

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) One Park Row
5th Floor
 Check if different than previously reported. (ACC) Providence RI 02903

2. **FEC IDENTIFICATION NUMBER** ▼ C C00476564 CITY ▲ STATE ▲ ZIP CODE ▲
3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE ▼ DISTRICT
RI 01

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

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
07 / 01 / 2015 through 09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Nancy Benoit
Signature of Treasurer Nancy Benoit *[Electronically Filed]* Date M M / D D / Y Y Y Y
10 / 15 / 2015

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Cicilline Committee

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	188187.83	582196.15
(b) Total Contribution Refunds (from Line 20(d))	0.00	8725.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	188187.83	573471.15
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	51557.74	239498.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	6176.77
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	51557.74	233322.05
8. Cash on Hand at Close of Reporting Period (from Line 27).....	465963.13	
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

Cicilline Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

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).....	126655.00	441005.00
(ii) Unitemized	10532.83	19141.15
(iii) TOTAL of contributions from individuals	137187.83	460146.15
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	51000.00	122050.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	188187.83	582196.15
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	6176.77
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	16.68	44.71
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	188204.51	588417.63

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	51557.74	239498.82
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	20000.00	47000.00
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	8725.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	8725.00
21. OTHER DISBURSEMENTS	9025.00	14275.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	80582.74	309498.82

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	358341.36
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	188204.51
25. SUBTOTAL (add Line 23 and Line 24).....	546545.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	80582.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	465963.13

**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 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Edith H. Ajello

Mailing Address 29 Benefit Street

City Providence State RI Zip Code 02904-2743

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

Name of Employer Rustigian Rugs Occupation Oriental Rug Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : C10068820

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ronald M. Ansin

Mailing Address 132 Littleton Rd

City Harvard State MA Zip Code 01451-1426

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

Name of Employer none Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10069148

Amount of Each Receipt this Period
2700.00

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

Mailing Address 216 Olney St

City Providence State RI Zip Code 02906-1657

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

Name of Employer Toots Zynsky, Inc. Occupation Artist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : C10068819

Amount of Each Receipt this Period
250.00

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

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

3200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Anthony V. Arico Jr.

Mailing Address 166 Lincoln Avenue

City State Zip Code
Barrington RI 02806-2341

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : C10065873

Amount of Each Receipt this Period
 280.00

B. Full Name (Last, First, Middle Initial)
Ann Marie Baccari

Mailing Address 766 Hopkins Hill Rd

City State Zip Code
West Greenwich RI 02817

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

Name of Employer Occupation
n/a Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2015

Transaction ID : C9872584

Amount of Each Receipt this Period
 2700.00

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

Mailing Address 14 Stevens Rd

City State Zip Code
Cranston RI 02910-4245

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

Name of Employer Occupation
Gencorp Insurance Salesman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10092340

Amount of Each Receipt this Period
 500.00

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

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

3480.00

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

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

FOR LINE NUMBER: PAGE 7 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 553 Bellevue Ave
Apt 7

City Newport State RI Zip Code 02840-4270

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C9871929

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1384 N 450 E

City Orem State UT Zip Code 84097-6238

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : C10068583

Amount of Each Receipt this Period
 2700.00

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

Mailing Address 196 Blackstone Blvd.

City Providence State RI Zip Code 02906-5702

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

Name of Employer Reach Out and Read RI Occupation Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : C10068285

Amount of Each Receipt this Period
 250.00

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

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

3200.00

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

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

FOR LINE NUMBER: PAGE 8 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 59 Tumblebrook Rd

City State Zip Code
Woodbridge CT 06525-2533

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

Name of Employer Occupation
Alexion Pharmaceuticals Chairman of the Board of Directors

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 29 2015

Transaction ID : C10069030

Amount of Each Receipt this Period
500.00

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

Mailing Address 168 Elmgrove Ave

City State Zip Code
Providence RI 02906-4203

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

Name of Employer Occupation
Brown University Seismology Grad Student

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 19 2015

Transaction ID : C9889707

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Oliver H.L. Bennett

Mailing Address 236 George St

City State Zip Code
Providence RI 02906-3115

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

Name of Employer Occupation
Bank of America Finance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 01 2015

Transaction ID : C9836761

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 9 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 151 Table Rock Rd

City State Zip Code
Wakefield RI 02879-1826

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

Name of Employer Occupation
Self Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 30 2015

Transaction ID : C10086672

Amount of Each Receipt this Period
 500.00

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

Mailing Address 127 Tenth street

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
OHY Foundation Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 27 2015

Transaction ID : C10068813

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Richard L. Bready

Mailing Address 53 Stimson Ave

City State Zip Code
Providence RI 02906-3219

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 30 2015

Transaction ID : C10087182

Amount of Each Receipt this Period
 2700.00

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

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

3450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Herbert Brennan DO

Mailing Address 794 Major Potter Rd

City East Greenwich State RI Zip Code 02818-1699

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2015

Transaction ID : C9872585

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Sherry J. Brice

Mailing Address 8 Yznaga Ave.

