave.

City  
JohnstonState  
RIZip Code  
02919Purpose of Disbursement  
Constituent expense

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10626

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	7

Amount of Each Disbursement this Period

177.09

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

Full Name (Last, First, Middle Initial)

**C.** Towne House Flowers

Mailing Address 2555 Hartford Ave.

City  
JohnstonState  
RIZip Code  
02919Purpose of Disbursement  
Constituent expense

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10694

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	0	7

Amount of Each Disbursement this Period

88.81

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

SUBTOTAL of Disbursements This Page (optional) .....

515.90

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. United Parcel Service**

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10444

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

73.40

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

Full Name (Last, First, Middle Initial)

## **B. United Parcel Service**

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10452

Date of Disbursement

04 / 09 / 2007

Amount of Each Disbursement this Period

27.02

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

Full Name (Last, First, Middle Initial)

## **C. United Parcel Service**

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10473

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

53.97

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

**SUBTOTAL** of Disbursements This Page (optional) .....

154.39

**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  
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FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. United Parcel Service**

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10595

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

48.51

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

Full Name (Last, First, Middle Initial)

## **B. United Parcel Service**

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10604

Date of Disbursement

05 / 07 / 2007

Amount of Each Disbursement this Period

58.07

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

Full Name (Last, First, Middle Initial)

## **C. United Parcel Service**

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10616

Date of Disbursement

05 / 07 / 2007

Amount of Each Disbursement this Period

40.16

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

**SUBTOTAL** of Disbursements This Page (optional) .....

146.74

**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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. United Parcel Service**

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10697

Date of Disbursement

05 / 21 / 2007

Amount of Each Disbursement this Period

62.95

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

Full Name (Last, First, Middle Initial)

## **B. United Parcel Service**

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10712

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

50.29

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

Full Name (Last, First, Middle Initial)

## **C. United Parcel Service**

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10843

Date of Disbursement

06 / 18 / 2007

Amount of Each Disbursement this Period

22.76

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

**SUBTOTAL** of Disbursements This Page (optional) .....

136.00

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. United Parcel Service**

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10842

Date of Disbursement

06 / 18 / 2007

Amount of Each Disbursement this Period

154.95

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

Full Name (Last, First, Middle Initial)

## **B. United Parcel Service**

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10868

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

106.58

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

Full Name (Last, First, Middle Initial)

## **C. US Treasury**

Mailing Address Credit Accounting Branch  
3700 East - West Highway

City Hyattsville State MD Zip Code 20782

Purpose of Disbursement  
Payroll taxes/withholdings

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10458

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

4295.09

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

**SUBTOTAL** of Disbursements This Page (optional) .....

4556.62

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. US Treasury**

Mailing Address Credit Accounting Branch  
3700 East - West Highway

City Hyattsville State MD Zip Code 20782

Purpose of Disbursement  
Payroll taxes/withholdings

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10587

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

168.00

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

Full Name (Last, First, Middle Initial)

## **B. US Treasury**

Mailing Address Credit Accounting Branch  
3700 East - West Highway

City Hyattsville State MD Zip Code 20782

Purpose of Disbursement  
Payroll taxes/withholdings

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10621

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

4295.09

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

Full Name (Last, First, Middle Initial)

## **C. US Treasury**

Mailing Address Credit Accounting Branch  
3700 East - West Highway

City Hyattsville State MD Zip Code 20782

Purpose of Disbursement  
Payroll taxes/withholdings

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10750

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

4295.10

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

**SUBTOTAL** of Disbursements This Page (optional) .....

8758.19

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Verdolino & Lowey, P.C.

Mailing Address 124 Washington St. #101

City  
Foxboro

State  
MA

Zip Code  
02035

Purpose of Disbursement  
Professional services-Accounting

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10439**

Date of Disbursement

04 / 01 / 2007

Amount of Each Disbursement this Period

7000.00

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

Full Name (Last, First, Middle Initial)

**B.** Verdolino & Lowey, P.C.

Mailing Address 124 Washington St. #101

City  
Foxboro

State  
MA

Zip Code  
02035

Purpose of Disbursement  
Professional services-Accounting

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10603**

Date of Disbursement

05 / 01 / 2007

Amount of Each Disbursement this Period

8128.28

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

Full Name (Last, First, Middle Initial)

**C.** Verdolino & Lowey, P.C.

Mailing Address 124 Washington St. #101

City  
Foxboro

State  
MA

Zip Code  
02035

Purpose of Disbursement  
Professional services-Accounting

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10721**

Date of Disbursement

06 / 01 / 2007

Amount of Each Disbursement this Period

7008.70

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

**SUBTOTAL** of Disbursements This Page (optional) .....

22136.98

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Verizon Wireless

Mailing Address P.O. Box 41556

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement

Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10475

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

128.06

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

Full Name (Last, First, Middle Initial)

**B.** Verizon Wireless

Mailing Address P.O. Box 41556

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement

Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10596

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

49.04

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

Full Name (Last, First, Middle Initial)

