

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Friends of Patrick J. Kennedy Inc.

ADDRESS (number and street) P.O. Box 321
 Check if different than previously reported. (ACC) Pawtucket RI 02860

2. **FEC IDENTIFICATION NUMBER** C00326140
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A) RI 01

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 09 09 2008 in the State of RI
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 07 01 2008 through 08 20 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer William San Bento, Jr.

Signature of Treasurer Electronically Filed by William San Bento, Jr. Date 08 28 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Patrick J. Kennedy Inc.

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	8

D	D
2	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	81220.18	1354331.91
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	21625.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	81220.18	1332706.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	98096.90	1197888.56
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	7484.81
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	98096.90	1190403.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	589787.35	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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
 Friends of Patrick J. Kennedy Inc.

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
2	0

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

34500.00

941638.62

(ii) Unitemized.....

870.18

21753.18

(iii) TOTAL of contributions

35370.18

963391.80

from individuals..... ▶

0.00

7.51

(b) Political Party Committees.....

45850.00

390932.60

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

81220.18

1354331.91

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

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

0.00

3222.78

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.).....

0.00

7484.81

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

810.62

27701.86

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

82030.80

1392741.36

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	98096.90	1197888.56
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	20525.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	21625.00
21. OTHER DISBURSEMENTS.....	35.00	248030.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	98131.90	1467543.56

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	605888.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	82030.80
25. SUBTOTAL (add Line 23 and Line 24).....	687919.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	98131.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	589787.35

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Edward J. Allera	Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address 20 Turnham Ln.	Transaction ID: C34265
	City State Zip Code Gaithersburg MD 20878	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Buchanan Ingersoll & Rooney PC	Occupation Shareholder	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Richard E. Barron	Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address 1504 Colonial Terrace	Transaction ID: C34261
	City State Zip Code Arlington VA 22209	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Suntrust Bank	Occupation Vice President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Richard R. Beretta, Jr.	Date of Receipt MM / DD / YYYY 07 / 21 / 2008
	Mailing Address 25 Eagle Ln.	Transaction ID: C34239
	City State Zip Code E Greenwich RI 02818	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Alder, Pollock & Sheehan	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 100
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Joseph A. Caramadre	Date of Receipt MM / DD / YYYY 07 / 21 / 2008
	Mailing Address 90 Beechwood Dr.	Transaction ID: C34231
	City Cranston State RI Zip Code 02921	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Estate Planning Resources Occupation Attorney Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4600.00	

B.	Full Name (Last, First, Middle Initial) Joseph A. Caramadre	Date of Receipt MM / DD / YYYY 07 / 21 / 2008
	Mailing Address 90 Beechwood Dr.	Transaction ID: C34232
	City Cranston State RI Zip Code 02921	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Estate Planning Resources Occupation Attorney Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4600.00	

C.	Full Name (Last, First, Middle Initial) Shan Chun Kou	Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address 1399 Vista Morasa	Transaction ID: C34263
	City Los Angeles State CA Zip Code 90049	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer N/A Occupation Retired Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	6600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 100
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial) Martin A. Corry		Date of Receipt MM / DD / YYYY 07 / 28 / 2008
Mailing Address 7820 Lobelia Ln.		Transaction ID: C34259
City <u>Springfield</u>	State VA	Zip Code 22152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Buchanan Ingersoll & Rooney PC	Occupation Director of Federal Health Policy	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Steven W. Eichenauer		Date of Receipt MM / DD / YYYY 07 / 28 / 2008
Mailing Address 5423 Falmouth Rd.		Transaction ID: C34250
City <u>Bethesda</u>	State MD	Zip Code 20816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer PSW Inc.	Occupation Partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Michael T. Fiore		Date of Receipt MM / DD / YYYY 07 / 28 / 2008
Mailing Address 865 3rd St.		Transaction ID: C34257
City <u>Manhattan Beach</u>	State CA	Zip Code 90266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Vantage Oncology Inc.	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 100
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Lisa F. Gibson

Mailing Address 60 Hammond Hill

City State Zip Code
Saunderstown RI 02874

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

Name of Employer Singing Stories Nursery Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2008

Transaction ID: C34226

Amount of Each Receipt this Period
400.00

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

400.00

B.

Full Name (Last, First, Middle Initial)
Michael Gray

Mailing Address 17 River Bend Dr.

City State Zip Code
Kennebunk ME 04043

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

Name of Employer Global Relief Technologies Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 08 / 2008

Transaction ID: C34219

Amount of Each Receipt this Period
1000.00

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

1500.00

C.

Full Name (Last, First, Middle Initial)
William Gray, III

Mailing Address 5256 Fisher Island Dr.

City State Zip Code
Fisher Island FL 33109

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

Name of Employer Amani Group Occupation Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2008

Transaction ID: C34252

Amount of Each Receipt this Period
1000.00

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

1000.00

SUBTOTAL of Receipts This Page (optional) ► **2400.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Rebecca L. Halkias

Mailing Address 317 C St. NE

City Washington State DC Zip Code 20002

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

Name of Employer C2 Group Inc. Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2008

Transaction ID: C34255

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Gordon P. MacDougall

Mailing Address 4797 Yorktown Blvd.

City Arlington State VA Zip Code 22207

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

Name of Employer Beacon Consulting Group Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2008

Transaction ID: C34270

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Joel W. McCleary

Mailing Address 1415 34th St. NW

City Washington State DC Zip Code 20007

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

Name of Employer FSV Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2008

Transaction ID: C34251

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

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

Mailing Address 2800 Woodley Rd.
Apt. 508

City Washington State DC Zip Code 20008

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

Name of Employer Capitol Decisions Inc. Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 07 / 28 / 2008

Transaction ID: C34273

Amount of Each Receipt this Period 500.00

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

B.

Full Name (Last, First, Middle Initial)
Michael E. McMahon

Mailing Address 60 Hammond Hill

City Saunderstown State RI Zip Code 02874

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

Name of Employer Pine Brook Road Partners Occupation Founding Member

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 07 / 14 / 2008

Transaction ID: C34225

Amount of Each Receipt this Period 1600.00

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

C.

Full Name (Last, First, Middle Initial)
Monument Strategies LLC

Mailing Address 923 15th St. NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 18 / 2008

Transaction ID: C34304

Amount of Each Receipt this Period 250.00

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

Seeking Member Allocation

SUBTOTAL of Receipts This Page (optional) ▶ **2350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 100
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Thomas J. O'Donnell

Mailing Address 10 West Kirke St.

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation
Gephardt Group Executive Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: C34246

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Christopher O'Neill

Mailing Address 1310 19th Street, NW

City State Zip Code
Washington DC 20036

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

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

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: C34243

Amount of Each Receipt this Period
1000.00

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

C.

Full Name (Last, First, Middle Initial)
Joseph P. O'Neill

Mailing Address 6448 Brooks Ln.

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
Public Strategies Washington, Inc. President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 21 / 2008

Transaction ID: C34230

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial)
Robert J. Powers

Mailing Address 1200 Croton Dr.

City State Zip Code
Alexandria VA 22308

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

Name of Employer Occupation
Nuclear Energy Institute Senior Director-Legislative Programs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 18 / 2008

Transaction ID: C34302

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Christopher M. Rose

Mailing Address 142 S. Lucerne Blvd.

