

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
Cicilline Committee

ADDRESS (number and street) 236 Hope Street  
Check if different than previously reported. (ACC) Providence RI 02906

2. **FEC IDENTIFICATION NUMBER** ▼ C C00476564 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) **STATE** ▼ **DISTRICT** ▲  
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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
07 / 01 / 2013 through 09 / 30 / 2013

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

Type or Print Name of Treasurer Nancy Benoit

Signature of Treasurer Nancy Benoit *[Electronically Filed]* Date M M / D D / Y Y Y Y  
10 / 15 / 2013

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Cicilline Committee**

Report Covering the Period: From:  /  /  To:  /  /

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 160645.28               | 593570.79                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 500.00                  | 750.00                             |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 160145.28               | 592820.79                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 80394.81                | 294286.57                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 98.00                   | 4211.90                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 80296.81                | 290074.67                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 261966.55               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0.00                    |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Cicilline Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 09 / 30 / 2013

| I. RECEIPTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM:   |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                    |
| (i) Itemized (use Schedule A).....   | 117750.00                     | 407861.50                          |
| (ii) Unitemized.....   | 3638.68                       | 17852.69                           |
| (iii) TOTAL of contributions from individuals ▶  | 121388.68                     | 425714.19                          |
| (b) Political Party Committees.....  | 6.60                          | 6.60                               |
| (c) Other Political Committees (such as PACs).....   | 39250.00                      | 167850.00                          |
| (d) The Candidate.....   | 0.00                          | 0.00                               |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 160645.28                     | 593570.79                          |
| 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.) .....                                       | 98.00                         | 4211.90                            |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.).....  | 0.00                          | 0.00                               |
| 16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 160743.28                     | 597782.69                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 80394.81                      | 294286.57                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 12500.00                           |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 70000.00                           |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 70000.00                           |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 250.00                             |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 500.00                        | 500.00                             |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 500.00                        | 750.00                             |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 80894.81                      | 377536.57                          |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 182118.08 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 160743.28 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 342861.36 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 80894.81  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 261966.55 |

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

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

FOR LINE NUMBER: PAGE 5 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 715 Elmgrove Ave

City Providence State RI Zip Code 02906-4922

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 23 / 2013

**Transaction ID : C7161042**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address PO Box 899

City Bristol State RI Zip Code 02809-0998

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

Name of Employer Simmons College Occupation Director of MCM & Professor

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 30 / 2013

**Transaction ID : C7164040**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 100 Marlborough Street Apt A

City Johnston State RI Zip Code 02919

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

Name of Employer Law Office of Gregory Acciardo Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : C7174119**

Amount of Each Receipt this Period  
 500.00

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

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

1050.00

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 6 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |               |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 100 Marlborough Street  
Apt A

City Johnston State RI Zip Code 02919

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

Name of Employer Law Office of Gregory Acciardo Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543436**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 76 Humboldt Ave

City Providence State RI Zip Code 02906-4533

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

Name of Employer Agniel Commodities,LLC Occupation human resources admin

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547690**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 47 Manning St

City Providence State RI Zip Code 02906-3130

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : C8533372**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 7 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 34 Sweet Briar Lane

City West Warwick State RI Zip Code 02893-2423

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

Name of Employer Self Occupation Stockbroker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : C7174120**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1177 Smith St

City Providence State RI Zip Code 02908-2029

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

Name of Employer Tri-Town Community Action Agency Occupation Social Work

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 30 / 2013

**Transaction ID : C7161426**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 2 Beloit St

City Providence State RI Zip Code 02908-1206

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

Name of Employer Andrew Annaldo & Associates Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 04 / 2013

**Transaction ID : C7172515**

Amount of Each Receipt this Period  
250.00

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

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

900.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 8 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 216 Olney St

City Providence State RI Zip Code 02906

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

Name of Employer Toots Zynsky, Inc Occupation Artist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8547710**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 530 blackstone blvd  
530 Blackstone Blvd

City providence State RI Zip Code 02906-4934

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 05 / 2013

**Transaction ID : C7166167**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 123 Eustis Ave

City Newport State RI Zip Code 02840-2865

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

Name of Employer Information Requested Occupation Scholar

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 09 / 2013

**Transaction ID : C7172931**

Amount of Each Receipt this Period  
 250.00

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

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

850.00



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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 9 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |               |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 35 Oriole Ave

City Providence State RI Zip Code 02906-5525

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

Name of Employer Thomas E. Badway & Associates, LLC Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8547707**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Ernest P. Baptista Jr.**

Mailing Address 14 Stevens Rd

City Cranston State RI Zip Code 02910-4245

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

Name of Employer Gencorp Insurance Occupation Salesman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543474**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 1 Fair Oaks Ct S

City Greenville State RI Zip Code 02828-2542

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

Name of Employer Property Advisory Group Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547687**

Amount of Each Receipt this Period  
**500.00**

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

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

**2000.00**

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 10 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 312 Connell Hwy

City Newport State RI Zip Code 02840-6005

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

Name of Employer Newport Biodiesel Occupation Managing Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 22 / 2013

**Transaction ID : C7177227**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 151 Table Rock Rd

City Wakefield State RI Zip Code 02879-1826

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543477**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 170 Gentian Ave

City Providence State RI Zip Code 02908-1103

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2013

**Transaction ID : C8533364**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 11 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 277 Atwells Ave

City Providence State RI Zip Code 02903-1566

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

Name of Employer City of Providence Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2013

**Transaction ID : C7174123**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 15 Wilderness Dr

City Narragansett State RI Zip Code 02882-6138

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2013

**Transaction ID : C7174122**

Amount of Each Receipt this Period  
600.00

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

Mailing Address 400 west 12th street

City New York State NY Zip Code 10014-1798

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

Name of Employer Showtime Networks Inc. Occupation Entertainment/Media Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8546559**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 12 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 252 Freeman Pkwy

City Providence State RI Zip Code 02906-5743

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

Name of Employer at home Occupation registered nurse

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547670**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Leon C. Boghossian III**

Mailing Address 10 Robbins Dr

City Barrington State RI Zip Code 02806-2612

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

Name of Employer Occupation  
Hinckley, Allen & Snyder LLP Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2013

**Transaction ID : C8540173**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 127 Tenth St

City Providence State RI Zip Code 02906

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

Name of Employer Occupation  
Otto H York Foundation Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 06 / 2013

**Transaction ID : C8522957**

Amount of Each Receipt this Period  
**250.00**

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

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

**1000.00**

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 13 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 24 Stimson Ave

City Providence State RI Zip Code 02906-3207

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

Name of Employer Nabsys Occupation Life Sciences CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8546108**

Amount of Each Receipt this Period  
 1100.00

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

Mailing Address 19 Taylors Lane South

City Little Compton State RI Zip Code 02837-1117

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

Name of Employer Topping Fund, LLC Occupation Finance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : C8544639**

Amount of Each Receipt this Period  
 1600.00

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

Mailing Address 34 Bennington Road

City Cranston State RI Zip Code 02929-5637

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2013

**Transaction ID : C7148657**

Amount of Each Receipt this Period  
 1000.00

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

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

3700.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 14 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 2 Regency Plz  
Apt 1111

City Providence State RI Zip Code 02903-3156

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 09 / 2013

**Transaction ID : C8528684**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**James V. Burchfield Jr.**

Mailing Address 36 Forest View Dr

City North Providence State RI Zip Code 02904-3029

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

Name of Employer D'Amico & Burchfield Occupation Self-employed/Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 24 / 2013

**Transaction ID : C8538776**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**James V. Burchfield Jr.**

Mailing Address 36 Forest View Dr

City North Providence State RI Zip Code 02904-3029

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

Name of Employer D'Amico & Burchfield Occupation Self-employed/Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 24 / 2013

**Transaction ID : C8538777**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 15 OF 132

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

NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 17 Heritage Rd

City State Zip Code  
 Barrington RI 02806

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2013

**Transaction ID : C8528783**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 12 half mile rd

City State Zip Code  
 Barrington RI 02806-4104

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

Name of Employer Information Requested Occupation Information Requested  
 university medical foundation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 544.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8549100**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**James L. Carr Jr.**

Mailing Address 100 Royal Little Dr

City State Zip Code  
 Providence RI 02904-1859

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

Name of Employer Information Requested Occupation Information Requested  
 H. Carr & Sons CEO/ President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2013

**Transaction ID : C8538779**

Amount of Each Receipt this Period  
 1000.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 16 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 255 Fruit Hill Ave

City North Providence      State RI      Zip Code 02911-2805

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

Name of Employer Rhode Island College      Occupation President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2013

**Transaction ID : C7174130**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

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

Mailing Address 6 Highland Terrace

City Smithfield      State RI      Zip Code 02917-1011

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

Name of Employer Brennan,Recupero,Cascione,Scungio&McAl      Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2013

**Transaction ID : C7161039**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

Mailing Address 6 Highland Terrace

City Smithfield      State RI      Zip Code 02917-1011

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

Name of Employer Brennan,Recupero,Cascione,Scungio&McAl      Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543458**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

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

\_\_\_\_\_ 1000.00

\_\_\_\_\_



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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 17 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 46 Aborn Street

City Providence State RI Zip Code 02903

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

Name of Employer Cornish Associates Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : C8531322**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 101 North Main Street

City Providence State RI Zip Code 02903-3209

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543484**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 35 Orchard Ave

City Providence State RI Zip Code 02906-5417

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

Name of Employer Cornish ass Occupation Design

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8546648**

Amount of Each Receipt this Period  
500.00

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

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

2250.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 18 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Marion Oates Charles</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 23 / 2013 |
| Mailing Address 44 Ledge Rd   |                                  | <b>Transaction ID : C8547681</b>                         |
| City<br>Newport   | State<br>RI                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00             |
| Name of Employer<br>Homemaker   | Occupation<br>Homemaker          |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Gerald C. Chertavian</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2013 |
| Mailing Address 95 Irving Street  |                                   | <b>Transaction ID : C8547871</b>                         |
| City<br>Cambridge   | State<br>MA                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>600.00             |
| Name of Employer<br>Year Up   | Occupation<br>CEO                 |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>3000.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Gerald C. Chertavian</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2013 |
| Mailing Address 95 Irving Street  |                                   | <b>Transaction ID : C8552547</b>                         |
| City<br>Cambridge   | State<br>MA                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>400.00             |
| Name of Employer<br>Year Up   | Occupation<br>CEO                 |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>3000.00 |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 19 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address One Turks Head Place Suite 1100

City Providence State RI Zip Code 02903

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

Name of Employer Chisholm Chisholm & Kilpatrick Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8546676**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 100 Rhode Island Ave

City Newport State RI Zip Code 02840-3346

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

Name of Employer Newport County Community Mental Health Occupation Clinician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
992.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2013

**Transaction ID : C7161036**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**John F. Cicilline Esquire**

Mailing Address 18 Nelson St

City Providence State RI Zip Code 02908-3403

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

Name of Employer Cicilline Law Offices Occupation Attorney/Self-employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543488**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 20 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 18 George St.