**C.** Verizon Wireless

Mailing Address P.O. Box 41556

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement

Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10593

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

366.50

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

**SUBTOTAL** of Disbursements This Page (optional) .....

543.60

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



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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. Verizon Wireless**

Mailing Address P.O. Box 41556

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement

Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10623

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

121.65

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

Full Name (Last, First, Middle Initial)

## **B. Verizon Wireless**

Mailing Address P.O. Box 41556

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement

Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10698

Date of Disbursement

05 / 21 / 2007

Amount of Each Disbursement this Period

49.04

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

Full Name (Last, First, Middle Initial)

## **C. Verizon Wireless**

Mailing Address P.O. Box 41556

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement

Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10702

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

372.45

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

**SUBTOTAL** of Disbursements This Page (optional) .....

543.14

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address P.O. Box 41556

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement

Telephone

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10844

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	7

Amount of Each Disbursement this Period

120.05

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

Full Name (Last, First, Middle Initial)

**B. Verizon Wireless**

Mailing Address P.O. Box 41556

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement

Telephone

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10865

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	7

Amount of Each Disbursement this Period

49.20

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

Full Name (Last, First, Middle Initial)

**C. Verizon**

Mailing Address P.O. Box 28007

City Lehigh Valley State PA Zip Code 18002

Purpose of Disbursement

Telephone

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10476

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	6	/	2	0	0	7

Amount of Each Disbursement this Period

83.48

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

SUBTOTAL of Disbursements This Page (optional) .....

252.73

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Verizon

Mailing Address P.O. Box 28007

City State Zip Code  
 Lehigh Valley PA 18002

Purpose of Disbursement

Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10578**

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

243.23

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

Full Name (Last, First, Middle Initial)

**B.** Verizon

Mailing Address P.O. Box 28007

City State Zip Code  
 Lehigh Valley PA 18002

Purpose of Disbursement

Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10692**

Date of Disbursement

05 / 21 / 2007

Amount of Each Disbursement this Period

223.46

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

Full Name (Last, First, Middle Initial)

**C.** Verizon

Mailing Address P.O. Box 28007

City State Zip Code  
 Lehigh Valley PA 18002

Purpose of Disbursement

Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10693**

Date of Disbursement

05 / 21 / 2007

Amount of Each Disbursement this Period

83.62

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

**SUBTOTAL** of Disbursements This Page (optional) .....

550.31

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

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

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Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Verizon

Mailing Address P.O. Box 28007

City  
Lehigh Valley

State  
PA

Zip Code  
18002

Purpose of Disbursement  
Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10846**

Date of Disbursement

06 / 18 / 2007

Amount of Each Disbursement this Period

83.40

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

Full Name (Last, First, Middle Initial)

**B.** Verizon

Mailing Address P.O. Box 28007

City  
Lehigh Valley

State  
PA

Zip Code  
18002

Purpose of Disbursement  
Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10866**

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

256.98

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

Full Name (Last, First, Middle Initial)

**C.** George Zainyeh

Mailing Address 433 Seaside Dr.

City  
Jamestown

State  
RI

Zip Code  
02835

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10460**

Date of Disbursement

04 / 14 / 2007

Amount of Each Disbursement this Period

622.40

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

**SUBTOTAL** of Disbursements This Page (optional) .....

962.78

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

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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** George Zainyeh

Mailing Address 433 Seaside Dr.

City Jamestown State RI Zip Code 02835

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10588**

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

622.40

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

Full Name (Last, First, Middle Initial)

**B.** George Zainyeh

Mailing Address 433 Seaside Dr.

City Jamestown State RI Zip Code 02835

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10629**

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

622.40

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

Full Name (Last, First, Middle Initial)

**C.** George Zainyeh

Mailing Address 433 Seaside Dr.

City Jamestown State RI Zip Code 02835

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10716**

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

622.40

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

**SUBTOTAL** of Disbursements This Page (optional) .....

1867.20

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** George Zainyeh

Mailing Address 433 Seaside Dr.

City Jamestown State RI Zip Code 02835

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10837**

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

622.40

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

Full Name (Last, First, Middle Initial)

**B.** George Zainyeh

Mailing Address 433 Seaside Dr.

City Jamestown State RI Zip Code 02835

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10870**

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

622.40

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

Full Name (Last, First, Middle Initial)

**C.** Michael Zamore

Mailing Address 1204 Euclid St. NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10470**

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

45.76

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

**SUBTOTAL** of Disbursements This Page (optional) .....

1290.56

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. American Express**

Mailing Address P.O. Box 1270

City  
Newark

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
Credit Card - See Below if Itemized

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10446

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

240.97

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

Full Name (Last, First, Middle Initial)

## **B. Hyatt Hotel**

Mailing Address 995 Fifth Ave.