City State Zip Code
Los Angeles CA 90004

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

Name of Employer Occupation
Medical Group Inc. Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 28 / 2008

Transaction ID: C34256

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Saginaw Chippewa Indian Tribe

Mailing Address 7070 E. Broadway

City State Zip Code
Mount Pleasant MI 48858

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 18 / 2008

Transaction ID: C34292

Amount of Each Receipt this Period
1700.00

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

Funds Permissible Under the Act

SUBTOTAL of Receipts This Page (optional) ▶ **2700.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial)
Saginaw Chippewa Indian Tribe

Mailing Address 7070 E. Broadway

City State Zip Code
Mount Pleasant MI 48858

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 8

Transaction ID: C34291

Amount of Each Receipt this Period
300.00

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

Funds Permissible Under the Act

B. Full Name (Last, First, Middle Initial)
David L. Shern

Mailing Address 11009 Theresa Arbor Dr.

City State Zip Code
Temple Terrace FL 33617

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

Name of Employer Occupation
Mental Health America President/CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 7 / 2 8 / 2 0 0 8

Transaction ID: C34267

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Patricia P. Smith

Mailing Address 209 Hermleigh Rd.

City State Zip Code
Silver Spring MD 20902

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

Name of Employer Occupation
Alliance of Community Health Plans Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 7 / 2 8 / 2 0 0 8

Transaction ID: C34258

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial)
Kenneth E. Stalder

Mailing Address 19317 Tattershall Dr.

City State Zip Code
Germantown MD 20874

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

Name of Employer Occupation
KSA Consulting CEO

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

Date of Receipt
MM / DD / YYYY
07 / 28 / 2008

Transaction ID: C34253

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 644 Massachusetts Ave. NE
Suite 505

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation
Fox Potomac Resources Principal

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

Date of Receipt
MM / DD / YYYY
08 / 07 / 2008

Transaction ID: C34279

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 140 Fox Run

City State Zip Code
East Greenwich RI 02818

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

Name of Employer Occupation
Financial Innovations Inc. President

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

Date of Receipt
MM / DD / YYYY
07 / 21 / 2008

Transaction ID: C34233

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

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

Mailing Address 140 Fox Run

City East Greenwich State RI Zip Code 02818

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

Name of Employer Financial Innovations Inc. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 07 / 21 / 2008
Transaction ID: C34234
 Amount of Each Receipt this Period 2300.00

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

B. Full Name (Last, First, Middle Initial)
Richard I. Weiss

Mailing Address 106 Canfield Hill Dr.

City Gaithersburg State MD Zip Code 20878

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

Name of Employer KSA Consulting Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2008
Transaction ID: C34254
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Alan P. Hogan

Mailing Address 661 E. 9th St.

City Indianapolis State IN Zip Code 46202

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

Name of Employer Hogan Group Inc. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 07 / 21 / 2008
Transaction ID: C34241
 Amount of Each Receipt this Period 2300.00

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

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional) ► 5600.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 16 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial)
Act Blue
Mailing Address PO Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total: \$2,300.00
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 8
Transaction ID: C34241B
Amount of Each Receipt this Period
2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Mathis Group LLC
Mailing Address 923 15th St. NW
City State Zip Code
Washington DC 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8
Transaction ID: C34306
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
LLC permissible funds see below if itemized

C. Full Name (Last, First, Middle Initial)
Charles E. Harple
Mailing Address c/o Mathis Group LLC
923 15th St. NW
City State Zip Code
Washington DC 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Mathis Group LLC Member
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8
Transaction ID: C34308
Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Michael E. Mathis

Mailing Address c/o Mathis Group LLC
923 15th St. NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
Mathis Group LLC Member

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

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: C34307

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	0.00
TOTAL This Period (last page this line number only)	▶	34500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial)
21st Century Systems Inc. (CSI) PAC

Mailing Address 2611 Jefferson Davis Hwy
Suite 11100

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00419044

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 07 / 28 / 2008
Transaction ID: C34248
 Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
AFLAC Inc. PAC

Mailing Address 1932 Wynnton Rd.

City Columbus State GA Zip Code 31999

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 08 / 18 / 2008
Transaction ID: C34297
 Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
American Assoc for Marriage & Family Therapy PAC

Mailing Address 112 S. Alfred St.

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00198259

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 07 / 26 / 2008
Transaction ID: C34276
 Amount of Each Receipt this Period: 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial)
American College of Radiology Association PAC

Mailing Address 1891 Preston White Dr.

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: 07 / 28 / 2008
Transaction ID: C34262

Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
American Crystal Sugar PAC

Mailing Address 101 North Third St.

City Moorhead State MN Zip Code 56560

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 07 / 21 / 2008
Transaction ID: C34236

Amount of Each Receipt this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
American Dental PAC

Mailing Address 1111 - 14th Street, NW Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8413.20

Date of Receipt: 08 / 18 / 2008
Transaction ID: C34299

Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 100

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
American Maritime Officers, Voluntary PAF
Mailing Address 650 Fourth Avenue

City State Zip Code
Brooklyn NY 11232

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2008

Transaction ID: C34227

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
American Occupational Therapy Assoc., Inc. PAC
Mailing Address 4720 Montgomery Ln.

City State Zip Code
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C** C00089086

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 18 / 2008

Transaction ID: C34300

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
Boeing Political Action Committee
Mailing Address 1735 Jefferson Davis Hwy, Ste. 120

City State Zip Code
Arlington VA 22202

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2008

Transaction ID: C34285

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial)
Brown & Company Inc. PAC

Mailing Address 600 Pennsylvania Ave. SE
Suite 304

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00326405

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 07 / 28 / 2008
Transaction ID: C34271
Amount of Each Receipt this Period: 500.00

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

B. Full Name (Last, First, Middle Initial)
Buchanan Ingersoll, P.C. Committee for Effective Government PAC

Mailing Address 1 Oxford Center
20th Fl.

City Pittsburgh State PA Zip Code 15219

FEC ID number of contributing federal political committee. **C** C00195388

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 07 / 28 / 2008
Transaction ID: C34264
Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Caremark RX Inc. Employee's PAC

Mailing Address 2211 Sanders Road 10th Floor

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C** C00384818

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt: 08 / 18 / 2008
Transaction ID: C34298
Amount of Each Receipt this Period: 3000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4500.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

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

Mailing Address 700 Universe Blvd.
PO Box 14000

City Juno Beach State FL Zip Code 33408

FEC ID number of contributing federal political committee. **C** C00064774

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 21 / 2008
Transaction ID: C34240
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
General Electric Co. PAC

Mailing Address 1299 Pennsylvania Ave. NW
Suite 1100

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 30 / 2008
Transaction ID: C34282
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Laborers' Political League

Mailing Address 905 16th Street, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt 07 / 21 / 2008
Transaction ID: C34238
 Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

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

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FOR LINE NUMBER: PAGE 23 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial)
Lockheed Martin Employees' PAC

Mailing Address 1725 Jefferson Davis Highway
Crystal Square Two, Suite 300

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 07 / 28 / 2008
Transaction ID: C34247
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Machinists Non-Partisan Political League

Mailing Address 9000 Machinist Place

City Upper Marlboro State MD Zip Code 20772

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt 07 / 30 / 2008
Transaction ID: C34283
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
ManTech International Corporation PAC

Mailing Address 12015 Lee Jackson Hwy

City Fairfax State VA Zip Code 22033

FEC ID number of contributing federal political committee. **C** C00208983

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2008
Transaction ID: C34249
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 24 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial)
McDermott Will & Emery LLP PAC

Mailing Address 600 13th St. NW
Suite 1200

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00299701

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 18 / 2008
Transaction ID: C34301
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 901 N. Washington St. #600

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00293100

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2008
Transaction ID: C34272
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
National Committee to Preserve Social Security & Medicare PAC

Mailing Address 10 G. St. NW Suite 600

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00172296

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 07 / 30 / 2008
Transaction ID: C34275
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial)
National Emergency Medicine PAC

Mailing Address 1125 Executive Circle

City Irving State TX Zip Code 75038-2522

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 07 / 26 / 2008
Transaction ID: C34277
 Amount of Each Receipt this Period 2500.00

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

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

Mailing Address 1360 Duke Street
4th Floor

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00072025

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 08 / 18 / 2008
Transaction ID: C34296
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Office of the Commissioner of Major League Baseball PAC

Mailing Address 1050 Connecticut Ave. NW #1100

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00368142

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 08 / 18 / 2008
Transaction ID: C34305
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial)
Parametric Technology Corp. (PTC) PAC

Mailing Address 1890 Preston White Dr.
Suite 200

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00410688

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 07 / 30 / 2008
Transaction ID: C34245
Amount of Each Receipt this Period: 500.00

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

B. Full Name (Last, First, Middle Initial)
Physical Therapy PAC

Mailing Address 1111 N. Fairfax St.