City Providence State RI Zip Code 02906-1119

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

Name of Employer Burns & Levinson, LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2013

**Transaction ID : C8540170**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 99 Gano St

City Providence State RI Zip Code 02906-3822

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

Name of Employer H.V. Collins Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2013

**Transaction ID : C8540171**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 296 George Washington Hwy

City Smithfield State RI Zip Code 02917-1924

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

Name of Employer Former Nissan of Smithfield Inc. Occupation Dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : C8533366**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 21 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 127 Dorrance St  
Cooper Law Associates

City Providence State RI Zip Code 02903-2828

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

Name of Employer Cooper Law Associates Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543460**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jon-Paul Couture**

Mailing Address 12 Arnold St

City Providence State RI Zip Code 02906-1066

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

Name of Employer Couture Design Associates Occupation Self-employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547688**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Howard R. Croll Esq.**

Mailing Address 34 Hamlet Ave

City Woonsocket State RI Zip Code 02895-4460

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

Name of Employer Fontaine & Croll, LTD Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 06 / 2013

**Transaction ID : C8528686**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 22 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Howard R. Croll Esq.**

Mailing Address 34 Hamlet Ave

City Woonsocket State RI Zip Code 02895-4460

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

Name of Employer Fontaine & Croll, LTD Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547673**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert A. D'Amico II**

Mailing Address 536 Atwells Ave

City Providence State RI Zip Code 02909-1075

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

Name of Employer D'Amico Burchfield Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2013

**Transaction ID : C8538775**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mark W. Dana Esq.**

Mailing Address 1 Beech Tree Ct

City Barrington State RI Zip Code 02806-2748

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8547705**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 23 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**William P. Devereaux Esq.**

Mailing Address 30 Lincoln Dr

City North Smithfield State RI Zip Code 02896-6956

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

Name of Employer Pannone, Lopes & Devereaux, LLC Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 28 / 2013

**Transaction ID : C8522680**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 40 Fountain St  
Hallmark Properties

City Providence State RI Zip Code 02903-1810

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

Name of Employer Hallmark Properties Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 09 / 2013

**Transaction ID : C8522685**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Paul J. DiMaio Esq.**

Mailing Address 215 Broadway

City Providence State RI Zip Code 02903-3017

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

Name of Employer Grilli & DiMaio Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543437**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 24 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 215 Broadway

City Providence State RI Zip Code 02903-3017

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

Name of Employer Grilli & DiMaio Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 26 / 2013**

**Transaction ID : C8543438**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 475 Kilvert St

City Warwick State RI Zip Code 02886-1379

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

Name of Employer Dimeo Properties, Inc Occupation Real Estate

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 22 / 2013**

**Transaction ID : C7154931**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 27 Rollingwood Dr

City Johnston State RI Zip Code 02919-1636

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

Name of Employer Dimitri Law Offices Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 26 / 2013**

**Transaction ID : C8543463**

Amount of Each Receipt this Period  
**250.00**

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

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

**1000.00**



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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 25 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 254 Wayland Ave  
Apt 4

City Providence State RI Zip Code 02906-4554

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

Name of Employer Capital Properties, Incorporated Occupation TREASURER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2013

**Transaction ID : C8523523**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert J. Ducoff D.M.D.**

Mailing Address 50 Park Row W  
Apt 805

City Providence State RI Zip Code 02903-1151

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

Name of Employer Drs. Rubenstein-Ducoff D.M.D. Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8538787**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 336 Olney St

City Providence State RI Zip Code 02906-2318

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

Name of Employer Ken Dulgarian Real Estate Occupation Self-employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547697**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 26 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Bartlett S. Dunbar</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 02 / 2013 |
| Mailing Address 25 Bridge St<br>P.O. Box 814  |                                  | <b>Transaction ID : C7174113</b>                           |
| City<br>Newport   | State<br>RI                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00               |
| Name of Employer<br>Bowen's Wharf Company   | Occupation<br>President          |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>350.00 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. John Egan</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 06 / 2013 |
| Mailing Address PO Box 678  |                                  | <b>Transaction ID : C7167279</b>                           |
| City<br>Newport   | State<br>RI                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>750.00               |
| Name of Employer<br>retired   | Occupation<br>retired            |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>750.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Michael G. Ehrlich</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 24 / 2013 |
| Mailing Address 112 Sudbury Road  |                                   | <b>Transaction ID : C8538781</b>                           |
| City<br>Concord   | State<br>MA                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>1500.00              |
| Name of Employer<br>University Orthopedics & Rhode Island   | Occupation<br>Doctor              |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1500.00 |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 27 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 259 Benefit St

City Providence State RI Zip Code 02903-2715

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

Name of Employer Information Requested Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2013

**Transaction ID : C8538782**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2013

**Transaction ID : C8528695**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 10 Arnold Street

City Providence State RI Zip Code 02906-1066

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 01 / 2013

**Transaction ID : C7164038**

Amount of Each Receipt this Period  
100.00

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

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

1900.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 28 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 10 Arnold Street

City Providence State RI Zip Code 02906-1066

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8541007**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Joyce A. Faraone Esq.**

Mailing Address 15 Windrose Cir

City Exeter State RI Zip Code 02822-3617

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

Name of Employer Faraone Law Offices Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543452**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 190 Upton Ave

City Providence State RI Zip Code 02906-5748

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

Name of Employer Hinckley Allan & Snyder, LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2013

**Transaction ID : C7154927**

Amount of Each Receipt this Period  
**250.00**

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

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

**1500.00**

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

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

FOR LINE NUMBER: PAGE 29 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 10 Barney St

City Newport State RI Zip Code 02840-2918

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547671**

Amount of Each Receipt this Period  
 250.00

750.00

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

Mailing Address 1177 22nd Street, NW  
Suite 2 H

City Washington State DC Zip Code 20037-1252

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

Name of Employer Global Solutions Occupation Principal

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8548571**

Amount of Each Receipt this Period  
 500.00

2500.00

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

Mailing Address 26 Sunset Ave  
Apt C

City Providence State RI Zip Code 02909-6000

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

Name of Employer City of Providence Occupation Information Requested

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543462**

Amount of Each Receipt this Period  
 250.00

250.00

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

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

1000.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 30 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 11 Baldwin Orchard Drive

City Cranston State RI Zip Code 02920

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

Name of Employer Afco, Inc. Occupation Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8548481**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1 Bradbury St

City Warren State RI Zip Code 02885-1534

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : C7174131**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 668 Elmgrove Ave

City Providence State RI Zip Code 02906-4920

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

Name of Employer Information Requested Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 01 / 2013

**Transaction ID : C8522681**

Amount of Each Receipt this Period  
 250.00

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

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

750.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 31 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 126 Hartshorn Rd

City Providence State RI Zip Code 02906-5003

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

Name of Employer Union Industries Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 09 / 2013

**Transaction ID : C8528689**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 80 Faunce Drive

City Providence State RI Zip Code 02906-4801

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

Name of Employer Gerber Finance Inc. Occupation Lender

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8533883**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 320 Central Park West  
Apt 18B

City New YORK State NY Zip Code 10025-7659

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

Name of Employer Beachwold Residential LLC Occupation Real estate management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : C8544649**

Amount of Each Receipt this Period  
 600.00

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

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

1350.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 32 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 320 Central Park West  
Apt 18B

City State Zip Code  
New YORK NY 10025-7659

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

Name of Employer Occupation  
Beachwold Residential LLC Real estate management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2013

**Transaction ID : C8552549**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 11 Lorraine Ave

City State Zip Code  
Providence RI 02906-5601

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

Name of Employer Occupation  
KITCHENGUYS Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2013

**Transaction ID : C8547700**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 173 Belvedere Dr

City State Zip Code  
Cranston RI 02920-3603

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

Name of Employer Occupation  
Bliss Properties Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2013

**Transaction ID : C8547666**

Amount of Each Receipt this Period  
500.00

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

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

1150.00



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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 33 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 180 Little Pond County Rd

City Cumberland State RI Zip Code 02864-2824

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

Name of Employer State of RI Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : C8552556**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 500 Angell St

City Providence State RI Zip Code 02906

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : C7174115**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**William J. Gilbane Jr.**

Mailing Address 140 Adams Point Rd

City Barrington State RI Zip Code 02806-5045

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

Name of Employer Gilbane Building Company Occupation Builder

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2013

**Transaction ID : C7172929**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00

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

Use separate schedule(s)  
for 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)  
**Cicilline Committee**

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

Mailing Address 100 Prospect Street

City State Zip Code  
Providence RI 02906-1446

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

Name of Employer Occupation  
Lifespan CVI Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8537676**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 25 Old Tannery Rd

City State Zip Code  
Providence RI 02906-4841

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 30 / 2013

**Transaction ID : C8522682**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Bruce W. Gladstone Esq.**

Mailing Address 29 Holly St

City State Zip Code  
Providence RI 02906-3501

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

Name of Employer Occupation  
Cameron & Mittleman Law Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543483**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 35 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 226 Cottage St

City Pawtucket State RI Zip Code 02860-3023

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

Name of Employer Goldberg Law Associates Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2013**

**Transaction ID : C8543451**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 880 Namquid Dr

City Warwick State RI Zip Code 02888-5137

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

Name of Employer David Gooding Inc Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 10 / 2013**

**Transaction ID : C7142059**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 65 Fishing Cove Rd

City North Kingstown State RI Zip Code 02852-4010

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

Name of Employer Housing Works RI Occupation Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 02 / 2013**

**Transaction ID : C7174132**

Amount of Each Receipt this Period  
**500.00**

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

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

**1000.00**

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 36 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**John R. Gowell Jr.**

Mailing Address 1 Citizens Plz  
Ste 1100

City Providence State RI Zip Code 02903-1330

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

Name of Employer Burns & Levinson LLP Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 29 / 2013

**Transaction ID : C8522683**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 99 Fosdyke St

City Providence State RI Zip Code 02906-3537

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

Name of Employer The Groden Center Occupation Psychologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547668**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4 Stanhope Drive

City Barrington State RI Zip Code 02806

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

Name of Employer Patrick Lynch Group Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8541789**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 37 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Marc B. Gursky Esq.**

Mailing Address 240 Indian Trl

City: Saunderstown State: RI Zip Code: 02874-2482

FEC ID number of contributing federal political committee: C

Name of Employer: Gursky Law Associates Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 26 / 2013

**Transaction ID : C8543448**

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
**James W. Hackett Esq.**

Mailing Address 70 Elmgrove Ave

City: Providence State: RI Zip Code: 02906-4135

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 02 / 2013

**Transaction ID : C7174109**

Amount of Each Receipt this Period: 500.00

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

Mailing Address 51 Manning St

City: Providence State: RI Zip Code: 02906

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested Occupation: Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 07 / 15 / 2013

**Transaction ID : C7164036**

Amount of Each Receipt this Period: 1000.00

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

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

2000.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 38 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 260 West Exchange Street  
Suite 100

City Providence State RI Zip Code 02903

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

Name of Employer Capitol City Group, Ltd. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8546331**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 200 Olney St

City Providence State RI Zip Code 02906-1657

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

Name of Employer Self Occupation Director of Photography

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8549024**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 31 Bowery St

City Newport State RI Zip Code 02840-3520

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : C7174106**

Amount of Each Receipt this Period  
 500.00

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

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

2250.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 39 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 84 Ocean Ave

City Cranston State RI Zip Code 02905-3627

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

Name of Employer Horton Interpreting, Incorporated Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8552555**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 15 University Ave

City Providence State RI Zip Code 02906-4121

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

Name of Employer Governor Lincoln Chafee Occupation Sr Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : C7174110**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**James P. Howe Esq.**

Mailing Address 45 Bedford Ln

City North Kingstown State RI Zip Code 02852-7008

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : C7174104**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

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

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 1485 South County Trail

City State Zip Code  
Narragansett RI 02882-1405

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

Name of Employer Occupation  
Indeglia & Associates Senior Partner

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8549023**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 150 Prospect Rd

City State Zip Code  
Wakefield RI 02879-7044

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

Name of Employer Occupation  
Information Requested Former State Senator

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547684**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 27 Holly Hill Ln

City State Zip Code  
Cranston RI 02921-2105

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

Name of Employer Occupation  
Metals Recycling, LLC Exporter / Importer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2013

**Transaction ID : C7172516**

Amount of Each Receipt this Period  
500.00

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

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

1750.00



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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 41 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 768 Elmgrove Ave

City Providence State RI Zip Code 02906-4900

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

Name of Employer Somerset Chrysler Jeep Dodge & Subaru Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547663**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 768 Elmgrove Ave

City Providence State RI Zip Code 02906-4900

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

Name of Employer Retired Occupation Media Buyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2013

**Transaction ID : C7164039**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 380 Angell Rd

City Lincoln State RI Zip Code 02865-4903

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

Name of Employer Hagop Jawharjian, Esq. Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543461**

Amount of Each Receipt this Period  
 1000.00

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

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

1750.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 42 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 102 Williams St

City Providence State RI Zip Code 02906-1031

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

Name of Employer Edwards & Angell Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547674**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Patrick T. Jones Esq.**

Mailing Address Cooley Manion Jones LLP  
21 Custom House St.

City Boston State MA Zip Code 02110-3507

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

Name of Employer Cooley Manion Jones LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543454**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 10 Johnson Rd

City Foster State RI Zip Code 02825-1230

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

Name of Employer Self Occupation development consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 13 / 2013

**Transaction ID : C8527692**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 43 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 26 Irving Ave

City Providence State RI Zip Code 02906-4109

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

Name of Employer Residential Properties Ltd. Occupation Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 19 / 2013

**Transaction ID : C8531975**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 400 OCEANGATE

City LONG BEACH State CA Zip Code 90802-4307

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

Name of Employer KEESAL, YOUNG & LOGAN Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8547852**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 351 W Main Rd

City Middletown State RI Zip Code 02842-6309

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

Name of Employer Kempenaar Real Estate Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 22 / 2013

**Transaction ID : C7154928**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 44 OF 132  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 25 JOhn Cummings Way

City Woonsocket State RI Zip Code 02895

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547679**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 14 Bean Farm Dr.

