

**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 92 OF 93			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Latino Public Radio		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1246 Cranston St		Amount of Each Disbursement this Period 300.00 Transaction ID : D459710
City Cranston	State RI Zip Code 02920	
Purpose of Disbursement Contributions	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:		

Full Name (Last, First, Middle Initial) B. Reed Committee		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address P.O Box 8628		Amount of Each Disbursement this Period 250.00 Transaction ID : D459714
City Cranston	State RI Zip Code 02920	
Purpose of Disbursement Contributions	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:		

Full Name (Last, First, Middle Initial) C. Women's Health & Education Fund		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address P.O Box 5863		Amount of Each Disbursement this Period 250.00 Transaction ID : D459718
City Providence	State RI Zip Code 02903	
Purpose of Disbursement Contributions	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:		

SUBTOTAL of Disbursements This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	