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 07 / 30 / 2008
Transaction ID: C34280
Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address 1755 Jefferson Davis Hwy.
Suite 1107

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00280321

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 08 / 11 / 2008
Transaction ID: C34286
Amount of Each Receipt this Period: 500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial)
Professional Counseling Fund PAC

Mailing Address 5703 S. Kenwood Ave.

City State Zip Code
Chicago IL 60637

FEC ID number of contributing federal political committee. **C** C00399717

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2008

Transaction ID: C34278

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
Radiation Therapy Services PAC

Mailing Address 2234 Colonial Blvd.

City State Zip Code
Fort Myers FL 33907

FEC ID number of contributing federal political committee. **C** C00385120

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2008

Transaction ID: C34235

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 430 N. Michigan Ave.

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2008

Transaction ID: C34269

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

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

Mailing Address 10260 Campus Point Drive

City San Diego State CA Zip Code 92121

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt MM / DD / YYYY
08 / 18 / 2008

Transaction ID: C34310

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Textron, Inc. PAC

Mailing Address P. O. Box 878
40 Westminster St.

City Providence State RI Zip Code 02901

FEC ID number of contributing federal political committee. **C** C00123612

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt MM / DD / YYYY
07 / 30 / 2008

Transaction ID: C34284

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
United Mine Workers of America

Mailing Address 900 15th Street, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00013342

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
08 / 18 / 2008

Transaction ID: C34309

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

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

Mailing Address 55 Glenlake Parkway, N.E.

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 07 / 28 / 2008
Transaction ID: C34268
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
US Oncology Inc. Good Government Committee

Mailing Address 16825 Northchase Dr. Suite 1300

City Houston State TX Zip Code 77060

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4350.00

Date of Receipt 07 / 30 / 2008
Transaction ID: C34274
 Amount of Each Receipt this Period 4350.00

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

C. Full Name (Last, First, Middle Initial)
Van Ness Feldman PC PAC

Mailing Address 1050 Thomas Jefferson St. NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00205369

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 29 / 2008
Transaction ID: C34244
 Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 5850.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
VEN - PAC

Mailing Address P.O. Box 83142

City Gaithersburg State MD Zip Code 20883

FEC ID number of contributing federal political committee. **C** C00369660

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2008

Transaction ID: C34260

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	45850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Citizens Bank
Mailing Address 601 Washington St.
City Stoughton State MA Zip Code 02072
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
27566.57

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008
Transaction ID: C34288
Amount of Each Receipt this Period
809.49
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Interest

SUBTOTAL of Receipts This Page (optional)	▶	809.49
TOTAL This Period (last page this line number only)	▶	809.49

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

<p>A. Full Name (Last, First, Middle Initial) American Express Merchant Services</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12712 Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 262.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Brian Barrie</p> <p>Mailing Address 680 Serotina Ct.</p> <p>City Mount Pleasant State SC Zip Code 29464</p> <p>Purpose of Disbursement Consultant-Website</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12498 Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Brian Barrie</p> <p>Mailing Address 680 Serotina Ct.</p> <p>City Mount Pleasant State SC Zip Code 29464</p> <p>Purpose of Disbursement Consultant-Website</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12618 Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1262.50

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Beacon Mutual Insurance Mailing Address 1 Beacon Center City Warwick State RI Zip Code 02886 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12479 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8	Amount of Each Disbursement this Period 329.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Blue Engine Message & Media LLC Mailing Address 1300 Connecticut Ave. NW 6th Fl. City Washington State DC Zip Code 20036 Purpose of Disbursement Consultant-Media Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12619 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8	Amount of Each Disbursement this Period 7500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Adam Brand Mailing Address 704 Crooked Creek Dr. City Rockville State MD Zip Code 20850 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12510 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	Amount of Each Disbursement this Period 449.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

8278.16

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Adam Brand			Transaction ID: D12614	
	Mailing Address 704 Crooked Creek Dr.			Date of Disbursement 07 / 31 / 2008	
	City Rockville	State MD	Zip Code 20850	Amount of Each Disbursement this Period 449.16	
	Purpose of Disbursement Wages		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
B.	Full Name (Last, First, Middle Initial) Adam Brand			Transaction ID: D12644	
	Mailing Address 704 Crooked Creek Dr.			Date of Disbursement 08 / 15 / 2008	
	City Rockville	State MD	Zip Code 20850	Amount of Each Disbursement this Period 449.16	
	Purpose of Disbursement Wages		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
C.	Full Name (Last, First, Middle Initial) Lisa Buterbaugh			Transaction ID: D12476	
	Mailing Address 11 Exeter Rd.			Date of Disbursement 07 / 01 / 2008	
	City North Kingstown	State RI	Zip Code 02852	Amount of Each Disbursement this Period 745.00	
	Purpose of Disbursement Reception - Decorations		007 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

SUBTOTAL of Disbursements This Page (optional) ▶

1643.32

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

<p>A. Full Name (Last, First, Middle Initial) Paul A. Buterbaugh</p> <p>Mailing Address 11 Exeter Rd.</p> <p>City North Kingstown State RI Zip Code 02852</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12475</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="175.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Paul A. Buterbaugh</p> <p>Mailing Address 11 Exeter Rd.</p> <p>City North Kingstown State RI Zip Code 02852</p> <p>Purpose of Disbursement Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12509</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="379.38"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Paul A. Buterbaugh</p> <p>Mailing Address 11 Exeter Rd.</p> <p>City North Kingstown State RI Zip Code 02852</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12601</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="604.38"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

<p>A. Full Name (Last, First, Middle Initial) Paul A. Buterbaugh</p> <p>Mailing Address 11 Exeter Rd.</p> <p>City North Kingstown State RI Zip Code 02852</p> <p>Purpose of Disbursement Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12615</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="379.38"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Paul A. Buterbaugh</p> <p>Mailing Address 11 Exeter Rd.</p> <p>City North Kingstown State RI Zip Code 02852</p> <p>Purpose of Disbursement Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12643</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="379.38"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Paul A. Buterbaugh</p> <p>Mailing Address 11 Exeter Rd.</p> <p>City North Kingstown State RI Zip Code 02852</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12706</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="838.76"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Care First Blue Cross Blue Shield

Mailing Address P.O. Box 79749

City Baltimore State MD Zip Code 21279

Purpose of Disbursement
Health Insurance

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D12503

Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

626.00

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

B.

Full Name (Last, First, Middle Initial)
Care First Blue Cross Blue Shield

Mailing Address P.O. Box 79749

City Baltimore State MD Zip Code 21279

Purpose of Disbursement
Health Insurance

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D12709

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

313.00

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

C.