City Kingston State RI Zip Code 02881-1218

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

Name of Employer Day One Occupation Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : C7174127**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 254 Wayland Ave

City Providence State RI Zip Code 02906-4554

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8549031**

Amount of Each Receipt this Period  
 1000.00

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

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

1600.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 45 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 330 Freeman Pkwy

City Providence State RI Zip Code 02906-5741

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

Name of Employer The Freeman Group, LTD. Occupation Chairman, CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2013

**Transaction ID : C8522685**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 271 Angell St

City Providence State RI Zip Code 02906-2101

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

Name of Employer Eugene Lee, Inc. Occupation Set Designer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547682**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 271 Angell St

City Providence State RI Zip Code 02906-2101

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

Name of Employer Eugene Lee, Inc. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547683**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 46 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 9 Westland Ct

City Cranston State RI Zip Code 02921-3584

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543453**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 201 John Mowry Rd

City Smithfield State RI Zip Code 02917-1230

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

Name of Employer Coia & Lepore LTD Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543466**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Sheri M. Lepore-Blanchard**

Mailing Address 1396 Old Louisquisset Pike

City Lincoln State RI Zip Code 02865-4536

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

Name of Employer Coia & Lepore Occupation Domestic Relations Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543473**

Amount of Each Receipt this Period  
 500.00

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

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

1750.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 47 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 73 Edgewater Rd

City State Zip Code  
Narragansett RI 02882-1052

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

Name of Employer Occupation  
Carl M. Levin, Esq. Self-employed/Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543459**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 165 Blackstone Blvd

City State Zip Code  
Providence RI 02906-5701

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

Name of Employer Occupation  
NA self-employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547665**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Doris J. Licht Esq.**

Mailing Address 350 Cole Ave

City State Zip Code  
Providence RI 02906-4859

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

Name of Employer Occupation  
Hinckley Allan & Snyder Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543486**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 48 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 43 Womantam Ln

City Cumberland State RI Zip Code 02864

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543456**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 88 Lake St

City Pawtucket State RI Zip Code 02860-4525

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

Name of Employer Information Requested Occupation Information Requested  
 N/A N/A

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 06 / 2013

**Transaction ID : C7167277**

Amount of Each Receipt this Period  
 800.00

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

Mailing Address 88 Lake St

City Pawtucket State RI Zip Code 02860-4525

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

Name of Employer Information Requested Occupation Information Requested  
 N/A N/A

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8547870**

Amount of Each Receipt this Period  
 250.00

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

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

1300.00



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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 49 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address **Pannone Lopes Devereaux & West**  
**317 Iron Horse Way, Suite 301**

City **Providence** State **RI** Zip Code **02908-5637**

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

Name of Employer **Pannone Lopes Devereaux & West LLC** Occupation **Attorney**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 06 / 2013**

**Transaction ID : C8523368**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **64 Boylston Ave**

City **Providence** State **RI** Zip Code **02906**

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

Name of Employer **Lovett & Lovett** Occupation **Attorney**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2013**

**Transaction ID : C8543574**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **9 Gonsalves Court**

City **Alameda** State **CA** Zip Code **94502**

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

Name of Employer **R. Torre and Co. Inc.** Occupation **Principal**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : C8548587**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2250.00**

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 50 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 49 Jonathan Way

City Cranston State RI Zip Code 02920-4615

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

Name of Employer Kartabar Restaurant Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547672**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**John E. MacDonald Esq.**

Mailing Address 81 Clark Rd

City Smithfield State RI Zip Code 02917-2331

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2013

**Transaction ID : C8540172**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 184 poppasquash road  
po box 319

City bristol State RI Zip Code 02809-1004

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

Name of Employer self Occupation strategy consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 28 / 2013

**Transaction ID : C8545527**

Amount of Each Receipt this Period  
600.00

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

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

1850.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 51 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 184 poppasquash road  
po box 319

City State Zip Code  
bristol RI 02809-1004

FEC ID number of contributing federal political committee.

Name of Employer self Occupation strategy consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : C8552548**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**John C. Manni Esq.**

Mailing Address 40 Country View Dr

City State Zip Code  
Cranston RI 02921-2813

FEC ID number of contributing federal political committee.

Name of Employer Law Office of John C. Manni Occupation Self-employed/Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : C8543450**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**James P. Marusak Esq.**

Mailing Address 1071 Great Rd

City State Zip Code  
Lincoln RI 02865-3819

FEC ID number of contributing federal political committee.

Name of Employer Gidley Sarli & Marusak Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : C8543435**

Amount of Each Receipt this Period

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

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

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 52 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 22 Hartley Rd

City Belmont State MA Zip Code 02478-3823

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

Name of Employer GTech Occupation Senior Director of Government Relation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 06 / 2013

**Transaction ID : C8523369**

Amount of Each Receipt this Period  
 500.00

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 20 Riata drive

City Lincoln State RI Zip Code 02865

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

Name of Employer Self Occupation Medical consulting

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8548061**

Amount of Each Receipt this Period  
 2600.00

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 120 Church Hill Dr

City Cranston State RI Zip Code 02920-3936

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

Name of Employer Andreas Restaurant Occupation Owner / Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 22 / 2013

**Transaction ID : C7161035**

Amount of Each Receipt this Period  
 500.00

Amount of Each Receipt this Period  
 1200.00

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

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

3600.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 53 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 120 Church Hill Dr

City Cranston State RI Zip Code 02920-3936

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

Name of Employer Andreas Restaurant Occupation Owner / Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2013

**Transaction ID : C8523525**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 39 Drowne Parkway

City Rumford State RI Zip Code 02916-1607

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

Name of Employer The Discovery Mint Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2013

**Transaction ID : C7160867**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 38 Pelham St

City Newport State RI Zip Code 02840

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : C7174114**

Amount of Each Receipt this Period  
250.00

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

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

600.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 54 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 218 El Brillo Way

City State Zip Code  
Palm Beach FL 33480-4728

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2013

**Transaction ID : C7154926**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 62 Blackstone Blvd

City State Zip Code  
Providence RI 02906-5401

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

Name of Employer Occupation  
Retired Retired Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547664**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 55 Pond St

City State Zip Code  
Rehoboth MA 02769-1725

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

Name of Employer Occupation  
Pannone, Lopes, Devereaux and West Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2013

**Transaction ID : C8522686**

Amount of Each Receipt this Period  
1000.00

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

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

2100.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 55 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Charles V Oboyle Jr**

Mailing Address 305 Brook Street

City Providence State RI Zip Code 02906

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : C7174108**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 60 Fales Ave

City Barrington State RI Zip Code 02806-4768

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

Name of Employer Randy Olen, Esq. Occupation Self-employed/Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543464**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 718 Bellevue Ave

City Newport State RI Zip Code 02840-7312

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2013

**Transaction ID : C7161046**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 56 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 20 Warner St

City Newport State RI Zip Code 02840

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 25 / 2013

**Transaction ID : C7161041**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 32 Jacqueline Dr

City Providence State RI Zip Code 02909-6011

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

Name of Employer Information Requested Occupation Information Requested  
 Neutaconkanut Hill Conservancy Inc director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 24 / 2013

**Transaction ID : C7164041**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Gary R. Pannone Esq.**

Mailing Address 317 Iron Horse Way Ste 301

City Providence State RI Zip Code 02908-5600

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

Name of Employer Information Requested Occupation Information Requested  
 Pannone Lopes Devereaux & West Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 28 / 2013

**Transaction ID : C8522687**

Amount of Each Receipt this Period  
 1000.00

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

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

1500.00



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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 57 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**John J. Partridge Esq.**

Mailing Address 9 John St

City Providence State RI Zip Code 02906-1007

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

Name of Employer Partridge Snow & Hahn Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2013

**Transaction ID : C7161034**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 4112 Military Road, NW

City Washington State DC Zip Code 20015-2930

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

Name of Employer The Paxton Group, LLC Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2013

**Transaction ID : C7142873**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 294 Rumstick Rd

City Barrington State RI Zip Code 02806-4900

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

Name of Employer self-Employed Occupation Private Equity

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2013

**Transaction ID : C7142322**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 58 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |                                      |  |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. John G. Picerne</b>  |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 30 / 2013 |
| Mailing Address 1405 S County Trl<br># 530  |                                      | <b>Transaction ID : C8547708</b>                             |
| City<br>East Greenwich  | State<br>RI                          |  |
| FEC ID number of contributing federal political committee.<br>C   |                                      | Amount of Each Receipt this Period<br>2000.00                |
| Name of Employer<br>Picerne Properties  | Occupation<br>Real Estate Developer. |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2000.00    |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Michael Prescott</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 30 / 2013 |
| Mailing Address 322 Sleepy Hollow Farm Rd.  |                                  | <b>Transaction ID : C8546328</b>                             |
| City<br>Warwick   | State<br>RI                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00                 |
| Name of Employer<br>GTECH   | Occupation<br>Attorney           |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Harriet A. Quinn</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 02 / 2013 |
| Mailing Address 1 Regency Plz<br>Apt 505  |                                   | <b>Transaction ID : C7174105</b>                             |
| City<br>Providence  | State<br>RI                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>1400.00                |
| Name of Employer<br>State of Rhode Island Superior Court  | Occupation<br>Clerk               |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5000.00 |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3650.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

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

FOR LINE NUMBER: PAGE 59 OF 132  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 160 Narragansett Ave

City State Zip Code  
Jamestown RI 02835-1172

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

Name of Employer Occupation  
Brown University Vice Pres. Public Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2013

**Transaction ID : C7172520**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 90 E Brookline St  
Unit 1

City State Zip Code  
Boston MA 02118-2302

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

Name of Employer Occupation  
Rafanelli Events Event Producer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2013

**Transaction ID : C7141025**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Kenneth L. Richardson Jr.**

Mailing Address 3952 Post Rd

City State Zip Code  
Warwick RI 02886-9235

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

Name of Employer Occupation  
Self-employed CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547695**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 60 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 50 Park Row W  
Apt 803

City Providence State RI Zip Code 02903-1150

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

Name of Employer Robbins Properties Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 03 / 2013

**Transaction ID : C8522688**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 60 Bateman Ave

City Newport State RI Zip Code 02840-4332

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

Name of Employer Lifespan Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : C7174116**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 174 Young Dr

City Portsmouth State RI Zip Code 02871

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 25 / 2013

**Transaction ID : C7161037**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 61 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph J. Rodio Esq.**

Mailing Address 11 Belmont Dr

City Lincoln State RI Zip Code 02865-4645

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

Name of Employer Rodio & Ursillo, Ltd. Attorneys at Law Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 30 / 2013

**Transaction ID : C7162078**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 3846 Macomb Street NW

City Washington State DC Zip Code 20016-3703

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

Name of Employer Palmetto Group Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 10 / 2013

**Transaction ID : C7142695**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 146 Carr St

City Providence State RI Zip Code 02905-1314

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

Name of Employer Self-Employed Occupation Artist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547669**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 62 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 135 Cliff Dr

City State Zip Code  
Narragansett RI 02882-1901

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

Name of Employer Occupation  
CVS Caremark Corporation Chairman and CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 06 / 2013

**Transaction ID : C8523524**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 41 Nayatt Rd

City State Zip Code  
Barrington RI 02806-3317

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

Name of Employer Occupation  
Self-employed non-profit

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2013

**Transaction ID : C8523560**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 5 Erica Dr

City State Zip Code  
Lincoln RI 02865-4545

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

Name of Employer Occupation  
Coia & Lepora, LTD Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2013

**Transaction ID : C8543465**

Amount of Each Receipt this Period  
1000.00

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

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

3850.00

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

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

FOR LINE NUMBER: PAGE 63 OF 132  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 5301 Gulf Blvd  
Unit D201

City Saint Petersburg State FL Zip Code 33706

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543481**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 20 Humboldt Ave

City Providence State RI Zip Code 02906-4107

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

Name of Employer Information Requested Occupation Information Requested

M&S Rare Books, Incorporated Bookseller

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547667**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 30 Alton Rd

City Providence State RI Zip Code 02906-4704

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

Name of Employer Information Requested Occupation Information Requested

Retired Homemaker

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : C7359758**

Amount of Each Receipt this Period  
1000.00

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

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

1500.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 64 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Barry R. Sloane</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 03 / 2013 |
| Mailing Address 45 Stonecrest Dr  |                                    | <b>Transaction ID : C7172523</b>                         |
| City<br>Needham   | State<br>MA                        |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>500.00             |
| Name of Employer<br>Century Bank  | Occupation<br>Co-President, Co-CEO |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1500.00  |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Andrea B. Stanley</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 04 / 2013 |
| Mailing Address 1350 Buccaneer Ln   |                                     | <b>Transaction ID : C7174125</b>                         |
| City<br>Vero Beach  | State<br>FL                         |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>400.00             |
| Name of Employer<br>Information Requested   | Occupation<br>Information Requested |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>400.00    |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Kevin Sullivan</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 29 / 2013 |
| Mailing Address PO Box 511  |                                  | <b>Transaction ID : C7164029</b>                         |
| City<br>Newport   | State<br>RI                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00             |
| Name of Employer<br>Newport Police Department   | Occupation<br>Detective          |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00 |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1150.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 65 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 2 Regency Plz  
Apt 511

City Providence State RI Zip Code 02903-3146

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

Name of Employer Susan Symonds Interior Design LLC Occupation Interior Designer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : C7174124**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6 New England Way

City Lincoln State RI Zip Code 02865-4286

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

Name of Employer Tanury Industries Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : C8543439**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 111 Wayland Ave.