City  
New York

State  
NY

Zip Code  
10028

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10479

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

240.97

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Citibank VISA**

Mailing Address P.O. Box 8101

City  
South Hackensack

State  
NJ

Zip Code  
07606

Purpose of Disbursement  
Credit Card - See Below if Itemized

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10449

Date of Disbursement

04 / 09 / 2007

Amount of Each Disbursement this Period

107.16

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

**SUBTOTAL** of Disbursements This Page (optional) .....

348.13

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. American Express**

Mailing Address P.O. Box 1270

City  
Newark

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
Credit Card - See Below if Itemized

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10455

Date of Disbursement

04 / 09 / 2007

Amount of Each Disbursement this Period

1904.78

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

Full Name (Last, First, Middle Initial)

## **B. Millennium Hotel**

Mailing Address 506 South Grand Ave.

City  
Los Angeles

State  
CA

Zip Code  
90071

Purpose of Disbursement  
Reception - Catering

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10482

Date of Disbursement

04 / 09 / 2007

Amount of Each Disbursement this Period

1159.89

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Millennium Hotel**

Mailing Address 506 South Grand Ave.

City  
Los Angeles

State  
CA

Zip Code  
90071

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10481

Date of Disbursement

04 / 09 / 2007

Amount of Each Disbursement this Period

744.89

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

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

1904.78

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



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<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)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A. Michael Zamore**

Mailing Address 1204 Euclid St. NW

City  
WashingtonState  
DCZip Code  
20009Purpose of Disbursement  
Reimbursement - See Below if Itemized

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10457

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	9	/	2	0	0	7

Amount of Each Disbursement this Period

582.00

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

Full Name (Last, First, Middle Initial)

**B. Southwest Airlines**

Mailing Address P.O. Box 36611

City  
DallasState  
TXZip Code  
75235Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10886

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	9	/	2	0	0	7

Amount of Each Disbursement this Period

232.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. Box 1270

City  
NewarkState  
NJZip Code  
07101Purpose of Disbursement  
Credit Card - See Below if Itemized

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10478

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	7

Amount of Each Disbursement this Period

12894.27

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

13476.27

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. American Airlines**

Mailing Address 4255 Amon Carter Blvd.

City  
Fort Worth

State  
TX

Zip Code  
76155

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10537

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

384.40

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Amtrak**

Mailing Address 110 N. Carolina Ave. SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10525

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

230.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Amtrak**

Mailing Address 110 N. Carolina Ave. SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10509

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

209.00

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

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Amtrak

Mailing Address 110 N. Carolina Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10522

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

398.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Amtrak

Mailing Address 110 N. Carolina Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10513

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

157.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Amtrak

Mailing Address 110 N. Carolina Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10521

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

199.00

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

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Amtrak

Mailing Address 110 N. Carolina Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10520**

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

310.00

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Amtrak

Mailing Address 110 N. Carolina Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10519**

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

199.00

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Amtrak

Mailing Address 110 N. Carolina Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10524**

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

157.00

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

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

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

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. Black Pearl Restaurant**

Mailing Address Bannister's Wharf

City  
Newport

State  
RI

Zip Code  
02840

Purpose of Disbursement  
Meeting expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10486

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

224.15

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Carroll Travel**

Mailing Address 201 Massachusetts Ave. NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10547

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

60.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Carroll Travel**

Mailing Address 201 Massachusetts Ave. NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10548

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

30.00

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

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10484

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

8.59

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10487

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

2.45

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10506

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

7.00

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

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<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)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Citgo

Mailing Address 135 JT Connell Highway

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

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001
Category/ Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10483

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	7	

Amount of Each Disbursement this Period

1.56

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Citgo

Mailing Address 135 JT Connell Highway

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

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001
Category/ Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10554

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	7	

Amount of Each Disbursement this Period

3.09

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Clydes of Gallery Place

Mailing Address 707 7th St. NW

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Purpose of Disbursement  
Meeting expense

Candidate Name

001
Category/ Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10514

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	7	

Amount of Each Disbursement this Period

65.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

0.00

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Clydes of Gallery Place

Mailing Address 707 7th St. NW

City Washington State DC Zip Code 20001

Purpose of Disbursement

Meeting expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10517

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

144.30

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Delta Airlines

Mailing Address Atlantic Center Suite 4900  
1201 W. Peachtree St.

City Atlanta State GA Zip Code 30309

Purpose of Disbursement

Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10538

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

671.80

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Delta Airlines

Mailing Address Atlantic Center Suite 4900  
1201 W. Peachtree St.

City Atlanta State GA Zip Code 30309

Purpose of Disbursement

Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10536

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

671.80

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

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

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



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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. Delta Airlines**

Mailing Address Atlantic Center Suite 4900  
1201 W. Peachtree St.

City Atlanta State GA Zip Code 30309

Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10535

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

671.80

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Hyatt Hotel**

Mailing Address 400 New Jersey Ave. NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Parking

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10523

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

17.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Hyatt Hotel**

Mailing Address 400 New Jersey Ave. NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Reception - Catering

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10508

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

2049.80

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

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Marriott

Mailing Address 1902 East 71st St.

