

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

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

FOR LINE NUMBER:

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(check only one)

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

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

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

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

Mailing Address 137 Grotto Ave

City State Zip Code  
 Providence RI 02906-5720

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

Name of Employer Occupation  
 None Retired

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2015

Transaction ID : C9729993

Amount of Each Receipt this Period

2000.00
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**B.** Full Name (Last, First, Middle Initial)  
**Letitia M. Carter**

Mailing Address 137 Grotto Ave

City State Zip Code  
 Providence RI 02906-5720

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

Name of Employer Occupation  
 None Retired

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2015

Transaction ID : C9720968

Amount of Each Receipt this Period

500.00
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**C.** Full Name (Last, First, Middle Initial)  
**Donald J. Cataldi**

Mailing Address 22 Piave St

City State Zip Code  
 North Providence RI 02904-5612

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

Name of Employer Occupation  
 North Providence School Committee School Committee - Member

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2015

Transaction ID : C9732380

Amount of Each Receipt this Period

500.00
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**SUBTOTAL** of Receipts This Page (optional).....

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

3000.00
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