Full Name (Last, First, Middle Initial)
Comptroller of MD

Mailing Address Revenue Administration Division
P.O. Box 17132

City Baltimore State MD Zip Code 21297

Purpose of Disbursement
Payroll taxes/withholdings

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D12512

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

75.54

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

SUBTOTAL of Disbursements This Page (optional) ▶

1014.54

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) District of Columbia	Transaction ID: D12480 Date of Disbursement 07 / 01 / 2008
	Mailing Address P.O. Box 7792 Ben Franklin Station	Amount of Each Disbursement this Period 717.00
	City Washington State DC Zip Code 20044	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll taxes/withholdings Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) District of Columbia	Transaction ID: D12620 Date of Disbursement 08 / 04 / 2008
	Mailing Address P.O. Box 7792 Ben Franklin Station	Amount of Each Disbursement this Period 808.00
	City Washington State DC Zip Code 20044	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll taxes/withholdings Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Emery's Catering	Transaction ID: D12506 Date of Disbursement 07 / 14 / 2008
	Mailing Address 24 Central St.	Amount of Each Disbursement this Period 1688.31
	City Central Falls State RI Zip Code 02863	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reception-Catering Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		007 Category/Type

SUBTOTAL of Disbursements This Page (optional)	3213.31
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Emery's Catering Mailing Address 24 Central St. City Central Falls State RI Zip Code 02863 Purpose of Disbursement Reception-Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12610 Date of Disbursement 07 / 28 / 2008 Amount of Each Disbursement this Period 3167.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) ETS Mailing Address 10 Pidgeon Hill Dr. Suite 200 City Sterling State VA Zip Code 20165 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12492 Date of Disbursement 07 / 03 / 2008 Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) ETS Mailing Address 10 Pidgeon Hill Dr. Suite 200 City Sterling State VA Zip Code 20165 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12493 Date of Disbursement 07 / 03 / 2008 Amount of Each Disbursement this Period 192.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3389.79

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

<p>A. Full Name (Last, First, Middle Initial) ETS</p> <p>Mailing Address 10 Pidgeon Hill Dr. Suite 200</p> <p>City Sterling State VA Zip Code 20165</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12629 Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 30.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) ETS</p> <p>Mailing Address 10 Pidgeon Hill Dr. Suite 200</p> <p>City Sterling State VA Zip Code 20165</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12628 Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 30.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address P.O. Box 360353</p> <p>City Pittsburgh State PA Zip Code 15250</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12483 Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 27.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

87.88

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: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

<p>A. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address P.O. Box 360353</p> <p>City Pittsburgh State PA Zip Code 15250</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12495</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.26"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address P.O. Box 360353</p> <p>City Pittsburgh State PA Zip Code 15250</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12501</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.57"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address P.O. Box 360353</p> <p>City Pittsburgh State PA Zip Code 15250</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12502</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="99.46"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

146.29

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D12603 Date of Disbursement
	Mailing Address P.O. Box 360353	<input type="text" value="07"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Pittsburgh State PA Zip Code 15250	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="43.60"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: <input type="text" value="001"/>

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D12607 Date of Disbursement
	Mailing Address P.O. Box 360353	<input type="text" value="07"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Pittsburgh State PA Zip Code 15250	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="27.90"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: <input type="text" value="001"/>

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D12632 Date of Disbursement
	Mailing Address P.O. Box 360353	<input type="text" value="08"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Pittsburgh State PA Zip Code 15250	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="27.90"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: <input type="text" value="001"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="99.40"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Four Points Sheraton

Mailing Address 6363 Hampden Ave.

City Denver State CO Zip Code 80222

Purpose of Disbursement Reception-Catering
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D12714
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)
Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City Washington State DC Zip Code 20009

Purpose of Disbursement Wages
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D12499
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C.

Full Name (Last, First, Middle Initial)
Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City Washington State DC Zip Code 20009

Purpose of Disbursement Wages
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D12511
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Francesca E. Gage	Transaction ID: D12613 Date of Disbursement 07 / 31 / 2008
	Mailing Address 1825 Vernon St. NW Apt. 46	Amount of Each Disbursement this Period 725.32
	City Washington State DC Zip Code 20009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Wages Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Francesca E. Gage	Transaction ID: D12630 Date of Disbursement 08 / 11 / 2008
	Mailing Address 1825 Vernon St. NW Apt. 46	Amount of Each Disbursement this Period -30.00
	City Washington State DC Zip Code 20009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Void check issued prior period Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Francesca E. Gage	Transaction ID: D12631 Date of Disbursement 08 / 11 / 2008
	Mailing Address 1825 Vernon St. NW Apt. 46	Amount of Each Disbursement this Period 30.00
	City Washington State DC Zip Code 20009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

SUBTOTAL of Disbursements This Page (optional)	725.32
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Francesca E. Gage <hr/> Mailing Address 1825 Vernon St. NW Apt. 46 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12642 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 8	Amount of Each Disbursement this Period 725.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Local 94 Golf Tournament <hr/> Mailing Address 14 Jefferson Park Rd. <hr/> City Warwick State RI Zip Code 02888 <hr/> Purpose of Disbursement Advertisement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12606 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 8	Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Gregory M. Mecher <hr/> Mailing Address 1125 Maryland Ave. NE #6 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12478 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8	Amount of Each Disbursement this Period 21.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	946.32
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Gregory M. Mecher <hr/> Mailing Address 1125 Maryland Ave. NE #6 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12497 Date of Disbursement 07 / 07 / 2008	Amount of Each Disbursement this Period 15.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Gregory M. Mecher <hr/> Mailing Address 1125 Maryland Ave. NE #6 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12508 Date of Disbursement 07 / 15 / 2008	Amount of Each Disbursement this Period 3029.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Gregory M. Mecher <hr/> Mailing Address 1125 Maryland Ave. NE #6 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12612 Date of Disbursement 07 / 31 / 2008	Amount of Each Disbursement this Period 3029.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	6074.92
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City Washington State DC Zip Code 20002

Purpose of Disbursement Meeting Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D12637
Date of Disbursement: 08 / 11 / 2008

Amount of Each Disbursement this Period: 211.70

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

Category/Type: 001

B.

Full Name (Last, First, Middle Initial)
Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City Washington State DC Zip Code 20002

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D12633
Date of Disbursement: 08 / 11 / 2008

Amount of Each Disbursement this Period: 24.00

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

Category/Type: 001

C.

Full Name (Last, First, Middle Initial)
Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City Washington State DC Zip Code 20002

Purpose of Disbursement Wages

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D12641
Date of Disbursement: 08 / 15 / 2008

Amount of Each Disbursement this Period: 3029.96

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

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)

3265.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Kirk Mooneyham	Transaction ID: D12705 Date of Disbursement 08 / 15 / 2008
	Mailing Address Beecher Carlson Insurance Services 1655 Lafayette St.	Amount of Each Disbursement this Period 3750.00
	City: Denver State: CO Zip Code: 80218	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Staff Housing Candidate Name: Category/Type: 002	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Kirk Mooneyham	Transaction ID: D12704 Date of Disbursement 08 / 15 / 2008
	Mailing Address Beecher Carlson Insurance Services 1655 Lafayette St.	Amount of Each Disbursement this Period 2000.00
	City: Denver State: CO Zip Code: 80218	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Staff Housing Candidate Name: Category/Type: 002	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Mount Fuji Florist Inc.	Transaction ID: D12494 Date of Disbursement 07 / 07 / 2008
	Mailing Address 182 Academy Ave.	Amount of Each Disbursement this Period 116.63
	City: Providence State: RI Zip Code: 02908	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Constituent expense Candidate Name: Category/Type: 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	5866.63
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy St. City Washington State DC Zip Code 20003 Purpose of Disbursement Reception cost Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12623 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 8	Amount of Each Disbursement this Period 915.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) NGP Software Mailing Address 5039 Connecticut Ave. NW Suite 1A City Washington State DC Zip Code 20008 Purpose of Disbursement Computer software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12504 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 8	Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Pepco Mailing Address P.O. Box 4863 City Trenton State NJ Zip Code 08650 Purpose of Disbursement Office-Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12622 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 8	Amount of Each Disbursement this Period 56.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	2171.91
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