City State Zip Code  
Tulsa OK 74136

Purpose of Disbursement

Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10566

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

395.18

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Marriott

Mailing Address 1902 East 71st St.

City State Zip Code  
Tulsa OK 74136

Purpose of Disbursement

Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10567

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

218.38

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Omni Hotels

Mailing Address 530 William Penn Pl.

City State Zip Code  
Pittsburgh PA 15219

Purpose of Disbursement

Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10512

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

307.32

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Omni Hotels

Mailing Address 530 William Penn Pl.

City Pittsburgh State PA Zip Code 15219

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10511

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

277.86

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Omni Hotels

Mailing Address 530 William Penn Pl.

City Pittsburgh State PA Zip Code 15219

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10510

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

55.72

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Postmaster

Mailing Address 1400 L St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10557

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

234.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Shell

Mailing Address 207 East Main Rd.

City Middletown State RI Zip Code 02842

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10550

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

23.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Shell

Mailing Address 3319 Post Rd.

City Warwick State RI Zip Code 02886

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10503

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

27.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Shell

Mailing Address 3319 Post Rd.

City Warwick State RI Zip Code 02886

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10505

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

2.88

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Shell

Mailing Address 207 East Main Rd.

City  
Middletown

State  
RI

Zip Code  
02842

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10485

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

32.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Shell

Mailing Address 207 East Main Rd.

City  
Middletown

State  
RI

Zip Code  
02842

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10507

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

33.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Shell

Mailing Address 207 East Main Rd.

City  
Middletown

State  
RI

Zip Code  
02842

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10542

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

36.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Shell

Mailing Address 7380 Post Rd.

City  
North Kingstown

State  
RI

Zip Code  
02852

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10527

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

40.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Shell

Mailing Address 7380 Post Rd.

City  
North Kingstown

State  
RI

Zip Code  
02852

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10490

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

41.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Shell

Mailing Address 7380 Post Rd.

City  
North Kingstown

State  
RI

Zip Code  
02852

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10534

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

38.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Shell

Mailing Address 7380 Post Rd.

City  
North Kingstown

State  
RI

Zip Code  
02852

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10555

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

38.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Shell

Mailing Address 207 East Main Rd.

City  
Middletown

State  
RI

Zip Code  
02842

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10530

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

37.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Southwest Airlines

Mailing Address P.O. Box 36611

City  
Dallas

State  
TX

Zip Code  
75235

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10498

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

102.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Southwest Airlines

Mailing Address P.O. Box 36611

City  
DallasState  
TXZip Code  
75235Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10545

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	7

Amount of Each Disbursement this Period

175.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Southwest Airlines

Mailing Address P.O. Box 36611

City  
DallasState  
TXZip Code  
75235Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10546

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	7

Amount of Each Disbursement this Period

87.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Surroundings Florist

Mailing Address Shaker Pine Plaza

City  
AlbanyState  
NYZip Code  
12205Purpose of Disbursement  
Reception - Flowers

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10531

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	7

Amount of Each Disbursement this Period

154.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A. Tasca Automotive Group**

Mailing Address 1200 Pontiac Ave.

City	State	Zip Code
Cranston	RI	02920

Purpose of Disbursement

Vehicle maintenance

Candidate Name

001
Category/ Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Transaction ID: D10561

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	7

Amount of Each Disbursement this Period

47.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Taverna Restaurant**

Mailing Address 3500 Connecticut Ave. NW

City	State	Zip Code
Washington	DC	20008

Purpose of Disbursement

Meeting expense

Candidate Name

001
Category/ Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Transaction ID: D10518

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	7

Amount of Each Disbursement this Period

218.21

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. US Airways**Mailing Address Crystal Park 4  
3345 Crystal Dr.

City	State	Zip Code
Arlington	VA	22227

Purpose of Disbursement

Travel

Candidate Name

002
Category/ Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Transaction ID: D10496

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	7

Amount of Each Disbursement this Period

259.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. US Airways**

Mailing Address Crystal Park 4  
3345 Crystal Dr.

City Arlington State VA Zip Code 22227

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10495

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

179.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. US Airways**

Mailing Address Crystal Park 4  
3345 Crystal Dr.

City Arlington State VA Zip Code 22227

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10500

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

214.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. US Airways**

Mailing Address Crystal Park 4  
3345 Crystal Dr.

City Arlington State VA Zip Code 22227

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10539

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

246.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. US Airways**

Mailing Address Crystal Park 4  
3345 Crystal Dr.

City Arlington State VA Zip Code 22227

Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10540

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

246.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Verio Web Hosting**

Mailing Address 1800 Old Okeechobee Rd.

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement  
Website

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10491

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

99.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Verio Web Hosting**

Mailing Address 1800 Old Okeechobee Rd.

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement  
Website

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10515

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

149.85

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. Verizon Wireless**

Mailing Address 1744 L St. NW

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
Telephone

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10492

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

272.48

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. W New York Hotel**

Mailing Address 541 Lexington Ave.