City Providence State RI Zip Code 02906-4371

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

Name of Employer Jeffrey M. Taylor Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2013

**Transaction ID : C8532377**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 66 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 63 Alfred Down Road

City: Barrington State: RI Zip Code: 02806

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

Name of Employer: retired Occupation: none

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 09 / 30 / 2013

**Transaction ID : C8546805**

Amount of Each Receipt this Period: 2600.00

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

Mailing Address 63 Alfred Down Road

City: barrington State: RI Zip Code: 02806

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

Name of Employer: Aloha Partners Occupation: Excutive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 09 / 30 / 2013

**Transaction ID : C8546804**

Amount of Each Receipt this Period: 2600.00

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

Mailing Address 571 Bellevue Ave

City: Newport State: RI Zip Code: 02840-4276

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

Name of Employer: Trac Builders Occupation: CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 23 / 2013

**Transaction ID : C8547693**

Amount of Each Receipt this Period: 500.00

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

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

5700.00

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

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

FOR LINE NUMBER: PAGE 67 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 212 Bellevue Ave

City State Zip Code  
Newport RI 02840-3515

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

Name of Employer Occupation  
William Vareika Fine Arts, Ltd Artist

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8547731**

Amount of Each Receipt this Period  
2600.00

\* In-Kind: Catering

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

Mailing Address 212 Bellevue Avenue

City State Zip Code  
Newport RI 02840-3515

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

Name of Employer Occupation  
William Vareika Fine Arts Ltd art dealer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8547677**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**John M. Verdecchia Esq.**

Mailing Address 12 Betsy Williams Cir

City State Zip Code  
Johnston RI 02919-1003

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

Name of Employer Occupation  
John M. Verdecchia, Esq. Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8543476**

Amount of Each Receipt this Period  
250.00

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

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

3350.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 68 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 125 Summit View Ln

City North Kingstown State RI Zip Code 02852-4820

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

Name of Employer **GTECH** Occupation **Senior Vice President - Corporate Affa**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2013

**Transaction ID : C8538780**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 48 North Court Street Unit #3

City Providence State RI Zip Code 02903

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

Name of Employer **Self** Occupation **Neurosurgeon and Clinical Epidemiologi**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2013

**Transaction ID : C8545827**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address PO Box 6187

City Providence State RI Zip Code 02940-6187

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

Name of Employer **Wasserman Real Estate Capital, LLC** Occupation **Founder and Chairman Emeritus**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2013

**Transaction ID : C8539173**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 69 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Bruce P. Waterson</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 17 / 2013 |
| Mailing Address 16 Highpoint Dr   |   | <b>Transaction ID : C8533367</b>                             |
| City<br>North Smithfield  | State<br>RI                                       |  |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>100.00                 |
| Name of Employer<br>Waterson Terminal Services, LLC   | Occupation<br>President & Chief Operating Officer |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5100.00                 |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Bruce P. Waterson</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 17 / 2013 |
| Mailing Address 16 Highpoint Dr   |   | <b>Transaction ID : C8533368</b>                             |
| City<br>North Smithfield  | State<br>RI                                       |  |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>2500.00                |
| Name of Employer<br>Waterson Terminal Services, LLC   | Occupation<br>President & Chief Operating Officer |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5100.00                 |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Carol J. Waterson</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 17 / 2013 |
| Mailing Address 16 Highpoint Dr   |   | <b>Transaction ID : C8533370</b>                             |
| City<br>North Smithfield  | State<br>RI                                 |  |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>100.00                 |
| Name of Employer<br>Waterson Terminal Services LLC  | Occupation<br>Operations Accounting Manager |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5100.00           |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2700.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 70 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Carol J. Waterson</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 17 / 2013 |
| Mailing Address 16 Highpoint Dr   |   | <b>Transaction ID : C8533369</b>                             |
| City<br>North Smithfield  | State<br>RI                                 |  |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>2500.00                |
| Name of Employer<br>Waterson Terminal Services LLC  | Occupation<br>Operations Accounting Manager | Amount of Each Receipt this Period<br>5100.00                |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date                      |  |

|   |                         |  |
|---|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Alan J. Weiss Ph.D.</b>  |                         | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 26 / 2013 |
| Mailing Address 85 Brisas Cir   |                         | <b>Transaction ID : C8543485</b>                             |
| City<br>East Greenwich  | State<br>RI             |  |
| FEC ID number of contributing federal political committee.<br>C   |                         | Amount of Each Receipt this Period<br>500.00                 |
| Name of Employer<br>Summit Consulting Group   | Occupation<br>President | Amount of Each Receipt this Period<br>1000.00                |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date  |  |

|   |                         |  |
|---|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Howard Weiss</b>   |                         | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 06 / 2013 |
| Mailing Address 44 Barbour Dr   |                         | <b>Transaction ID : C8528688</b>                             |
| City<br>Providence  | State<br>RI             |  |
| FEC ID number of contributing federal political committee.<br>C   |                         | Amount of Each Receipt this Period<br>250.00                 |
| Name of Employer<br>Spitz-weiss Realtors  | Occupation<br>President | Amount of Each Receipt this Period<br>750.00                 |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 71 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 14 Wriston Dr

City Providence State RI Zip Code 02906-4819

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

Name of Employer National Business Furniture Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2013

**Transaction ID : C8528687**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 65 Weymouth St.

City Providence State RI Zip Code 02906-2335

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

Name of Employer DeLuca & Weizenbaum Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8547357**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 317 Iron Horse Way Ste 301

City Providence State RI Zip Code 02908-5600

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

Name of Employer Pannone Lopes Devereaux & West Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2013

**Transaction ID : C7164037**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 72 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 2210 Intracoastal Drive

City Fort Lauderdale State FL Zip Code 33305-2816

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

Name of Employer Sydell Group Ltd. Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8548363**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 885 Third Avenue Suite 1000

City New York State NY Zip Code 10022

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

Name of Employer Latham & Watkins LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C855328A**

Amount of Each Receipt this Period  
 500.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C855328AB**

Amount of Each Receipt this Period  
 500.00

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

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

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

1000.00



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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 73 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 4958 Butterworth Place, N.W.

City Washington State DC Zip Code 20016

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

Name of Employer Ledge Counsel, Inc. Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8555327A**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
963.68

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8555327AB**

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 252 Freeman Pkwy

City Providence State RI Zip Code 02906-5743

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

Name of Employer Othopedic Group Inc Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8565522**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
\*

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

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

250.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 74 OF 132 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 252 Freeman Pkwy

City Providence State RI Zip Code 02906-5743

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

Name of Employer at home Occupation registered nurse

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C8565521**

Amount of Each Receipt this Period  
-500.00

**[MEMO ITEM]**  
\*

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

0.00

117750.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 75 OF 132 |
|   | <input type="checkbox"/> 11a<br>12 <input checked="" type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Democratic Congressional Campaign Cmte**

Mailing Address 430 S Capitol St SE  
FI 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2013

**Transaction ID : C7360570**

Amount of Each Receipt this Period  
6.60

\* In-Kind: Fundraising Services

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

6.60

6.60

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 76 OF 132 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION**

Mailing Address 777 6th St NW  
Ste 200

City Washington State DC Zip Code 20001-3707

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2013

**Transaction ID : C8556371**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL**

Mailing Address 1625 L St NW

City Washington State DC Zip Code 20036-5665

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2013

**Transaction ID : C7172529**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION**

Mailing Address 1201 L St NW

City Washington State DC Zip Code 20005-4024

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 16 / 2013

**Transaction ID : C8528784**

Amount of Each Receipt this Period  
2500.00

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

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

5500.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 77 OF 132 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN NURSES ASSOCIATION PAC**

Mailing Address 8515 Georgia Ave  
Ste 400

City State Zip Code  
Silver Spring MD 20910-3492

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2013

**Transaction ID : C8556372**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC**

Mailing Address 1310 G STREET NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00194746**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2013

**Transaction ID : C8562569**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CVS/CAREMARK CORPORATION EMPLOYEES PAC**

Mailing Address 1300 I St NW  
Ste 525W

City State Zip Code  
Washington DC 20005-3314

FEC ID number of contributing federal political committee. **C C00384818**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2013

**Transaction ID : C8547703**

Amount of Each Receipt this Period  
2500.00

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

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

4500.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 78 OF 132 |
|   | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Friends of Deborah Ruggiero**

Mailing Address **PO Box 282**

City **Jamestown** State **RI** Zip Code **02835**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **100.00** \_\_\_\_\_

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 02 / 2013**

**Transaction ID : C7174126**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **100.00** \_\_\_\_\_

**B.** Full Name (Last, First, Middle Initial)  
**Friends of Katherine Kazarian**

Mailing Address **380 PLEASANT STREET**

City **Rumford** State **RI** Zip Code **02916**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **50.00** \_\_\_\_\_

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 02 / 2013**

**Transaction ID : C7174128**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **50.00** \_\_\_\_\_

**C.** Full Name (Last, First, Middle Initial)  
**GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**

Mailing Address **1299 PENNSYLVANIA AVE NW  
SUITE 900**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **2000.00** \_\_\_\_\_

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : C8555319**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2000.00** \_\_\_\_\_

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

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

\_\_\_\_\_ **2150.00** \_\_\_\_\_

\_\_\_\_\_

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : C7174126

Please note all funds received are from federally permissible sources

Form/Schedule: SA11C

Transaction ID: C7174128

Please note all funds received are from federally permissible sources

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

|   |                                     |  |                                    |
|---|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |                                     | FOR LINE NUMBER: (check only one)              | PAGE 80 OF 132                     |
| <input type="checkbox"/> 11a<br>12                                      | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |
|   |                                     | <input type="checkbox"/> 15                    |                                    |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 Constitution Ave NW  
Suite 500 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 26 / 2013**

**Transaction ID : C8543478**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE**

Mailing Address 900 SEVENTH ST, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00027342**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 23 / 2013**

**Transaction ID : C8547680**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address 8456 Grand Ave  
# Newyork

City Elmhurst State NY Zip Code 11373-4352

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 26 / 2013**

**Transaction ID : C8543475**

Amount of Each Receipt this Period  
**1500.00**

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

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

**5000.00**



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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 81 OF 132 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial)  
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)

**A.** Mailing Address 25 MASSACHUSETTS AVENUE, NW #100

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8552563**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION CO**

**B.** Mailing Address 1850 M St NW Ste 540

City Washington State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C8556370**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**OCEANS PAC**

**C.** Mailing Address 700 13TH STREET, NW SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00431601

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : C8552562**

Amount of Each Receipt this Period  
 5000.00

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

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

8500.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 82 OF 132 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 700 13TH STREET, NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00431601**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : C8552561**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 7234 Parkway Dr  
# Hanover

City State Zip Code  
Hanover MD 21076-1307

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : C8526901**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1100 Wilson Blvd  
Ste 1500

City State Zip Code  
Arlington VA 22209-3900

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : C8555318**

Amount of Each Receipt this Period  
1000.00

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

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

6500.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 83 OF 132 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Realtors Political Action Committee**

Mailing Address 430 N Michigan Ave

City Chicago State IL Zip Code 60611-4011

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : C8547706**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**RI Health Care Association**

Mailing Address 57 Kilvert St  
Ste 200

City Warwick State RI Zip Code 02886-1054

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2013

**Transaction ID : C8528696**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNI**

Mailing Address 1775 K St NW

City Washington State DC Zip Code 20006-1228

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : C7174112**

Amount of Each Receipt this Period  
 5000.00

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

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

7000.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 84 OF 132 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 49 Bateman Ave

City Newport State RI Zip Code 02840

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : C7174121**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

100.00

39250.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : C7174121

Please note all funds received are from federally permissible sources

Form/Schedule:

Transaction ID:

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 86 OF 132 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input checked="" type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address PO Box 33195

City State Zip Code  
Hartford CT 06150-3195

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**288.05**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 22 / 2013**

**Transaction ID : C7161033**

Amount of Each Receipt this Period  
**98.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**98.00**