<p>A. Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address 15 Wall St.</p> <p>City Foxboro State MA Zip Code 02035</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12486</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="84.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Potomac Development Group</p> <p>Mailing Address 900 2nd St. NE Suite 114</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Office rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12485</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="637.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Potomac Development Group</p> <p>Mailing Address 900 2nd St. NE Suite 114</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Office rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12616</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="637.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

<p>A. Full Name (Last, First, Middle Initial) RI Dept. of Employment & Training</p> <p>Mailing Address One Capitol Hill Suite 36</p> <p>City Providence State RI Zip Code 02908</p> <p>Purpose of Disbursement Payroll taxes/withholdings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12604</p> <p>Date of Disbursement</p> <p style="text-align: center;">M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">176.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Ryan, Phillips, Utrecht & MacKinnon</p> <p>Mailing Address 1133 Connecticut Ave. NW #300</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Professional services-Legal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12487</p> <p>Date of Disbursement</p> <p style="text-align: center;">M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">256.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) State of Rhode Island</p> <p>Mailing Address Division of Taxation One Capitol Hill</p> <p>City Providence State RI Zip Code 02908</p> <p>Purpose of Disbursement Payroll taxes/withholdings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12481</p> <p>Date of Disbursement</p> <p style="text-align: center;">M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">17.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	<p style="border: 1px solid black; padding: 5px; font-weight: bold;">449.59</p>
<p>TOTAL This Period (last page this line number only) ▶</p>	<p style="border: 1px solid black; padding: 5px;"> </p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

<p>A. Full Name (Last, First, Middle Initial) Ultimate Parking LLC</p> <p>Mailing Address 607 Boylston St. 4th Fl.</p> <p>City Boston State MA Zip Code 02116</p> <p>Purpose of Disbursement Reception-Parking Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12477 Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address P.O. Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170</p> <p>Purpose of Disbursement Postage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12488 Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 22.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address P.O. Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170</p> <p>Purpose of Disbursement Postage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12496 Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 25.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

647.10

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12505 Date of Disbursement 07 / 14 / 2008 Amount of Each Disbursement this Period 27.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12635 Date of Disbursement 08 / 11 / 2008 Amount of Each Disbursement this Period 45.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) US Treasury Mailing Address Credit Accounting Branch 3700 East - West Highway City Hyattsville State MD Zip Code 20782 Purpose of Disbursement Payroll taxes/withholdings Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12491 Date of Disbursement 07 / 02 / 2008 Amount of Each Disbursement this Period 4167.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4240.89

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

<p>A. Full Name (Last, First, Middle Initial) US Treasury</p> <p>Mailing Address Credit Accounting Branch 3700 East - West Highway</p> <p>City Hyattsville State MD Zip Code 20782</p> <p>Purpose of Disbursement Payroll taxes/withholdings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12513 Date of Disbursement 07 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 68.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) US Treasury</p> <p>Mailing Address Credit Accounting Branch 3700 East - West Highway</p> <p>City Hyattsville State MD Zip Code 20782</p> <p>Purpose of Disbursement Payroll taxes/withholdings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12638 Date of Disbursement 08 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 4717.41</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Verdolino & Lowey, P.C.</p> <p>Mailing Address 124 Washington St. #101</p> <p>City Foxboro State MA Zip Code 02035</p> <p>Purpose of Disbursement Professional services-Accounting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12490 Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 6007.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10792.91

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Verdolino & Lowey, P.C.

Mailing Address 124 Washington St. #101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement
Professional services-Accounting

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D12617
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

6020.13

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

B.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address P.O. Box 41556

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D12471
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

185.58

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

C.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address P.O. Box 41556

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D12489
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

987.11

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

SUBTOTAL of Disbursements This Page (optional) ▶

7192.82

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D12600 Date of Disbursement 07 / 21 / 2008
	Mailing Address P.O. Box 41556	Amount of Each Disbursement this Period 122.24
	City Philadelphia State PA Zip Code 19101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name 001 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D12608 Date of Disbursement 07 / 28 / 2008
	Mailing Address P.O. Box 41556	Amount of Each Disbursement this Period 904.70
	City Philadelphia State PA Zip Code 19101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name 001 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D12708 Date of Disbursement 08 / 18 / 2008
	Mailing Address P.O. Box 41556	Amount of Each Disbursement this Period 121.06
	City Philadelphia State PA Zip Code 19101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name 001 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

1148.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 28007</p> <p>City Lehigh Valley State PA Zip Code 18002</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12602</p> <p>Date of Disbursement 07 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 85.26</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 28007</p> <p>City Lehigh Valley State PA Zip Code 18002</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12609</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 229.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 28007</p> <p>City Lehigh Valley State PA Zip Code 18002</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12639</p> <p>Date of Disbursement 08 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 85.17</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

399.90

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

<p>A. Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 28007</p> <p>City Lehigh Valley State PA Zip Code 18002</p> <p>Purpose of Disbursement Telephone <input type="checkbox"/> 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12707</p> <p>Date of Disbursement 08 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 251.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) George Zainyeh</p> <p>Mailing Address 433 Seaside Dr.</p> <p>City Jamestown State RI Zip Code 02835</p> <p>Purpose of Disbursement Wages Telephone <input type="checkbox"/> 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12507</p> <p>Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 429.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) George Zainyeh</p> <p>Mailing Address 433 Seaside Dr.</p> <p>City Jamestown State RI Zip Code 02835</p> <p>Purpose of Disbursement Wages Telephone <input type="checkbox"/> 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12611</p> <p>Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 429.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1111.68

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
George Zainyeh

Mailing Address 433 Seaside Dr.

City State Zip Code
Jamestown RI 02835

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12640
Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

429.91

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

B.

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

Mailing Address P.O. Box 1270

City State Zip Code
Newark NJ 07101

Purpose of Disbursement
Credit Card - See Below if Itemized

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12472
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

230.99

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

C.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address P.O. Box 41556

City State Zip Code
Philadelphia PA 19101

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12473
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

230.99

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

660.90

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D12500 Date of Disbursement 07 / 08 / 2008
	Mailing Address P.O. Box 1270	Amount of Each Disbursement this Period 21511.00
	City Newark State NJ Zip Code 07101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card - See Below if Itemized Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) 7-Eleven/Citgo	Transaction ID: D12596 Date of Disbursement 07 / 08 / 2008
	Mailing Address 135 JT Connell Highway	Amount of Each Disbursement this Period 4.17
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

C.	Full Name (Last, First, Middle Initial) 7-Eleven/Citgo	Transaction ID: D12532 Date of Disbursement 07 / 08 / 2008
	Mailing Address 135 JT Connell Highway	Amount of Each Disbursement this Period 3.70
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