City  
New York

State  
NY

Zip Code  
10022

Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10529

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

113.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. W New York Hotel**

Mailing Address 541 Lexington Ave.

City  
New York

State  
NY

Zip Code  
10022

Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10528

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

277.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** W New York Hotel

Mailing Address 541 Lexington Ave.

City	State	Zip Code
New York	NY	10022

Purpose of Disbursement

Travel

Candidate Name

002
Category/ Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Transaction ID: D10526

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	7

Amount of Each Disbursement this Period

503.58

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Washington Parking

Mailing Address Metro Parking/Administrative Headq

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement

Travel

Candidate Name

002
Category/ Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Transaction ID: D10516

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	7

Amount of Each Disbursement this Period

35.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** American Express

Mailing Address P.O. Box 1270

City	State	Zip Code
Newark	NJ	07101

Purpose of Disbursement

Credit Card - See Below if Itemized

Candidate Name

001
Category/ Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Transaction ID: D10574

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	7

Amount of Each Disbursement this Period

523.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**SUBTOTAL** of Disbursements This Page (optional) .....

523.80

**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 PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4255 Amon Carter Blvd.

City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10878

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	7

Amount of Each Disbursement this Period

493.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Carroll Travel**

Mailing Address 201 Massachusetts Ave. NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10877

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	7

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. Box 1270

City  
NewarkState  
NJZip Code  
07101Purpose of Disbursement  
Credit Card - See Below if Itemized

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10579

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	7

Amount of Each Disbursement this Period

596.54

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

596.54

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** W New York Hotel

Mailing Address 541 Lexington Ave.

City  
New YorkState  
NYZip Code  
10022Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10875

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	7

Amount of Each Disbursement this Period

596.54

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** American Express

Mailing Address P.O. Box 1270

City  
NewarkState  
NJZip Code  
07101Purpose of Disbursement  
Credit Card - See Below if Itemized

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10594

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	7

Amount of Each Disbursement this Period

349.83

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** Hyatt Hotel

Mailing Address Dallas Fort Worth Airport

City  
DallasState  
TXZip Code  
75207Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10876

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	7

Amount of Each Disbursement this Period

349.83

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

349.83

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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. Citibank VISA**

Mailing Address P.O. Box 8101

City South Hackensack State NJ Zip Code 07606

Purpose of Disbursement  
Credit Card - See Below if Itemized

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10619

Date of Disbursement

05 / 08 / 2007

Amount of Each Disbursement this Period

1147.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. Hilton Hotel**

Mailing Address 505 North Ft. Lauderdale Beach Blv

City Fort Lauderdale State FL Zip Code 33304

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10879

Date of Disbursement

05 / 08 / 2007

Amount of Each Disbursement this Period

1147.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. American Express**

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
Credit Card - See Below if Itemized

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10628

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

6374.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

7522.00

**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  
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(check only one)

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Banana Cafe

Mailing Address 500 8th St. SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Meeting expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10656

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

200.14

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10634

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Citgo

Mailing Address 135 JT Connell Highway

City  
Newport

State  
RI

Zip Code  
02840

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10655

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

2.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10639

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

1.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10645

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

3.09

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10636

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

3.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10659

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

3.09

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10662

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

8.59

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10672

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

3.09

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10675

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

2.09

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10681

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

8.59

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10663

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

3.09

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10684

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

3.09

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** John F. Kennedy Library Museum Store

Mailing Address Columbia Point

City Boston State MA Zip Code 02125

Purpose of Disbursement  
Constituent expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10668

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

1740.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** John F. Kennedy Library Museum Store

Mailing Address Columbia Point

City Boston State MA Zip Code 02125

Purpose of Disbursement  
Constituent expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10669

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A. National Journal Group**

Mailing Address 1600 Pennsylvania Ave. NW

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Advertisement

Candidate Name

004

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10688

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	7

Amount of Each Disbursement this Period

844.94

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Shell**

Mailing Address 71 Cedar St.

City  
PawtucketState  
RIZip Code  
02860Purpose of Disbursement  
Gasoline

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10635

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	7

Amount of Each Disbursement this Period

32.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Shell**

Mailing Address 138 Connell Highway

City  
NewportState  
RIZip Code  
02840Purpose of Disbursement  
Gasoline

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10658

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	7

Amount of Each Disbursement this Period

41.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Shell

Mailing Address 207 East Main Rd.

City Middletown State RI Zip Code 02842

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10683**

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

17.70

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Shell

Mailing Address 207 East Main Rd.

City Middletown State RI Zip Code 02842

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10682**

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

36.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Shell

Mailing Address 138 Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10648**

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

38.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Shell

Mailing Address 71 Cedar St.

City  
PawtucketState  
RIZip Code  
02860Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10642

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	7

Amount of Each Disbursement this Period

37.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Shell

Mailing Address 3319 Post Rd.

City  
WarwickState  
RIZip Code  
02886Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10680

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	7

Amount of Each Disbursement this Period

22.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Shell

Mailing Address 71 Cedar St.