**98.00**

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 87 OF 132 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Andy Andujar</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 19 / 2013                         |
| Mailing Address 174 Harold St  |   | Amount of Each Disbursement this Period<br>3362.40<br><b>Transaction ID : D435402</b> |
| City<br>Providence   | State<br>RI   |   |
| Zip Code<br>02908-4714   | Purpose of Disbursement<br>Payroll  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. AT &amp; T Mobility</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 29 / 2013                        |
| Mailing Address PO Box 536216  |   | Amount of Each Disbursement this Period<br>155.37<br><b>Transaction ID : D435403</b> |
| City<br>Atlanta  | State<br>GA   |  |
| Zip Code<br>30353-6216   | Purpose of Disbursement<br>Mobile Phone   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. AT &amp; T Mobility</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 27 / 2013                        |
| Mailing Address PO Box 536216  |   | Amount of Each Disbursement this Period<br>347.18<br><b>Transaction ID : D434989</b> |
| City<br>Atlanta  | State<br>GA   |  |
| Zip Code<br>30353-6216   | Purpose of Disbursement<br>Mobile Phone   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3864.95 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 88 OF 132 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. AT &amp; T Mobility</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 26 / 2013                        |
| Mailing Address PO Box 536216  |   | Amount of Each Disbursement this Period<br>157.53<br><b>Transaction ID : D432891</b> |
| City<br>Atlanta  | State<br>GA   |  |
| Zip Code<br>30353-6216   | Purpose of Disbursement<br>Mobile Phone   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Bienvenu Catering</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 11 / 2013                         |
| Mailing Address P.O Box 21610 Kalorama Station   |   | Amount of Each Disbursement this Period<br>1280.00<br><b>Transaction ID : D434995</b> |
| City<br>Washington   | State<br>DC   |   |
| Zip Code<br>20009  | Purpose of Disbursement<br>Catering (Fundraising)   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. CFO - Compliance</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013                         |
| Mailing Address 1 Park Row, Suite 5  |   | Amount of Each Disbursement this Period<br>2792.98<br><b>Transaction ID : D435409</b> |
| City<br>Providence   | State<br>RI   |   |
| Zip Code<br>02903  | Purpose of Disbursement<br>Compliance Consulting (Service Fee)  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4230.51 |
| <b>TOTAL</b> 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:<br>(check only one)          | PAGE 89 OF 132                     |                                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A. CFO Compliance**

Full Name (Last, First, Middle Initial)  
Mailing Address One Park Row, 5th Floor

City Providence State RI Zip Code 02903

Purpose of Disbursement Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 30 / 2013

Amount of Each Disbursement this Period: 2000.00

Transaction ID : D435431

**B. CFO Compliance**

Full Name (Last, First, Middle Initial)  
Mailing Address One Park Row, 5th Floor

City Providence State RI Zip Code 02903

Purpose of Disbursement Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 05 / 2013

Amount of Each Disbursement this Period: 2066.26

Transaction ID : D435432

**c. Cogens Printing Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 1 Virginia Ave

City Providence State RI Zip Code 02905-4427

Purpose of Disbursement Printing (Fundraising)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 05 / 2013

Amount of Each Disbursement this Period: 5425.62

Transaction ID : D435404

**SUBTOTAL** of Disbursements This Page (optional) ..... 9491.88

**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:<br>(check only one)                                   | PAGE 90 OF 132  |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Columbian American Cultural Society</b>   |             | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 27 / 2013   |
| Mailing Address PO Box 117   |             | Amount of Each Disbursement this Period<br>400.00<br><b>Transaction ID : D434991</b>                                      |
| City<br>Central Falls  | State<br>RI |   |
| Zip Code<br>02863-0117   |             | Category/<br>Type   |
| Purpose of Disbursement<br>Advertising   |             |   |
| Candidate Name   |             | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             |   |
| State:   | District:   |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Democratic Congressional Campaign Cmte</b>  |             | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 01 / 2013   |
| Mailing Address 430 S Capitol St SE<br>FI 2  |             | Amount of Each Disbursement this Period<br>6.60<br><b>Transaction ID : D430848</b>  |
| City<br>Washington   | State<br>DC |   |
| Zip Code<br>20003-4024   |             | Category/<br>Type   |
| Purpose of Disbursement<br>Fundraising Services  |             |   |
| Candidate Name   |             | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             |   |
| State:   | District:   | * In-Kind Received  |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Democratic Congressional Campaign Cmte</b>  |             | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 17 / 2013   |
| Mailing Address 430 S Capitol St SE<br>FI 2  |             | Amount of Each Disbursement this Period<br>741.98<br><b>Transaction ID : D435418</b>                                      |
| City<br>Washington   | State<br>DC |   |
| Zip Code<br>20003-4024   |             | Category/<br>Type   |
| Purpose of Disbursement<br>Postage (Fundraising)   |             |   |
| Candidate Name   |             | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             |   |
| State:   | District:   |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1148.58 |
| <b>TOTAL</b> 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:<br>(check only one)          | PAGE 91 OF 132                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Digital Turf</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 30 / 2013                        |
| Mailing Address 27 Clear Brook Xing   |  | Amount of Each Disbursement this Period<br>450.00<br><b>Transaction ID : D435410</b> |
| City<br>Kennebunk   | State<br>ME  |  |
| Purpose of Disbursement<br>Web Expenses   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: _____  | District: _____  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Digital Turf</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013                        |
| Mailing Address 27 Clear Brook Xing   |  | Amount of Each Disbursement this Period<br>450.00<br><b>Transaction ID : D435411</b> |
| City<br>Kennebunk   | State<br>ME  |  |
| Purpose of Disbursement<br>Web Expenses   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: _____  | District: _____  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. First Bank Merchant Services</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2013                       |
| Mailing Address 5565 Glenridge Connector NE   |  | Amount of Each Disbursement this Period<br>16.40<br><b>Transaction ID : D434992</b> |
| City<br>Atlanta   | State<br>GA  |   |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: _____  | District: _____  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 916.40 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 92 OF 132 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. First Bank Merchant Services</b>                                |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2013 |
| Mailing Address 5565 Glenridge Connector NE  |  | Amount of Each Disbursement this Period<br>32.94              |
| City Atlanta State GA Zip Code 30342   | Purpose of Disbursement<br>Credit Card Processing Fee  |   |
| Candidate Name   | Category/Type  | Transaction ID : D434993                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. First Bank Merchant Services</b>                                |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2013 |
| Mailing Address 5565 Glenridge Connector NE  |  | Amount of Each Disbursement this Period<br>575.23             |
| City Atlanta State GA Zip Code 30342   | Purpose of Disbursement<br>Credit Card Processing Fee  |   |
| Candidate Name   | Category/Type  | Transaction ID : D434994                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. First Bank Merchant Services</b>                                |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 05 / 2013 |
| Mailing Address 5565 Glenridge Connector NE  |  | Amount of Each Disbursement this Period<br>20.40              |
| City Atlanta State GA Zip Code 30342   | Purpose of Disbursement<br>Credit Card Processing Fee  |   |
| Candidate Name   | Category/Type  | Transaction ID : D432894                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 628.57 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 93 OF 132 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. First Bank Merchant Services</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 05 / 2013                        |
| Mailing Address 5565 Glenridge Connector NE   |  | Amount of Each Disbursement this Period<br>462.16<br><b>Transaction ID : D432895</b> |
| City Atlanta State GA Zip Code 30342  | Purpose of Disbursement<br>Credit Card Processing Fee  |  |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. First Bank Merchant Services</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 05 / 2013                        |
| Mailing Address 5565 Glenridge Connector NE   |  | Amount of Each Disbursement this Period<br>760.26<br><b>Transaction ID : D432896</b> |
| City Atlanta State GA Zip Code 30342  | Purpose of Disbursement<br>Credit Card Processing Fee  |  |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. First Bank Merchant Services</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 03 / 2013                       |
| Mailing Address 5565 Glenridge Connector NE   |  | Amount of Each Disbursement this Period<br>19.60<br><b>Transaction ID : D435422</b> |
| City Atlanta State GA Zip Code 30342  | Purpose of Disbursement<br>Credit Card Processing Fee  |   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1242.02 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 94 OF 132 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. First Bank Merchant Services</b>                                |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 03 / 2013 |
| Mailing Address 5565 Glenridge Connector NE  |  | Amount of Each Disbursement this Period<br>518.48             |
| City Atlanta State GA Zip Code 30342   | Purpose of Disbursement<br>Credit Card Processing Fee  |   |
| Candidate Name   | Category/Type  | <b>Transaction ID : D435423</b>                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. First Bank Merchant Services</b>                                |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 03 / 2013 |
| Mailing Address 5565 Glenridge Connector NE  |  | Amount of Each Disbursement this Period<br>574.98             |
| City Atlanta State GA Zip Code 30342   | Purpose of Disbursement<br>Credit Card Processing Fee  |   |
| Candidate Name   | Category/Type  | <b>Transaction ID : D435424</b>                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Hon. David N. Cicilline</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 06 / 2013 |
| Mailing Address 702 Elmgrove Ave  |  | Amount of Each Disbursement this Period<br>1031.07            |
| City Providence State RI Zip Code 02906-4900  | Purpose of Disbursement<br>Reimbursement   |   |
| Candidate Name<br><b>Hon. David N. Cicilline</b>  | Category/Type  | <b>Transaction ID : D432900</b>                               |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: RI District: 01  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2124.53 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 95 OF 132                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Hostway.com</b>   |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 10 / 2013 |
| Mailing Address 100 N Riverside Plz<br>Ste 800   |                              | Amount of Each Disbursement this Period<br>36.95              |
| City Chicago   | State IL Zip Code 60606-1564 |   |
| Purpose of Disbursement<br>Web Expenses  | Candidate Name               | <b>Transaction ID : D434990</b>                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                |   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Hostway.com</b>   |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 12 / 2013 |
| Mailing Address 100 N Riverside Plz<br>Ste 800   |                              | Amount of Each Disbursement this Period<br>36.95              |
| City Chicago   | State IL Zip Code 60606-1564 |   |
| Purpose of Disbursement<br>Web Expenses  | Candidate Name               | <b>Transaction ID : D432893</b>                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                |   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Hostway.com</b>   |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 11 / 2013 |
| Mailing Address 100 N Riverside Plz<br>Ste 800   |                              | Amount of Each Disbursement this Period<br>36.95              |
| City Chicago   | State IL Zip Code 60606-1564 |   |
| Purpose of Disbursement<br>Web Expenses  | Candidate Name               | <b>Transaction ID : D435415</b>                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 110.85 |
| <b>TOTAL</b> 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:<br>(check only one)          | PAGE 96 OF 132                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Hostway.com</b>   |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 26 / 2013 |
| Mailing Address 100 N Riverside Plz<br>Ste 800   |                              | Amount of Each Disbursement this Period<br>12.95              |
| City Chicago   | State IL Zip Code 60606-1564 |   |
| Purpose of Disbursement<br>Web Expenses  | Category/Type                | <b>Transaction ID : D435416</b>                               |
| Candidate Name   |                              |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                              |   |
| State: District:   |                              |   |

|  |                         |   |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Jewish Voice &amp; Herald</b>   |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 30 / 2013 |
| Mailing Address 401 Elmgrove Ave   |                         | Amount of Each Disbursement this Period<br>310.00             |
| City Providence  | State RI Zip Code 02906 |   |
| Purpose of Disbursement<br>Print Buys  | Category/Type           | <b>Transaction ID : D435420</b>                               |
| Candidate Name   |                         |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                         |   |
| State: District:   |                         |   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Jeff Larivee</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 12 / 2013 |
| Mailing Address 1132 6th St NW<br>Apt 2  |                              | Amount of Each Disbursement this Period<br>3774.60            |
| City Washington  | State DC Zip Code 20001-4854 |   |
| Purpose of Disbursement<br>Fundraising Consulting (Service Fee)  | Category/Type                | <b>Transaction ID : D435429</b>                               |
| Candidate Name   |                              |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                              |   |
| State: District:   |                              |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4097.55 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 97 OF 132 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |  |  |   |  |
|--|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Laura Rodriguez</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |  |
| Mailing Address 10 Sumter St   |  |  | Amount of Each Disbursement this Period<br>1000.00            |  |
| City<br>Providence   | State<br>RI  | Zip Code<br>02907  | Transaction ID : D435428                                      |  |
| Purpose of Disbursement<br>Field Contractor                          |  | Category/<br>Type  |   |  |
| Candidate Name   |  |  |   |  |
| Office Sought:   | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| State:   | District:  |  |   |  |