21511.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) 7-Eleven/Citgo	Transaction ID: D12541 Date of Disbursement 07 / 08 / 2008
	Mailing Address 135 JT Connell Highway	Amount of Each Disbursement this Period 13.19
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) 7-Eleven/Citgo	Transaction ID: D12552 Date of Disbursement 07 / 08 / 2008
	Mailing Address 135 JT Connell Highway	Amount of Each Disbursement this Period 5.41
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) 7-Eleven/Citgo	Transaction ID: D12560 Date of Disbursement 07 / 08 / 2008
	Mailing Address 135 JT Connell Highway	Amount of Each Disbursement this Period 4.77
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) 7-Eleven/Citgo</p> <p>Mailing Address 135 JT Connell Highway</p> <p>City Newport State RI Zip Code 02840</p> <p>Purpose of Disbursement Newspapers-Periodicals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12568</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3.06"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) 7-Eleven/Citgo</p> <p>Mailing Address 135 JT Connell Highway</p> <p>City Newport State RI Zip Code 02840</p> <p>Purpose of Disbursement Newspapers-Periodicals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12562</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9.65"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) 7-Eleven/Citgo</p> <p>Mailing Address 135 JT Connell Highway</p> <p>City Newport State RI Zip Code 02840</p> <p>Purpose of Disbursement Newspapers-Periodicals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12579</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3.70"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) 7-Eleven/Citgo	Transaction ID: D12595 Date of Disbursement 07 / 08 / 2008
	Mailing Address 135 JT Connell Highway	Amount of Each Disbursement this Period 7.50
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) 7-Eleven/Citgo	Transaction ID: D12515 Date of Disbursement 07 / 08 / 2008
	Mailing Address 135 JT Connell Highway	Amount of Each Disbursement this Period 10.91
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) 7-Eleven/Citgo	Transaction ID: D12576 Date of Disbursement 07 / 08 / 2008
	Mailing Address 135 JT Connell Highway	Amount of Each Disbursement this Period 3.70
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
7-Eleven/Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12575

Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

2.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
7-Eleven/Citgo

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12570

Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

3.06

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

[MEMO ITEM]

C.

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

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement
Dues

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12598

Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

35.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

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

Transaction ID: D12599
Date of Disbursement

Mailing Address P.O. Box 1270

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

City Newark State NJ Zip Code 07101

Amount of Each Disbursement this Period

35.00

Purpose of Disbursement
Dues

001

Category/
Type

Candidate Name

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

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Blackstone Catering

Transaction ID: D12528
Date of Disbursement

Mailing Address P.O. Box 69

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

City Middletown State RI Zip Code 02840

Amount of Each Disbursement this Period

2056.59

Purpose of Disbursement
Reception-Catering

007

Category/
Type

Candidate Name

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

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Blackstone Catering

Transaction ID: D12518
Date of Disbursement

Mailing Address P.O. Box 69

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

City Middletown State RI Zip Code 02840

Amount of Each Disbursement this Period

13187.88

Purpose of Disbursement
Reception-Catering

007

Category/
Type

Candidate Name

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

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) BWI Garage	Transaction ID: D12550
	Mailing Address BWI Airport	Date of Disbursement 07 / 08 / 2008
	City Linthicum State MD Zip Code 21090	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Travel Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> 002 Category/Type [MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) BWI Garage	Transaction ID: D12542
	Mailing Address BWI Airport	Date of Disbursement 07 / 08 / 2008
	City Linthicum State MD Zip Code 21090	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Travel Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> 002 Category/Type [MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) BWI Garage	Transaction ID: D12538
	Mailing Address BWI Airport	Date of Disbursement 07 / 08 / 2008
	City Linthicum State MD Zip Code 21090	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Travel Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> 002 Category/Type [MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) BWI Garage	Transaction ID: D12537
	Mailing Address BWI Airport	Date of Disbursement 07 / 08 / 2008
	City Linthicum State MD Zip Code 21090	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Travel Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Carroll Travel	Transaction ID: D12531
	Mailing Address 201 Massachusetts Ave. NE	Date of Disbursement 07 / 08 / 2008
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period -64.00
	Purpose of Disbursement Travel Credit Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Carroll Travel	Transaction ID: D12523
	Mailing Address 201 Massachusetts Ave. NE	Date of Disbursement 07 / 08 / 2008
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Travel Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Cumberland Farms	Transaction ID: D12572
	Mailing Address 1812 E Main Rd.	Date of Disbursement 07 / 08 / 2008
	City Portsmouth State RI Zip Code 02871	Amount of Each Disbursement this Period 1.50
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 001	

B.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: D12514
	Mailing Address Atlantic Center Suite 4900 1201 W. Peachtree St.	Date of Disbursement 07 / 08 / 2008
	City Atlanta State GA Zip Code 30309	Amount of Each Disbursement this Period -679.00
	Purpose of Disbursement Travel Credit Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 002	

C.	Full Name (Last, First, Middle Initial) Gregg's Restaurant	Transaction ID: D12574
	Mailing Address 1303 N. Main St.	Date of Disbursement 07 / 08 / 2008
	City Providence State RI Zip Code 02904	Amount of Each Disbursement this Period 28.05
	Purpose of Disbursement Meeting expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 001	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Hertz Car Rental

Mailing Address 544 Airport Rd.

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12539
Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

177.35

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Hertz Car Rental

Mailing Address 544 Airport Rd.

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12551
Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

62.77

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Hess

Mailing Address 1820 Boston Neck Rd.

City North Kingstown State RI Zip Code 02874

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12545
Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

98.20

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Johnny's Half Shell

Mailing Address 400 N Capitol St. NW # 175

City Washington State DC Zip Code 20001

Purpose of Disbursement
Reception-Catering

Candidate Name

007
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D12546
Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

1905.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Legal Seafoods

Mailing Address 2020 K St. NW

City Washington State DC Zip Code 20003

Purpose of Disbursement
Meeting expense

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D12589
Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

93.45

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Mobil

Mailing Address 91 Veterans Memorial Dr.

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D12535
Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

45.63

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: D12516 Date of Disbursement 07 / 08 / 2008
	Mailing Address 1400 L St. SE	Amount of Each Disbursement this Period 44.42
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12571 Date of Disbursement 07 / 08 / 2008
	Mailing Address 138 Connell Highway	Amount of Each Disbursement this Period 39.65
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

C.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12577 Date of Disbursement 07 / 08 / 2008
	Mailing Address 138 Connell Highway	Amount of Each Disbursement this Period 47.55
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12549 Date of Disbursement 07 / 08 / 2008
	Mailing Address 2025 Post Rd.	Amount of Each Disbursement this Period 19.17
	City Warwick State RI Zip Code 02888	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 002

B.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12567 Date of Disbursement 07 / 08 / 2008
	Mailing Address 2025 Post Rd.	Amount of Each Disbursement this Period 1.50
	City Warwick State RI Zip Code 02888	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001

C.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12592 Date of Disbursement 07 / 08 / 2008
	Mailing Address 138 Connell Highway	Amount of Each Disbursement this Period 2.50
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12578 Date of Disbursement 07 / 08 / 2008
	Mailing Address 138 Connell Highway	Amount of Each Disbursement this Period 50.95
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12554 Date of Disbursement 07 / 08 / 2008
	Mailing Address 138 Connell Highway	Amount of Each Disbursement this Period 58.35
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12563 Date of Disbursement 07 / 08 / 2008
	Mailing Address 207 East Main Rd.	Amount of Each Disbursement this Period 59.75
	City Middletown State RI Zip Code 02842	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

<p>A. Full Name (Last, First, Middle Initial) Shell</p> <p>Mailing Address 207 East Main Rd.</p> <p>City Middletown State RI Zip Code 02842</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12573</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="51.85"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Shell</p> <p>Mailing Address 138 Connell Highway</p> <p>City Newport State RI Zip Code 02840</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12553</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Shell</p> <p>Mailing Address 138 Connell Highway</p> <p>City Newport State RI Zip Code 02840</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12534</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="60.75"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12517 Date of Disbursement 07 / 08 / 2008
	Mailing Address 138 Connell Highway	Amount of Each Disbursement this Period 39.10
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