City  
PawtucketState  
RIZip Code  
02860Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10657

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	7

Amount of Each Disbursement this Period

35.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<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)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Shell

Mailing Address 3319 Post Rd.

City  
WarwickState  
RIZip Code  
02886Purpose of Disbursement  
Gasoline

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10667

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	7

Amount of Each Disbursement this Period

46.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Southwest Airlines

Mailing Address P.O. Box 36611

City  
DallasState  
TXZip Code  
75235Purpose of Disbursement  
Travel

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10686

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	7

Amount of Each Disbursement this Period

122.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Southwest Airlines

Mailing Address P.O. Box 36611

City  
DallasState  
TXZip Code  
75235Purpose of Disbursement  
Travel

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10644

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	7

Amount of Each Disbursement this Period

494.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. Surroundings Florist**

Mailing Address Shaker Pine Plaza

City Albany State NY Zip Code 12205

Purpose of Disbursement

Reception - Flowers

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10640

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

126.26

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Tasca Automotive Group**

Mailing Address 1200 Pontiac Ave.

City Cranston State RI Zip Code 02920

Purpose of Disbursement

Vehicle maintenance

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10665

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

1112.36

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Verio Web Hosting**

Mailing Address 1800 Old Okeechobee Rd.

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement

Website

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10646

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

99.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Walmart

Mailing Address 1031 Ten Rod Rd.

City  
North Kingstown

State  
RI

Zip Code  
02852

Purpose of Disbursement  
Auto expense

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10687

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

54.27

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Washington Parking

Mailing Address Metro Parking/Administrative Headq

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10649

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Washington Parking

Mailing Address Metro Parking/Administrative Headq

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10674

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

31.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. American Express**

Mailing Address P.O. Box 1270

City  
Newark

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
Credit Card - See Below if Itemized

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10699

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

126.26

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. Surroundings Florist**

Mailing Address Shaker Pine Plaza

City  
Albany

State  
NY

Zip Code  
12205

Purpose of Disbursement  
Constituent expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10700

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

126.26

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. American Express**

Mailing Address P.O. Box 1270

City  
Newark

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
Credit Card - See Below if Itemized

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10746

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

10420.64

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

10546.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Alaska Airlines

Mailing Address 10630 NE 8th St.

City  
Bellevue

State  
WA

Zip Code  
98004

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10786

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

224.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Alaska Airlines

Mailing Address 10630 NE 8th St.

City  
Bellevue

State  
WA

Zip Code  
98004

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10815

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

279.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** American Express

Mailing Address P.O. Box 1270

City  
Newark

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
Service charge

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10792

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

29.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Amtrak

Mailing Address 110 N. Carolina Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10810

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

263.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Amtrak

Mailing Address 110 N. Carolina Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10811

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

173.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Amtrak

Mailing Address 110 N. Carolina Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10819

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

157.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Amtrak

Mailing Address 110 N. Carolina Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10751

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

90.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Best Buy

Mailing Address 1401 Bald Hill Rd.

City Warwick State RI Zip Code 02886

Purpose of Disbursement

Vehicle maintenance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10830

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

758.61

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Blue Plate Catering

Mailing Address 1061 W Van Buren St.

City Chicago State IL Zip Code 60607

Purpose of Disbursement

Reception - Catering

Candidate Name

007  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10797

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

1750.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Carey Limousine

Mailing Address P.O. Box 631414

City Baltimore State MD Zip Code 21263

Purpose of Disbursement

Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10834

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

117.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10791

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

60.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10814

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

60.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10809

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10794

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

60.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10790

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

60.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10752

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

60.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10804

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

15.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10763

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

1.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<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)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Citgo

Mailing Address 135 JT Connell Highway

City Newport	State RI	Zip Code 02840
-----------------	-------------	-------------------

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001
Category/ Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10765

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	7

Amount of Each Disbursement this Period

8.59

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Citgo

Mailing Address 135 JT Connell Highway

City Newport	State RI	Zip Code 02840
-----------------	-------------	-------------------

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001
Category/ Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10801

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	7

Amount of Each Disbursement this Period

3.59

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Citgo

Mailing Address 135 JT Connell Highway

City Newport	State RI	Zip Code 02840
-----------------	-------------	-------------------

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001
Category/ Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10821

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	7

Amount of Each Disbursement this Period

3.09

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10822

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

3.09

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10823

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

3.09

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Delta Airlines

Mailing Address Atlantic Center Suite 4900  
1201 W. Peachtree St.

City Atlanta State GA Zip Code 30309

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10755

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

628.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. Hertz Car Rental**

Mailing Address 544 Airport Rd.

City Warwick State RI Zip Code 02886

Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10767

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

93.73

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. IDC Inc. Newport**

Mailing Address 65 Ridge Rd.