|  |  |  |   |  |
|--|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Paychex</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 10 / 2013 |  |
| Mailing Address 501 Wampanoag Trail                          |  |  | Amount of Each Disbursement this Period<br>49.00              |  |
| City<br>Riverside  | State<br>RI  | Zip Code<br>02915  | Transaction ID : D435428                                      |  |
| Purpose of Disbursement<br>Payroll Service Fee               |  | Category/<br>Type  |   |  |
| Candidate Name   |  |  |   |  |
| Office Sought:   | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| State:   | District:  |  |   |  |

|  |  |  |   |  |
|--|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Paychex</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 10 / 2013 |  |
| Mailing Address 501 Wampanoag Trail                          |  |  | Amount of Each Disbursement this Period<br>49.00              |  |
| City<br>Riverside  | State<br>RI  | Zip Code<br>02915  | Transaction ID : D434996                                      |  |
| Purpose of Disbursement<br>Payroll Service Fee               |  | Category/<br>Type  |   |  |
| Candidate Name   |  |  |   |  |
| Office Sought:   | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| State:   | District:  |  |   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1098.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 98 OF 132 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Paychex</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br>08 / 12 / 2013                            |
| Mailing Address 501 Wampanoag Trail  |   | Amount of Each Disbursement this Period<br>55.50<br><b>Transaction ID : D432897</b> |
| City<br>Riverside  | State<br>RI   |   |
| Zip Code<br>02915  | Purpose of Disbursement<br>Payroll Service Fee  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Rolla Group LLC</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br>07 / 30 / 2013                              |
| Mailing Address 1132 6th Street, NW #2   |   | Amount of Each Disbursement this Period<br>7794.93<br><b>Transaction ID : D435412</b> |
| City<br>Washington   | State<br>DC   |   |
| Zip Code<br>20001-1639   | Purpose of Disbursement<br>Fundraising Consulting   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Rolla Group LLC</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br>07 / 05 / 2013                               |
| Mailing Address 1132 6th Street, NW #2   |   | Amount of Each Disbursement this Period<br>13000.00<br><b>Transaction ID : D435413</b> |
| City<br>Washington   | State<br>DC   |  |
| Zip Code<br>20001-1639   | Purpose of Disbursement<br>Fundraising Consulting   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 20850.43 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 99 OF 132 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Bonnie Simon</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 26 / 2013                        |
| Mailing Address 73 Fort Ave  |  | Amount of Each Disbursement this Period<br>300.00<br><b>Transaction ID : D435425</b> |
| City Cranston State RI Zip Code 02905-3636   | Purpose of Disbursement Print Buys   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Alison Vareika</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 30 / 2013                         |
| Mailing Address 212 Bellevue Ave   |  | Amount of Each Disbursement this Period<br>2600.00<br><b>Transaction ID : D434849</b> |
| City Newport State RI Zip Code 02840-3515  | Purpose of Disbursement Catering   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | * In-Kind Received  |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. WNRI</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 30 / 2013                        |
| Mailing Address 786 Diamond Hill Rd  |  | Amount of Each Disbursement this Period<br>225.00<br><b>Transaction ID : D435421</b> |
| City Woonsocket State RI Zip Code 02895  | Purpose of Disbursement Radio Buy  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3125.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 100 OF 132                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 06 / 2013 |
| Mailing Address 2965 W Corporate Lakes Blvd   |  | Amount of Each Disbursement this Period<br>4542.12            |
| City<br>Weston  | State<br>FL  |   |
| Zip Code<br>33331-3626  | Purpose of Disbursement<br>Credit Card   | Transaction ID : D432892                                      |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Amazon.com</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 06 / 2013 |
| Mailing Address PO Box 80463  |  | Amount of Each Disbursement this Period<br>302.34             |
| City<br>Seattle   | State<br>WA  |   |
| Zip Code<br>98108-1312  | Purpose of Disbursement<br>Office Supplies   | Transaction ID : D433106                                      |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Amazon.com</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 06 / 2013 |
| Mailing Address PO Box 80463  |  | Amount of Each Disbursement this Period<br>43.14              |
| City<br>Seattle   | State<br>WA  |   |
| Zip Code<br>98108-1312  | Purpose of Disbursement<br>Office Supplies   | Transaction ID : D433107                                      |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4542.12 |
| <b>TOTAL</b> 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:<br>(check only one)          | PAGE 101 OF 132                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Amazon.com</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 06 / 2013 |
| Mailing Address PO Box 80463                                    |   | Amount of Each Disbursement this Period<br>14.38              |
| City<br>Seattle   | State<br>WA   |   |
| Zip Code<br>98108-1312  | Purpose of Disbursement<br>Office Supplies  | Category/<br>Type   |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| State: District:  |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Amazon.com</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 06 / 2013 |
| Mailing Address PO Box 80463                                    |   | Amount of Each Disbursement this Period<br>23.75              |
| City<br>Seattle   | State<br>WA   |   |
| Zip Code<br>98108-1312  | Purpose of Disbursement<br>Office Supplies  | Category/<br>Type   |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| State: District:  |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Amazon.com</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 06 / 2013 |
| Mailing Address PO Box 80463                                    |   | Amount of Each Disbursement this Period<br>35.95              |
| City<br>Seattle   | State<br>WA   |   |
| Zip Code<br>98108-1312  | Purpose of Disbursement<br>Office Supplies  | Category/<br>Type   |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| State: District:  |   |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 102 OF 132                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Amazon.com</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 06 / 2013 |
| Mailing Address PO Box 80463  |  | Amount of Each Disbursement this Period<br>7.19          |
| City<br>Seattle   | State<br>WA  |  |
| Zip Code<br>98108-1312  | Purpose of Disbursement<br>Office Supplies   | Transaction ID : D433112<br><b>[MEMO ITEM]</b>           |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Amazon.com</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 02 / 2013 |
| Mailing Address PO Box 80463  |  | Amount of Each Disbursement this Period<br>100.00        |
| City<br>Seattle   | State<br>WA  |  |
| Zip Code<br>98108-1312  | Purpose of Disbursement<br>Office Supplies   | Transaction ID : D433128<br><b>[MEMO ITEM]</b>           |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Amazon.com</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 06 / 2013 |
| Mailing Address PO Box 80463  |  | Amount of Each Disbursement this Period<br>100.00        |
| City<br>Seattle   | State<br>WA  |  |
| Zip Code<br>98108-1312  | Purpose of Disbursement<br>Office Supplies   | Transaction ID : D433129<br><b>[MEMO ITEM]</b>           |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 103 OF 132                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 100 Gaspee St

City Providence State RI Zip Code 02903-1133

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 06 / 2013

Amount of Each Disbursement this Period: 234.00

Transaction ID : D433163

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. AT&T Data**

Mailing Address 600 North Point Parkway

City Alpharetta State GA Zip Code 30022

Purpose of Disbursement Phones

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 06 / 2013

Amount of Each Disbursement this Period: 50.00

Transaction ID : D433104

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**c. Clear Corporate**

Mailing Address 1475 120th Avenue NE

City Bellevue State WA Zip Code 98005

Purpose of Disbursement Wireless

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 06 / 2013

Amount of Each Disbursement this Period: 49.99

Transaction ID : D433103

[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:<br>(check only one)  | PAGE 104 OF 132 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. FedEx Ground</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 06 / 2013 |
| Mailing Address 6 Green Earth Way   |  | Amount of Each Disbursement this Period<br>14.34         |
| City<br>Johnston  | State<br>RI  |  |
| Zip Code<br>02919-5845  | Purpose of Disbursement<br>Shipping  | Transaction ID : D433113<br><b>[MEMO ITEM]</b>           |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. FedEx Ground</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 06 / 2013 |
| Mailing Address 6 Green Earth Way   |  | Amount of Each Disbursement this Period<br>110.20        |
| City<br>Johnston  | State<br>RI  |  |
| Zip Code<br>02919-5845  | Purpose of Disbursement<br>Shopping  | Transaction ID : D433114<br><b>[MEMO ITEM]</b>           |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. FedEx Ground</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 06 / 2013 |
| Mailing Address 6 Green Earth Way   |  | Amount of Each Disbursement this Period<br>291.52        |
| City<br>Johnston  | State<br>RI  |  |
| Zip Code<br>02919-5845  | Purpose of Disbursement<br>Shipping  | Transaction ID : D433115<br><b>[MEMO ITEM]</b>           |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 105 OF 132 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. FedEx Ground</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 06 / 2013 |
| Mailing Address 6 Green Earth Way   |  | Amount of Each Disbursement this Period<br>85.58         |
| City<br>Johnston  | State<br>RI  |  |
| Zip Code<br>02919-5845  | Purpose of Disbursement<br>Shipping  | Transaction ID : D433116                                 |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. FedEx Ground</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 06 / 2013 |
| Mailing Address 6 Green Earth Way   |  | Amount of Each Disbursement this Period<br>35.92         |
| City<br>Johnston  | State<br>RI  |  |
| Zip Code<br>02919-5845  | Purpose of Disbursement<br>Shipping  | Transaction ID : D433117                                 |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. FedEx Ground</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 06 / 2013 |
| Mailing Address 6 Green Earth Way   |  | Amount of Each Disbursement this Period<br>31.28         |
| City<br>Johnston  | State<br>RI  |  |
| Zip Code<br>02919-5845  | Purpose of Disbursement<br>Shipping  | Transaction ID : D433118                                 |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]  |
| State: District:  |  |  |

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|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 106 OF 132 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. FedEx Ground</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 06 / 2013 |
| Mailing Address 6 Green Earth Way   |  | Amount of Each Disbursement this Period<br>35.92         |
| City<br>Johnston  | State<br>RI  |  |
| Zip Code<br>02919-5845  | Purpose of Disbursement<br>Shipping  | Transaction ID : D433119<br><b>[MEMO ITEM]</b>           |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. FedEx Ground</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 06 / 2013 |
| Mailing Address 6 Green Earth Way   |  | Amount of Each Disbursement this Period<br>35.92         |
| City<br>Johnston  | State<br>RI  |  |
| Zip Code<br>02919-5845  | Purpose of Disbursement<br>Shipping  | Transaction ID : D433120<br><b>[MEMO ITEM]</b>           |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. FedEx Ground</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 06 / 2013 |
| Mailing Address 6 Green Earth Way   |  | Amount of Each Disbursement this Period<br>35.92         |
| City<br>Johnston  | State<br>RI  |  |
| Zip Code<br>02919-5845  | Purpose of Disbursement<br>Shipping  | Transaction ID : D433121<br><b>[MEMO ITEM]</b>           |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 107 OF 132 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. FedEx Ground</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 06 / 2013 |
| Mailing Address 6 Green Earth Way   |  | Amount of Each Disbursement this Period<br>35.92         |
| City<br>Johnston  | State<br>RI  |  |
| Zip Code<br>02919-5845  | Purpose of Disbursement<br>Shipping  | Transaction ID : D433122                                 |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. FedEx Ground</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 06 / 2013 |
| Mailing Address 6 Green Earth Way   |  | Amount of Each Disbursement this Period<br>39.46         |
| City<br>Johnston  | State<br>RI  |  |
| Zip Code<br>02919-5845  | Purpose of Disbursement<br>Shipping  | Transaction ID : D433123                                 |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. FedEx Ground</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 06 / 2013 |
| Mailing Address 6 Green Earth Way   |  | Amount of Each Disbursement this Period<br>35.92         |
| City<br>Johnston  | State<br>RI  |  |
| Zip Code<br>02919-5845  | Purpose of Disbursement<br>Shipping  | Transaction ID : D433124                                 |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]  |
| State: District:  |  |  |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 108 OF 132 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Luke's Lobster</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 06 / 2013 |  |
| Mailing Address 624 E St NW   |  |                   | Amount of Each Disbursement this Period<br>572.05             |  |
| City<br>Washington  | State<br>DC  | Zip Code<br>20004 | Transaction ID : D433125                                      |  |
| Purpose of Disbursement<br>Food   |  | Category/<br>Type | [MEMO ITEM]   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Paperless Post</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 06 / 2013 |  |
| Mailing Address 120 5th Ave   |  |                   | Amount of Each Disbursement this Period<br>195.00             |  |
| City<br>New York  | State<br>NY  | Zip Code<br>10011 | Transaction ID : D433222                                      |  |
| Purpose of Disbursement<br>Postage  |  | Category/<br>Type | [MEMO ITEM]   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Paperless Post</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 06 / 2013 |  |
| Mailing Address 120 5th Ave   |  |                   | Amount of Each Disbursement this Period<br>195.00             |  |
| City<br>New York  | State<br>NY  | Zip Code<br>10011 | Transaction ID : D433223                                      |  |
| Purpose of Disbursement<br>Mailing  |  | Category/<br>Type | [MEMO ITEM]   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 109 OF 132                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 551 N Main St