B.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12585 Date of Disbursement 07 / 08 / 2008
	Mailing Address 138 Connell Highway	Amount of Each Disbursement this Period 39.30
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

C.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12597 Date of Disbursement 07 / 08 / 2008
	Mailing Address 2525 East Main Rd.	Amount of Each Disbursement this Period 43.30
	City Portsmouth State RI Zip Code 02871	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: D12520 Date of Disbursement 07 / 08 / 2008
	Mailing Address P.O. Box 36611	Amount of Each Disbursement this Period 141.50
	City Dallas State TX Zip Code 75235	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: D12548 Date of Disbursement 07 / 08 / 2008
	Mailing Address P.O. Box 36611	Amount of Each Disbursement this Period 144.50
	City Dallas State TX Zip Code 75235	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: D12547 Date of Disbursement 07 / 08 / 2008
	Mailing Address P.O. Box 36611	Amount of Each Disbursement this Period 144.50
	City Dallas State TX Zip Code 75235	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36611

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12524
Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

253.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36611

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12536
Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

141.50

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36611

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12584
Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

547.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Sunoco	Transaction ID: D12569
	Mailing Address 35 Cedar St.	Date of Disbursement 07 / 08 / 2008
	City Pawtucket State RI Zip Code 02860	Amount of Each Disbursement this Period 33.50
	Purpose of Disbursement Gasoline Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Surroundings Florist	Transaction ID: D12519
	Mailing Address Shaker Pine Plaza	Date of Disbursement 07 / 08 / 2008
	City Albany State NY Zip Code 12205	Amount of Each Disbursement this Period 127.88
	Purpose of Disbursement Reception-Flowers Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Tortilla Coast	Transaction ID: D12521
	Mailing Address 400 1st St. SE	Date of Disbursement 07 / 08 / 2008
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 40.21
	Purpose of Disbursement Meeting expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Tortilla Coast	Transaction ID: D12543
	Mailing Address 400 1st St. SE	Date of Disbursement 07 / 08 / 2008
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 43.47
	Purpose of Disbursement Meeting expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Tortilla Coast	Transaction ID: D12583
	Mailing Address 400 1st St. SE	Date of Disbursement 07 / 08 / 2008
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 40.21
	Purpose of Disbursement Meeting expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: D12566
	Mailing Address P.O. Box 66100	Date of Disbursement 07 / 08 / 2008
	City Chicago State IL Zip Code 60666	Amount of Each Disbursement this Period 459.00
	Purpose of Disbursement Travel Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address P.O. Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12565
Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

459.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Verio Web Hosting

Mailing Address 1800 Old Okeechobee Rd.

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement
Website

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12526
Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

99.95

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Verio Web Hosting

Mailing Address 1800 Old Okeechobee Rd.

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement
Website

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12555
Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

9.95

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Verio Web Hosting	Transaction ID: D12556 Date of Disbursement 07 / 08 / 2008
	Mailing Address 1800 Old Okeechobee Rd.	Amount of Each Disbursement this Period 9.95
	City West Palm Beach State FL Zip Code 33409	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Website Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Verio Web Hosting	Transaction ID: D12557 Date of Disbursement 07 / 08 / 2008
	Mailing Address 1800 Old Okeechobee Rd.	Amount of Each Disbursement this Period 9.95
	City West Palm Beach State FL Zip Code 33409	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Website Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Verio Web Hosting	Transaction ID: D12558 Date of Disbursement 07 / 08 / 2008
	Mailing Address 1800 Old Okeechobee Rd.	Amount of Each Disbursement this Period 9.95
	City West Palm Beach State FL Zip Code 33409	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Website Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Verio Web Hosting	Transaction ID: D12564
	Mailing Address 1800 Old Okeechobee Rd.	Date of Disbursement 07 / 08 / 2008
	City West Palm Beach State FL Zip Code 33409	Amount of Each Disbursement this Period 149.85
	Purpose of Disbursement Website Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> [MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 001	

B.	Full Name (Last, First, Middle Initial) Washington Metro	Transaction ID: D12525
	Mailing Address 600 Fifth St. NW	Date of Disbursement 07 / 08 / 2008
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Travel Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> [MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 002	

C.	Full Name (Last, First, Middle Initial) Westin Hotel	Transaction ID: D12530
	Mailing Address One Exchange St.	Date of Disbursement 07 / 08 / 2008
	City Providence State RI Zip Code 02903	Amount of Each Disbursement this Period 284.95
	Purpose of Disbursement Travel Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> [MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 002	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

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

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement
Credit Card - See Below if Itemized

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D12624
Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

709.53

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

B.

Full Name (Last, First, Middle Initial)
Hilton Hotel

Mailing Address 89 Broad St.

City Boston State MA Zip Code 02110

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D12626
Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

369.10

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Westin Hotel

Mailing Address One Exchange St.

City Providence State RI Zip Code 02903

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D12625
Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

326.45

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

709.53

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 1270 City Newark State NJ Zip Code 07101 Purpose of Disbursement Credit Card - See Below if Itemized Candidate Name	Transaction ID: D12634 Date of Disbursement 08 / 11 / 2008 Amount of Each Disbursement this Period 5408.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) 7-Eleven/Citgo Mailing Address 135 JT Connell Highway City Newport State RI Zip Code 02840 Purpose of Disbursement Newspapers-Periodicals Candidate Name	Transaction ID: D12682 Date of Disbursement 08 / 11 / 2008 Amount of Each Disbursement this Period 11.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) 7-Eleven/Citgo Mailing Address 135 JT Connell Highway City Newport State RI Zip Code 02840 Purpose of Disbursement Newspapers-Periodicals Candidate Name	Transaction ID: D12647 Date of Disbursement 08 / 11 / 2008 Amount of Each Disbursement this Period 5.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	5408.98
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) 7-Eleven/Citgo	Transaction ID: D12697 Date of Disbursement 08 / 11 / 2008
	Mailing Address 135 JT Connell Highway	Amount of Each Disbursement this Period 5.20
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001

B.	Full Name (Last, First, Middle Initial) 7-Eleven/Citgo	Transaction ID: D12671 Date of Disbursement 08 / 11 / 2008
	Mailing Address 135 JT Connell Highway	Amount of Each Disbursement this Period 5.20
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001

C.	Full Name (Last, First, Middle Initial) 7-Eleven/Citgo	Transaction ID: D12656 Date of Disbursement 08 / 11 / 2008
	Mailing Address 135 JT Connell Highway	Amount of Each Disbursement this Period 5.20
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) 7-Eleven/Citgo	Transaction ID: D12695 Date of Disbursement 08 / 11 / 2008
	Mailing Address 135 JT Connell Highway	Amount of Each Disbursement this Period 4.45
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

B.	Full Name (Last, First, Middle Initial) 7-Eleven/Citgo	Transaction ID: D12655 Date of Disbursement 08 / 11 / 2008
	Mailing Address 135 JT Connell Highway	Amount of Each Disbursement this Period 5.20
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

C.	Full Name (Last, First, Middle Initial) 7-Eleven/Citgo	Transaction ID: D12651 Date of Disbursement 08 / 11 / 2008
	Mailing Address 135 JT Connell Highway	Amount of Each Disbursement this Period 5.20
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 002