City Newport State RI Zip Code 02840

Purpose of Disbursement  
Reception - Catering

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10768

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

1178.77

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Johnny's Half Shell**

Mailing Address 400 N Capitol St. NW # 175

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Reception - Catering

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10778

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Liberty Grill

Mailing Address 1037 S Flower St.

City Los Angeles State CA Zip Code 90015

Purpose of Disbursement

Meeting expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10833

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

241.72

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Mill's Tavern

Mailing Address 101 N Main St.

City Providence State RI Zip Code 02903

Purpose of Disbursement

Meeting expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10796

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

206.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Mill's Tavern

Mailing Address 101 N Main St.

City Providence State RI Zip Code 02903

Purpose of Disbursement

Meeting expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10781

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

146.59

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. National Journal Group**

Mailing Address 1600 Pennsylvania Ave. NW

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Advertisement credit

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10756

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

-844.94

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Postmaster**

Mailing Address 1400 L St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10812

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

4.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Shell**

Mailing Address 7380 Post Rd.

City North Kingstown State RI Zip Code 02852

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10807

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

48.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Shell

Mailing Address 138 Connell Highway

City  
NewportState  
RIZip Code  
02840Purpose of Disbursement  
Gasoline

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10769

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	7

Amount of Each Disbursement this Period

25.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Shell

Mailing Address 71 Cedar St.

City  
PawtucketState  
RIZip Code  
02860Purpose of Disbursement  
Gasoline

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10772

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	7

Amount of Each Disbursement this Period

42.70

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Shell

Mailing Address 71 Cedar St.

City  
PawtucketState  
RIZip Code  
02860Purpose of Disbursement  
Gasoline

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10820

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	7

Amount of Each Disbursement this Period

42.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Shell

Mailing Address 3319 Post Rd.

City  
Warwick

State  
RI

Zip Code  
02886

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10773

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

20.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Shell

Mailing Address 207 East Main Rd.

City  
Middletown

State  
RI

Zip Code  
02842

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10771

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

46.70

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Shell

Mailing Address 207 East Main Rd.

City  
Middletown

State  
RI

Zip Code  
02842

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10782

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

52.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Shell

Mailing Address 138 Connell Highway

City  
Newport

State  
RI

Zip Code  
02840

Purpose of Disbursement  
Gasoline

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10825**

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

32.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Shell

Mailing Address 138 Connell Highway

City  
Newport

State  
RI

Zip Code  
02840

Purpose of Disbursement  
Gasoline

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10803**

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

23.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Shell

Mailing Address 138 Connell Highway

City  
Newport

State  
RI

Zip Code  
02840

Purpose of Disbursement  
Gasoline

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10779**

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

27.85

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Shell

Mailing Address 3319 Post Rd.

City  
Warwick

State  
RI

Zip Code  
02886

Purpose of Disbursement  
Newspapers-Periodicals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10774

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

1.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Shell

Mailing Address 3319 Post Rd.

City  
Warwick

State  
RI

Zip Code  
02886

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10798

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

38.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Shell

Mailing Address 207 East Main Rd.

City  
Middletown

State  
RI

Zip Code  
02842

Purpose of Disbursement  
Gasoline

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10829

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

36.56

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<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)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Southwest Airlines

Mailing Address P.O. Box 36611

City  
DallasState  
TXZip Code  
75235Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10783

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	7

Amount of Each Disbursement this Period

144.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Southwest Airlines

Mailing Address P.O. Box 36611

City  
DallasState  
TXZip Code  
75235Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10795

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	7

Amount of Each Disbursement this Period

378.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Surroundings Florist

Mailing Address Shaker Pine Plaza

City  
AlbanyState  
NYZip Code  
12205Purpose of Disbursement  
Reception - Flowers

Candidate Name

007  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10806

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	7

Amount of Each Disbursement this Period

196.70

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** United Airlines

Mailing Address P.O. Box 66100

City  
Chicago

State  
IL

Zip Code  
60666

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10813**

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

406.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** United Airlines

Mailing Address P.O. Box 66100

City  
Chicago

State  
IL

Zip Code  
60666

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10789**

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

108.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** United Airlines

Mailing Address P.O. Box 66100

City  
Chicago

State  
IL

Zip Code  
60666

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10787**

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

221.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. United Airlines**

Mailing Address P.O. Box 66100

City  
Chicago

State  
IL

Zip Code  
60666

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10788

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

411.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. US Airways**

Mailing Address Crystal Park 4  
3345 Crystal Dr.

City  
Arlington

State  
VA

Zip Code  
22227

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10808

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

309.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. US Airways**

Mailing Address Crystal Park 4  
3345 Crystal Dr.

City  
Arlington

State  
VA

Zip Code  
22227

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10784

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

348.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. US Airways**

Mailing Address Crystal Park 4  
3345 Crystal Dr.

City Arlington State VA Zip Code 22227

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10785

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

108.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Verio Web Hosting**

Mailing Address 1800 Old Okeechobee Rd.