City Providence State RI Zip Code 02904-5722

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 06 / 2013

Amount of Each Disbursement this Period: 948.79

Transaction ID : D433130

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 551 N Main St

City Providence State RI Zip Code 02904-5722

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 06 / 2013

Amount of Each Disbursement this Period: 94.16

Transaction ID : D433127

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**c. Things Remembered**

Mailing Address 72 Providence Place Ste 4325

City Providence State RI Zip Code 02903

Purpose of Disbursement Gifts

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 06 / 2013

Amount of Each Disbursement this Period: 113.55

Transaction ID : D433105

[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:<br>(check only one)          | PAGE 110 OF 132                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Thrifty Rental Car</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 06 / 2013 |
| Mailing Address 2381 Post Rd  |  | Amount of Each Disbursement this Period<br>75.46              |
| City<br>Warwick   | State<br>RI  |   |
| Zip Code<br>02886-2214  | Purpose of Disbursement<br>Car Rental  | Transaction ID : D433219<br><b>[MEMO ITEM]</b>                |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Thrifty Rental Car</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 06 / 2013 |
| Mailing Address 2381 Post Rd  |  | Amount of Each Disbursement this Period<br>24.95              |
| City<br>Warwick   | State<br>RI  |   |
| Zip Code<br>02886-2214  | Purpose of Disbursement<br>Car Rental  | Transaction ID : D433220<br><b>[MEMO ITEM]</b>                |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. United Airlines</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 06 / 2013 |
| Mailing Address PO Box 66100  |  | Amount of Each Disbursement this Period<br>150.00             |
| City<br>Chicago   | State<br>IL  |   |
| Zip Code<br>60666-0100  | Purpose of Disbursement<br>Travel  | Transaction ID : D433221<br><b>[MEMO ITEM]</b>                |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 111 OF 132                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. United Airlines</b>   |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 06 / 2013 |
| Mailing Address PO Box 66100   |                              | Amount of Each Disbursement this Period<br>248.60             |
| City Chicago   | State IL Zip Code 60666-0100 |   |
| Purpose of Disbursement<br>Travel  | Candidate Name               | Transaction ID : D433167                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                | [MEMO ITEM]   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. American Express</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 08 / 2013 |
| Mailing Address 2965 W Corporate Lakes Blvd  |                              | Amount of Each Disbursement this Period<br>6470.41            |
| City Weston  | State FL Zip Code 33331-3626 |   |
| Purpose of Disbursement<br>Credit Card Payment   | Candidate Name               | Transaction ID : D433082                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                |   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. American Express</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 08 / 2013 |
| Mailing Address 2965 W Corporate Lakes Blvd  |                              | Amount of Each Disbursement this Period<br>35.00              |
| City Weston  | State FL Zip Code 33331-3626 |   |
| Purpose of Disbursement<br>Finance Charge  | Candidate Name               | Transaction ID : D437281                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                | [MEMO ITEM]   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 6470.41 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 112 OF 132                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 08 / 2013 |
| Mailing Address 2965 W Corporate Lakes Blvd  |  | Amount of Each Disbursement this Period<br>82.90              |
| City Weston  | State FL   |   |
| Zip Code 33331-3626  | Purpose of Disbursement Finance Charge   | Transaction ID : D437282                                      |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AT&amp;T Data</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 08 / 2013 |
| Mailing Address 600 North Point Parkway  |  | Amount of Each Disbursement this Period<br>50.00              |
| City Alpharetta  | State GA   |   |
| Zip Code 30022   | Purpose of Disbursement Phones   | Transaction ID : D433085                                      |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Clear Corporate</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 08 / 2013 |
| Mailing Address 1475 120th Avenue NE   |  | Amount of Each Disbursement this Period<br>49.99              |
| City Bellevue  | State WA   |   |
| Zip Code 98005   | Purpose of Disbursement Wireless   | Transaction ID : D433084                                      |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:   |  |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |



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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 113 OF 132                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. FedEx Ground</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 08 / 2013 |
| Mailing Address 6 Green Earth Way   |  | Amount of Each Disbursement this Period<br>76.28         |
| City<br>Johnston  | State<br>RI  |  |
| Zip Code<br>02919-5845  | Purpose of Disbursement<br>Shipping  | Transaction ID : D433099                                 |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. FedEx Ground</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 08 / 2013 |
| Mailing Address 6 Green Earth Way   |  | Amount of Each Disbursement this Period<br>125.02        |
| City<br>Johnston  | State<br>RI  |  |
| Zip Code<br>02919-5845  | Purpose of Disbursement<br>Shipping  | Transaction ID : D433100                                 |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. FedEx Ground</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 08 / 2013 |
| Mailing Address 6 Green Earth Way   |  | Amount of Each Disbursement this Period<br>37.40         |
| City<br>Johnston  | State<br>RI  |  |
| Zip Code<br>02919-5845  | Purpose of Disbursement<br>Shipping  | Transaction ID : D433086                                 |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]  |
| State: District:  |  |  |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 114 OF 132                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Google</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 08 / 2013 |
| Mailing Address 1600 Amphitheatre Pkwy  |  | Amount of Each Disbursement this Period<br>500.00             |
| City Mountain View  | State CA Zip Code 94043-1351   |   |
| Purpose of Disbursement<br>Web Services   | Category/Type  | Transaction ID : D433087                                      |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Google</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 08 / 2013 |
| Mailing Address 1600 Amphitheatre Pkwy  |  | Amount of Each Disbursement this Period<br>500.00             |
| City Mountain View  | State CA Zip Code 94043-1351   |   |
| Purpose of Disbursement<br>Web Expenses   | Category/Type  | Transaction ID : D433088                                      |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Google</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 08 / 2013 |
| Mailing Address 1600 Amphitheatre Pkwy  |  | Amount of Each Disbursement this Period<br>500.00             |
| City Mountain View  | State CA Zip Code 94043-1351   |   |
| Purpose of Disbursement<br>Advertising Space  | Category/Type  | Transaction ID : D433089                                      |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 115 OF 132                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Google</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 08 / 2013 |
| Mailing Address 1600 Amphitheatre Pkwy   |                              | Amount of Each Disbursement this Period<br>500.00             |
| City Mountain View   | State CA Zip Code 94043-1351 |   |
| Purpose of Disbursement Advertising Space  | Candidate Name               | Transaction ID : D433090                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                | [MEMO ITEM]   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Google</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 08 / 2013 |
| Mailing Address 1600 Amphitheatre Pkwy   |                              | Amount of Each Disbursement this Period<br>500.00             |
| City Mountain View   | State CA Zip Code 94043-1351 |   |
| Purpose of Disbursement Advertising service  | Candidate Name               | Transaction ID : D433091                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                | [MEMO ITEM]   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Google</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 08 / 2013 |
| Mailing Address 1600 Amphitheatre Pkwy   |                              | Amount of Each Disbursement this Period<br>500.00             |
| City Mountain View   | State CA Zip Code 94043-1351 |   |
| Purpose of Disbursement Advertising Service  | Candidate Name               | Transaction ID : D433092                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                | [MEMO ITEM]   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 116 OF 132 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Google</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 08 / 2013 |
| Mailing Address 1600 Amphitheatre Pkwy  |  | Amount of Each Disbursement this Period<br>500.00             |
| City<br>Mountain View   | State<br>CA  |   |
| Zip Code<br>94043-1351  | Purpose of Disbursement<br>Advertising Service   | Transaction ID : D433093                                      |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Google</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 08 / 2013 |
| Mailing Address 1600 Amphitheatre Pkwy  |  | Amount of Each Disbursement this Period<br>500.00             |
| City<br>Mountain View   | State<br>CA  |   |
| Zip Code<br>94043-1351  | Purpose of Disbursement<br>Advertising Service   | Transaction ID : D433094                                      |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Google</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 08 / 2013 |
| Mailing Address 1600 Amphitheatre Pkwy  |  | Amount of Each Disbursement this Period<br>500.00             |
| City<br>Mountain View   | State<br>CA  |   |
| Zip Code<br>94043-1351  | Purpose of Disbursement<br>Advertising Service   | Transaction ID : D433095                                      |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 117 OF 132 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement Advertising Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 08 / 2013

Amount of Each Disbursement this Period: 500.00

Transaction ID : D433096

[MEMO ITEM]

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

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement Advertising Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 08 / 2013

Amount of Each Disbursement this Period: 500.00

Transaction ID : D433097

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**c. Things Remembered**

Mailing Address 72 Providence Place Ste 4325

City Providence State RI Zip Code 02903

Purpose of Disbursement Gifts

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 08 / 2013

Amount of Each Disbursement this Period: 351.05

Transaction ID : D433102

[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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 118 OF 132                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. USPS</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 08 / 2013 |
| Mailing Address 100 Hartford Ave   |  | Amount of Each Disbursement this Period<br>92.00         |
| City Providence  | State RI   |  |
| Zip Code 02909-3323  | Purpose of Disbursement Postage  | Transaction ID : D433101                                 |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM]  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon Wireless</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 08 / 2013 |
| Mailing Address 12677 Alcosta Blvd   |  | Amount of Each Disbursement this Period<br>50.77         |
| City San Ramon   | State CA   |  |
| Zip Code 94583-4423  | Purpose of Disbursement Mobile Phones  | Transaction ID : D433083                                 |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM]  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. American Express</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 30 / 2013 |
| Mailing Address 2965 W Corporate Lakes Blvd  |  | Amount of Each Disbursement this Period<br>1121.20       |
| City Weston  | State FL   |  |
| Zip Code 33331-3626  | Purpose of Disbursement Credit Card  | Transaction ID : D435405                                 |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1121.20 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 119 OF 132 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Providence Biltmore</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 30 / 2013 |
| Mailing Address 11 Dorrance St   |  | Amount of Each Disbursement this Period<br>1000.00            |
| City Providence  | State RI   |   |
| Zip Code 02903-1734  |  | Transaction ID : D437276                                      |
| Purpose of Disbursement<br>Catering (Room/Rental)  | Category/Type  |   |
| Candidate Name   |  | [MEMO ITEM]   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. United Airlines</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 30 / 2013 |
| Mailing Address PO Box 66100   |  | Amount of Each Disbursement this Period<br>121.20             |
| City Chicago   | State IL   |   |
| Zip Code 60666-0100  |  | Transaction ID : D437277                                      |
| Purpose of Disbursement<br>Travel (Airfare)  | Category/Type  |   |
| Candidate Name   |  | [MEMO ITEM]   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. American Express</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 30 / 2013 |
| Mailing Address 2965 W Corporate Lakes Blvd  |  | Amount of Each Disbursement this Period<br>10904.77           |
| City Weston  | State FL   |   |
| Zip Code 33331-3626  |  | Transaction ID : D435406                                      |
| Purpose of Disbursement<br>Credit Card   | Category/Type  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 10904.77 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 120 OF 132                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Golden Gate Studios</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 30 / 2013 |
| Mailing Address 2003 Broad Street   |  | Amount of Each Disbursement this Period<br>575.00             |
| City<br>Providence  | State<br>RI  |   |
| Zip Code<br>02905   | Purpose of Disbursement<br>Floral Arrangements (Fundraising)   | Transaction ID : <b>D437269</b>                               |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Providence Biltmore</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 30 / 2013 |
| Mailing Address 11 Dorrance St  |  | Amount of Each Disbursement this Period<br>164.73             |
| City<br>Providence  | State<br>RI  |   |
| Zip Code<br>02903-1734  | Purpose of Disbursement<br>Catering (Fundraising)  | Transaction ID : <b>D437273</b>                               |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Providence Biltmore</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 30 / 2013 |
| Mailing Address 11 Dorrance St  |  | Amount of Each Disbursement this Period<br>8385.64            |
| City<br>Providence  | State<br>RI  |   |
| Zip Code<br>02903-1734  | Purpose of Disbursement<br>Catering (Fundraising)  | Transaction ID : <b>D437274</b>                               |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |