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) 7-Eleven/Citgo	Transaction ID: D12700 Date of Disbursement 08 / 11 / 2008
	Mailing Address 135 JT Connell Highway	Amount of Each Disbursement this Period 4.45
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) 7-Eleven/Citgo	Transaction ID: D12686 Date of Disbursement 08 / 11 / 2008
	Mailing Address 135 JT Connell Highway	Amount of Each Disbursement this Period 5.20
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) 7-Eleven/Citgo	Transaction ID: D12683 Date of Disbursement 08 / 11 / 2008
	Mailing Address 135 JT Connell Highway	Amount of Each Disbursement this Period 5.20
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Bistro Bis	Transaction ID: D12663
	Mailing Address 15 E St. NW	Date of Disbursement 08 / 11 / 2008
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period 98.23
	Purpose of Disbursement Meeting expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Bistro Bis	Transaction ID: D12701
	Mailing Address 15 E St. NW	Date of Disbursement 08 / 11 / 2008
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period 2088.61
	Purpose of Disbursement Reception-Catering Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 007
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Capital Grille	Transaction ID: D12645
	Mailing Address 601 Pennsylvania Ave, NW	Date of Disbursement 08 / 11 / 2008
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period 106.28
	Purpose of Disbursement Meeting expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Carroll Travel	Transaction ID: D12678 Date of Disbursement 08 / 11 / 2008
	Mailing Address 201 Massachusetts Ave. NE	Amount of Each Disbursement this Period 64.00
	City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citgo/7-Eleven	Transaction ID: D12657 Date of Disbursement 08 / 11 / 2008
	Mailing Address 726 Aquidneck Ave.	Amount of Each Disbursement this Period 46.55
	City Middletown State RI Zip Code 02842	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cumberland Farms	Transaction ID: D12685 Date of Disbursement 08 / 11 / 2008
	Mailing Address 1812 E Main Rd.	Amount of Each Disbursement this Period 33.60
	City Portsmouth State RI Zip Code 02871	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Cumberland Farms	Transaction ID: D12681
	Mailing Address 1812 E Main Rd.	Date of Disbursement 08 / 11 / 2008
	City Portsmouth State RI Zip Code 02871	Amount of Each Disbursement this Period 53.25
	Purpose of Disbursement Gasoline Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Cumberland Farms	Transaction ID: D12677
	Mailing Address 1812 E Main Rd.	Date of Disbursement 08 / 11 / 2008
	City Portsmouth State RI Zip Code 02871	Amount of Each Disbursement this Period 68.20
	Purpose of Disbursement Gasoline Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Gregg's Restaurant	Transaction ID: D12692
	Mailing Address 1303 N. Main St.	Date of Disbursement 08 / 11 / 2008
	City Providence State RI Zip Code 02904	Amount of Each Disbursement this Period 38.16
	Purpose of Disbursement Meeting expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Gregg's Restaurant

Mailing Address 1303 N. Main St.

City Providence State RI Zip Code 02904

Purpose of Disbursement Meeting expense
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D12659
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Guapo's Restaurant

Mailing Address 4036 S. 28th St.

City Arlington State VA Zip Code 22207

Purpose of Disbursement Meeting expense
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D12691
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Johnny's Half Shell

Mailing Address 400 N Capitol St. NW # 175

City Washington State DC Zip Code 20001

Purpose of Disbursement Meeting expense
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D12662
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Legal Seafoods	Transaction ID: D12658
	Mailing Address 2020 K St. NW	Date of Disbursement 08 / 11 / 2008
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 106.65
	Purpose of Disbursement Meeting expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: D12668
	Mailing Address 90 Power Rd.	Date of Disbursement 08 / 11 / 2008
	City Pawtucket State RI Zip Code 02860	Amount of Each Disbursement this Period 84.00
	Purpose of Disbursement Postage Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Providence Picture Frame	Transaction ID: D12703
	Mailing Address 24 Branch Ave.	Date of Disbursement 08 / 11 / 2008
	City Providence State RI Zip Code 02903	Amount of Each Disbursement this Period 241.87
	Purpose of Disbursement Office Supplies Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Shell

Mailing Address 1190 Quaker Ln.

City East Greenwich State RI Zip Code 02818

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D12680
Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

53.75

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Shell

Mailing Address 2025 Post Rd.

City Warwick State RI Zip Code 02888

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D12665
Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

59.80

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Shell

Mailing Address 138 Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D12702
Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

57.10

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12666 Date of Disbursement 08 / 11 / 2008
	Mailing Address 2025 Post Rd.	Amount of Each Disbursement this Period 3.50
	City Warwick State RI Zip Code 02888	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001

B.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12689 Date of Disbursement 08 / 11 / 2008
	Mailing Address 2025 Post Rd.	Amount of Each Disbursement this Period 35.20
	City Warwick State RI Zip Code 02888	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 002

C.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12690 Date of Disbursement 08 / 11 / 2008
	Mailing Address 2025 Post Rd.	Amount of Each Disbursement this Period 2.00
	City Warwick State RI Zip Code 02888	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Newspapers-Periodicals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12650 Date of Disbursement 08 / 11 / 2008
	Mailing Address 138 Connell Highway	Amount of Each Disbursement this Period 49.35
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 002

B.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12654 Date of Disbursement 08 / 11 / 2008
	Mailing Address 138 Connell Highway	Amount of Each Disbursement this Period 36.65
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 002

C.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12684 Date of Disbursement 08 / 11 / 2008
	Mailing Address 138 Connell Highway	Amount of Each Disbursement this Period 57.90
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 002

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12694 Date of Disbursement 08 / 11 / 2008
	Mailing Address 138 Connell Highway	Amount of Each Disbursement this Period 49.80
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12670 Date of Disbursement 08 / 11 / 2008
	Mailing Address 207 East Main Rd.	Amount of Each Disbursement this Period 43.26
	City Middletown State RI Zip Code 02842	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12673 Date of Disbursement 08 / 11 / 2008
	Mailing Address 207 East Main Rd.	Amount of Each Disbursement this Period 44.75
	City Middletown State RI Zip Code 02842	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12676 Date of Disbursement 08 / 11 / 2008
	Mailing Address 207 East Main Rd.	Amount of Each Disbursement this Period 35.01
	City Middletown State RI Zip Code 02842	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12698 Date of Disbursement 08 / 11 / 2008
	Mailing Address 207 East Main Rd.	Amount of Each Disbursement this Period 47.80
	City Middletown State RI Zip Code 02842	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D12693 Date of Disbursement 08 / 11 / 2008
	Mailing Address 138 Connell Highway	Amount of Each Disbursement this Period 37.15
	City Newport State RI Zip Code 02840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Verio Web Hosting	Transaction ID: D12653 Date of Disbursement 08 / 11 / 2008
	Mailing Address 1800 Old Okeechobee Rd.	Amount of Each Disbursement this Period 99.95
	City West Palm Beach State FL Zip Code 33409	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Website Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D12664 Date of Disbursement 08 / 11 / 2008
	Mailing Address 40 Massachusetts Ave. NE South	Amount of Each Disbursement this Period 253.79
	City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D12710 Date of Disbursement 08 / 19 / 2008
	Mailing Address P.O. Box 1270	Amount of Each Disbursement this Period 33.58
	City Newark State NJ Zip Code 07101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card - See Below if Itemized Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

33.58

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

97757.92

**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 100 / 100

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

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Slater Mill Historic Site

Mailing Address P.O. Box 696

City Pawtucket State RI Zip Code 02862

Purpose of Disbursement
Donation

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12605

Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

35.00

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

SUBTOTAL of Disbursements This Page (optional)

35.00

TOTAL This Period (last page this line number only)

35.00