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement  
Website

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10766

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

99.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Washington Parking**

Mailing Address Metro Parking/Administrative Headq

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10777

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

32.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<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)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 1270

City  
NewarkState  
NJZip Code  
07101Purpose of Disbursement  
Credit Card - See Below if Itemized

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10849

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	7

Amount of Each Disbursement this Period

372.51

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Hilton Hotel**

Mailing Address 505 North Ft. Lauderdale Beach Blv

City  
Fort LauderdaleState  
FLZip Code  
33304Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10850

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	7

Amount of Each Disbursement this Period

372.51

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. Box 1270

City  
NewarkState  
NJZip Code  
07101Purpose of Disbursement  
Credit Card - See Below if Itemized

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10853

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	7

Amount of Each Disbursement this Period

2819.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

3191.91

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. Surroundings Florist**

Mailing Address Shaker Pine Plaza

City Albany State NY Zip Code 12205

Purpose of Disbursement  
Reception - Flowers

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10859

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

252.52

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. W Hotel**

Mailing Address 172 West Adams St.

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10858

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

297.35

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Waldorf Astoria Hilton**

Mailing Address 301 Park Ave.

City New York State NY Zip Code 10022

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10856

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

734.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Waldorf Astoria Hilton

Mailing Address 301 Park Ave.

City State Zip Code  
 New York NY 10022

Purpose of Disbursement  
 Travel

Candidate Name

002  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10855**

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1129.60

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Westin Hotel

Mailing Address One Exchange St.

City State Zip Code  
 Providence RI 02903

Purpose of Disbursement  
 Travel

Candidate Name

002  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10857**

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

180.08

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Westin Hotel

Mailing Address One Exchange St.

City State Zip Code  
 Providence RI 02903

Purpose of Disbursement  
 Travel

Candidate Name

002  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D10854**

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

224.87

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. American Express**

Mailing Address P.O. Box 1270

City  
Newark

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
Credit Card - See Below if Itemized

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10860

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

413.77

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. W Hotel**

Mailing Address 172 West Adams St.

City  
Chicago

State  
IL

Zip Code  
60603

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10861

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

413.77

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. American Express**

Mailing Address P.O. Box 1270

City  
Newark

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
Credit Card - See Below if Itemized

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10883

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1342.49

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1756.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Westin Hotel

Mailing Address 1400 M St. NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Reception - Catering

Candidate Name

007  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10884

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	7

Amount of Each Disbursement this Period

1342.49

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

152933.21

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Francisco L. Borges

Mailing Address 2 Northington Way

City  
Farmington

State  
CT

Zip Code  
06032

Purpose of Disbursement

Refund of contribution

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10882**

Date of Disbursement

05 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** Marshall S. Cogan

Mailing Address 15 West 53rd St.  
Apt. 31B

City  
New York

State  
NY

Zip Code  
10019

Purpose of Disbursement

Refund of contribution

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10880**

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** Roger Khetan

Mailing Address 2817 Dyer St.

City  
Dallas

State  
TX

Zip Code  
75205

Purpose of Disbursement

Refund of excessive contribution

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10570**

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Mohegan Tribe

Mailing Address 5 Crow Hill Rd.

City  
Uncasville

State  
CT

Zip Code  
06382

Purpose of Disbursement  
Refund of excessive contribution

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10569**

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

400.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** Stephen A. Schwarzman

Mailing Address 345 Park Ave. 31st Fl.

City  
New York

State  
NY

Zip Code  
10154

Purpose of Disbursement  
Refund of excessive contribution

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10851**

Date of Disbursement

06 / 18 / 2007

Amount of Each Disbursement this Period

400.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** Stephen A. Schwarzman

Mailing Address 345 Park Ave. 31st Fl.

City  
New York

State  
NY

Zip Code  
10154

Purpose of Disbursement  
Refund of excessive contribution

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10852**

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

4100.00

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Daniel P. O'Neil Memorial Scholarship Fund

Mailing Address P.O. Box 111

City  
Manville

State  
RI

Zip Code  
02838

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10605**

Date of Disbursement

05 / 07 / 2007

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Transfer to a National Political Party

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10874**

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

15000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** Newport County YMCA

Mailing Address 792 Valley Rd.

City  
Middletown

State  
RI

Zip Code  
02842

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D10584**

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

16000.00

**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  
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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

## **A. RI Community Food Bank**

Mailing Address 200 Niantic Ave.

City  
Providence

State  
RI

Zip Code  
02907

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10585

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. Sophia Academy**

Mailing Address 979 Branch Ave.

City  
Providence

State  
RI

Zip Code  
02904

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10714

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. The River - United Methodist Communities**

Mailing Address P.O. Box 1379

City  
Woonsocket

State  
RI

Zip Code  
02895

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D10689

Date of Disbursement

05 / 21 / 2007

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input 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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

**A.** Turning Around Ministries

Mailing Address 50 Dr. Marcus F. Wheatland Blvd.

City  
Newport

State  
RI

Zip Code  
02840

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D10477

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	7

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

17500.00