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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 121 OF 132                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. United Airlines</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 30 / 2013 |
| Mailing Address PO Box 66100  |  | Amount of Each Disbursement this Period<br>651.80             |
| City Chicago  | State IL Zip Code 60666-0100   |   |
| Purpose of Disbursement<br>Travel (Airfare)   | Category/Type  | <b>Transaction ID : D437275</b><br><b>[MEMO ITEM]</b>         |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. United Airlines</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 30 / 2013 |
| Mailing Address PO Box 66100  |  | Amount of Each Disbursement this Period<br>651.80             |
| City Chicago  | State IL Zip Code 60666-0100   |   |
| Purpose of Disbursement<br>Travel (Airfare)   | Category/Type  | <b>Transaction ID : D437267</b><br><b>[MEMO ITEM]</b>         |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. US Airways</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 30 / 2013 |
| Mailing Address 111 W Rio Salado Pkwy   |  | Amount of Each Disbursement this Period<br>26.00              |
| City Tempe  | State AZ Zip Code 85281-2880   |   |
| Purpose of Disbursement<br>Travel (Airfare)   | Category/Type  | <b>Transaction ID : D437268</b><br><b>[MEMO ITEM]</b>         |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 122 OF 132                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 30 / 2013 |
| Mailing Address 111 W Rio Salado Pkwy   |  | Amount of Each Disbursement this Period<br>26.00              |
| City<br>Tempe   | State<br>AZ  |   |
| Zip Code<br>85281-2880  | Purpose of Disbursement<br>Travel (Airfare)  | Transaction ID : D437270<br><b>[MEMO ITEM]</b>                |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 30 / 2013 |
| Mailing Address 111 W Rio Salado Pkwy   |  | Amount of Each Disbursement this Period<br>211.90             |
| City<br>Tempe   | State<br>AZ  |   |
| Zip Code<br>85281-2880  | Purpose of Disbursement<br>Travel (Airfare)  | Transaction ID : D437271<br><b>[MEMO ITEM]</b>                |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. US Airways</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 30 / 2013 |
| Mailing Address 111 W Rio Salado Pkwy   |  | Amount of Each Disbursement this Period<br>211.90             |
| City<br>Tempe   | State<br>AZ  |   |
| Zip Code<br>85281-2880  | Purpose of Disbursement<br>Travel (Airfare)  | Transaction ID : D437272<br><b>[MEMO ITEM]</b>                |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 123 OF 132                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 2965 W Corporate Lakes Blvd   |  | Amount of Each Disbursement this Period<br>3854.89            |
| City<br>Weston  | State<br>FL  |   |
| Zip Code<br>33331-3626  | Purpose of Disbursement<br>Credit Card   | Transaction ID : <b>D435407</b>                               |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AT &amp; T Mobility</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address PO Box 536216   |  | Amount of Each Disbursement this Period<br>25.00              |
| City<br>Atlanta   | State<br>GA  |   |
| Zip Code<br>30353-6216  | Purpose of Disbursement<br>Mobile Phones   | Transaction ID : <b>D437256</b>                               |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. AT &amp; T Mobility</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address PO Box 536216   |  | Amount of Each Disbursement this Period<br>25.00              |
| City<br>Atlanta   | State<br>GA  |   |
| Zip Code<br>30353-6216  | Purpose of Disbursement<br>Mobile Phones   | Transaction ID : <b>D437257</b>                               |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3854.89 |
| <b>TOTAL</b> 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:<br>(check only one)          | PAGE 124 OF 132                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |                               |   |
|--|-------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Central Michel Richard</b>  |                               | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 1001 Pennsylvania Avenue NW  |                               | Amount of Each Disbursement this Period<br>218.60             |
| City Washington State DC Zip Code 20004  | Purpose of Disbursement Meals |   |
| Candidate Name   | Category/Type                 | Transaction ID : D437265<br><b>[MEMO ITEM]</b>                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:              |   |

|  |                                  |   |
|--|----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Shell Oil Providence</b>  |                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St  |                                  | Amount of Each Disbursement this Period<br>144.53             |
| City Providence State RI Zip Code 02904-5701   | Purpose of Disbursement Gasoline |   |
| Candidate Name   | Category/Type                    | Transaction ID : D437236<br><b>[MEMO ITEM]</b>                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                 |   |

|  |                                  |   |
|--|----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Shell Oil Providence</b>  |                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St  |                                  | Amount of Each Disbursement this Period<br>50.00              |
| City Providence State RI Zip Code 02904-5701   | Purpose of Disbursement Gasoline |   |
| Candidate Name   | Category/Type                    | Transaction ID : D437237<br><b>[MEMO ITEM]</b>                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                 |   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |      |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 125 OF 132                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Shell Oil Providence</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St  |                              | Amount of Each Disbursement this Period<br>63.81              |
| City Providence  | State RI Zip Code 02904-5701 |   |
| Purpose of Disbursement<br>Gasoline  | Candidate Name               | Transaction ID : D437238                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                | [MEMO ITEM]   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Shell Oil Providence</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St  |                              | Amount of Each Disbursement this Period<br>50.00              |
| City Providence  | State RI Zip Code 02904-5701 |   |
| Purpose of Disbursement<br>Gasoline  | Candidate Name               | Transaction ID : D437239                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                | [MEMO ITEM]   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Shell Oil Providence</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St  |                              | Amount of Each Disbursement this Period<br>25.00              |
| City Providence  | State RI Zip Code 02904-5701 |   |
| Purpose of Disbursement<br>Gasoline  | Candidate Name               | Transaction ID : D437240                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                | [MEMO ITEM]   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 126 OF 132                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |                              |   |
|---|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Shell Oil Providence</b>   |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St   |                              | Amount of Each Disbursement this Period<br>50.00              |
| City Providence   | State RI Zip Code 02904-5701 |   |
| Purpose of Disbursement<br>Gasoline   | Candidate Name               | Transaction ID : <b>D437241</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                              |   |
| State: District:  | Category/Type                | <b>[MEMO ITEM]</b>  |

|   |                              |   |
|---|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Shell Oil Providence</b>   |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St   |                              | Amount of Each Disbursement this Period<br>25.00              |
| City Providence   | State RI Zip Code 02904-5701 |   |
| Purpose of Disbursement<br>Gasoline   | Candidate Name               | Transaction ID : <b>D437242</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                              |   |
| State: District:  | Category/Type                | <b>[MEMO ITEM]</b>  |

|   |                              |   |
|---|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Shell Oil Providence</b>   |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St   |                              | Amount of Each Disbursement this Period<br>51.49              |
| City Providence   | State RI Zip Code 02904-5701 |   |
| Purpose of Disbursement<br>Gasoline   | Candidate Name               | Transaction ID : <b>D437243</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                              |   |
| State: District:  | Category/Type                | <b>[MEMO ITEM]</b>  |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 127 OF 132                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Shell Oil Providence</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St  |                              | Amount of Each Disbursement this Period<br>75.00              |
| City Providence  | State RI Zip Code 02904-5701 |   |
| Purpose of Disbursement<br>Gasoline  | Candidate Name               | Transaction ID : D437244                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                | [MEMO ITEM]   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Shell Oil Providence</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St  |                              | Amount of Each Disbursement this Period<br>38.63              |
| City Providence  | State RI Zip Code 02904-5701 |   |
| Purpose of Disbursement<br>Gasoline  | Candidate Name               | Transaction ID : D437245                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                | [MEMO ITEM]   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Shell Oil Providence</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St  |                              | Amount of Each Disbursement this Period<br>45.27              |
| City Providence  | State RI Zip Code 02904-5701 |   |
| Purpose of Disbursement<br>Gasoline  | Candidate Name               | Transaction ID : D437246                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                | [MEMO ITEM]   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)          | PAGE 128 OF 132                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Shell Oil Providence</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St  |  | Amount of Each Disbursement this Period<br>225.00             |
| City Providence  | State RI Zip Code 02904-5701   |   |
| Purpose of Disbursement Gasoline   | Candidate Name   | Transaction ID : D437247<br><b>[MEMO ITEM]</b>                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   | Category/Type  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Shell Oil Providence</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St  |  | Amount of Each Disbursement this Period<br>100.00             |
| City Providence  | State RI Zip Code 02904-5701   |   |
| Purpose of Disbursement Gasoline   | Candidate Name   | Transaction ID : D437248<br><b>[MEMO ITEM]</b>                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   | Category/Type  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Shell Oil Providence</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St  |  | Amount of Each Disbursement this Period<br>34.68              |
| City Providence  | State RI Zip Code 02904-5701   |   |
| Purpose of Disbursement Gasoline   | Candidate Name   | Transaction ID : D437249<br><b>[MEMO ITEM]</b>                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   | Category/Type  |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |



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

|   |   |                 |  |  |  |
|---|---|-----------------|--|--|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 129 OF 132 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Shell Oil Providence</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St  |                              | Amount of Each Disbursement this Period<br>50.00              |
| City Providence  | State RI Zip Code 02904-5701 |   |
| Purpose of Disbursement<br>Gasoline  | Candidate Name               | Transaction ID : D437250                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                | [MEMO ITEM]   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Shell Oil Providence</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St  |                              | Amount of Each Disbursement this Period<br>54.04              |
| City Providence  | State RI Zip Code 02904-5701 |   |
| Purpose of Disbursement<br>Gasoline  | Candidate Name               | Transaction ID : D437251                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                | [MEMO ITEM]   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Shell Oil Providence</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St  |                              | Amount of Each Disbursement this Period<br>51.49              |
| City Providence  | State RI Zip Code 02904-5701 |   |
| Purpose of Disbursement<br>Gasoline  | Candidate Name               | Transaction ID : D437252                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                | [MEMO ITEM]   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)          |                                    | PAGE 130 OF 132                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Shell Oil Providence</b>                               |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St   |  | Amount of Each Disbursement this Period<br>50.00              |
| City Providence   | State RI Zip Code 02904-5701   |   |
| Purpose of Disbursement<br>Gasoline   |  | Transaction ID : D437253                                      |
| Candidate Name  |  |   |
| Office Sought:  | Disbursement For: 2014   | [MEMO ITEM]   |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State:  | District:  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Shell Oil Providence</b>                               |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 691 N Main St   |  | Amount of Each Disbursement this Period<br>100.00             |
| City Providence   | State RI Zip Code 02904-5701   |   |
| Purpose of Disbursement<br>Gasoline   |  | Transaction ID : D437254                                      |
| Candidate Name  |  |   |
| Office Sought:  | Disbursement For: 2014   | [MEMO ITEM]   |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State:  | District:  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Speedee Oil Change Providence</b>                      |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 985 North Main Street   |  | Amount of Each Disbursement this Period<br>1229.98            |
| City Providence   | State RI Zip Code 02906  |   |
| Purpose of Disbursement<br>Campaign Car Maintenance   |  | Transaction ID : D437266                                      |
| Candidate Name  |  |   |
| Office Sought:  | Disbursement For: 2014   | [MEMO ITEM]   |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State:  | District:  |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 131 OF 132 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Ten Steak and Sushi</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 5 Pine Street   |  | Amount of Each Disbursement this Period<br>201.20             |
| City<br>Providence  | State<br>RI  |   |
| Zip Code<br>02903   | Purpose of Disbursement<br>Meals   | Transaction ID : D437258                                      |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. United Airlines</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address PO Box 66100  |  | Amount of Each Disbursement this Period<br>651.80             |
| City<br>Chicago   | State<br>IL  |   |
| Zip Code<br>60666-0100  | Purpose of Disbursement<br>Travel (Airfare)  | Transaction ID : D437264                                      |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. USPS</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 05 / 2013 |
| Mailing Address 100 Hartford Ave  |  | Amount of Each Disbursement this Period<br>42.98              |
| City<br>Providence  | State<br>RI  |   |
| Zip Code<br>02909-3323  | Purpose of Disbursement<br>Postage   | Transaction ID : D437259                                      |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | 79822.66 |

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

|   |                                      |                                    |  |                                    |
|---|--------------------------------------|------------------------------------|--|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 132 OF 132                                |                                    |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input checked="" type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

|  |                   |  |
|--|-------------------|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br><b>ACADEMY OF NUTRITION AND DIETETICS POLITICAL ACTION COMMITTEE</b>   |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 07 / 2013                        |
| Mailing Address 1120 CONNECTICUT AVE. NW<br>SUITE 480  |                   | Amount of Each Disbursement this Period<br>500.00<br><b>Transaction ID : D437341</b> |
| City WASHINGTON State DC Zip Code 20036  |                   |  |
| Purpose of Disbursement Refund   |                   |  |
| Candidate Name   |                   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Category/<br>Type |  |
| State: District:   |                   |  |

|  |                   |   |
|--|-------------------|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)   |                   | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address  |                   | Amount of Each Disbursement this Period     |
| City State Zip Code  |                   |   |
| Purpose of Disbursement  |                   |   |
| Candidate Name   |                   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Category/<br>Type |   |
| State: District:   |                   |   |

|  |                   |   |
|--|-------------------|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)   |                   | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address  |                   | Amount of Each Disbursement this Period     |
| City State Zip Code  |                   |   |
| Purpose of Disbursement  |                   |   |
| Candidate Name   |                   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Category/<br>Type |   |
| State: District:   |                   |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 500.00 |