City Newport State RI Zip Code 02840-4239

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

Name of Employer Cosmetics Cosmos LLC Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : C9857751

Amount of Each Receipt this Period
500.00

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

Mailing Address 215 Forge Rd

City North Kingstown State RI Zip Code 02852-1009

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

Name of Employer H.Brickle and Son Occupation Company Presdient

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : C10068588

Amount of Each Receipt this Period
1200.00

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Max Brickle
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Forge Rd
 City North Kingstown State RI Zip Code 02852-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer H.Brickle and Son Occupation Company Presdient
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 4200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : C10091645
 Amount of Each Receipt this Period
 1500.00

B. Milton H. Bronstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Shalom Dr., Apt. 310
 City Warwick State RI Zip Code 02886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation retired
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : C10092341
 Amount of Each Receipt this Period
 350.00

C. Virginia Burke
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Heritage Rd
 City Barrington State RI Zip Code 02806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RI Health Care Association Occupation Executive
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : C9871933
 Amount of Each Receipt this Period
 1000.00

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

2850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 101 North Main Street

City Providence State RI Zip Code 02903-3209

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

Name of Employer None Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10087179

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Richard R Charest

Mailing Address Landmark Medical Center
115 Cass Ave., P.O Box L

City Woonsocket State RI Zip Code 02895-4705

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

Name of Employer Landmark Medical Center Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10092343

Amount of Each Receipt this Period
500.00

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

Mailing Address 95 Irving St

City Cambridge State MA Zip Code 02138-2025

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

Name of Employer Year Up Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10085008

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 13 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Paul J. Choquette Jr.

Mailing Address 57 Old Forge Rd

City East Greenwich State RI Zip Code 02818-4602

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

Name of Employer Gilbane, Inc. Occupation Vice Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : C9839567

Amount of Each Receipt this Period
 1000.00

1000.00

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

Mailing Address 100 Rhode Island Ave

City Newport State RI Zip Code 02840-3346

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : C9870860

Amount of Each Receipt this Period
 300.00

300.00

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

Mailing Address 18 Nelson St

City Providence State RI Zip Code 02908-3403

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

Name of Employer NA Occupation NA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10091057

Amount of Each Receipt this Period
 500.00

500.00

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

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

1800.00

1800.00

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

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

FOR LINE NUMBER: PAGE 14 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Margaretta S Clurman

Mailing Address 69 Weymouth St

City State Zip Code
Providence RI 02906-2335

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

Name of Employer Occupation
Self Artist/Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : C10068827

Amount of Each Receipt this Period
250.00

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

Mailing Address 99 Gano St

City State Zip Code
Providence RI 02906-3822

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

Name of Employer Occupation
H.V. Collins Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : C10068281

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Michael J. Colucci Esq.

Mailing Address 176 Little Pond County Rd

City State Zip Code
Cumberland RI 02864-2824

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

Name of Employer Occupation
Olenn & Penza Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : C9872897

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Serena M. Conley
 Mailing Address 27 Winthrop Rd
 City State Zip Code
 Warwick RI 02888-4517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 City of Providence License Administrator
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015
Transaction ID : C10068286
 Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Neil A. Corkery
 Mailing Address 127 Oceanwoods Dr, Apt 2
 City State Zip Code
 North Kingstown RI 02852-7119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired Retired
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : C10069158
 Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
David Corsetti
 Mailing Address 9 Grandstand Dr
 City State Zip Code
 Lincoln RI 02865-4965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Premier Development Developer
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : C10084294
 Amount of Each Receipt this Period
1000.00

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Jon Paul Couture

Mailing Address 12 Arnold St

City Providence State RI Zip Code 02906-1066

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

Name of Employer Self-Employed Occupation Architect

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10069122

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Peter T Crowley

Mailing Address 186 Bellevue Avenue

City Newport State RI Zip Code 02840

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

Name of Employer n/a Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C10086417

Amount of Each Receipt this Period
 300.00

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

Mailing Address 3417 P St NW

City Washington State DC Zip Code 20007-2706

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

Name of Employer McLarty Associates Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : C1008772

Amount of Each Receipt this Period
 500.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Cicilline Committee

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

Mailing Address 25 Sweetmeadow Dr

City North Kingstown State RI Zip Code 02852-5942

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

Name of Employer RI Coalition Against Domestic Violence Occupation Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10069142

Amount of Each Receipt this Period
50.00

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

Mailing Address 65 Peaked Rock Rd

City Narragansett State RI Zip Code 02882-3028

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

Name of Employer Providence Capitol Group Inc. Occupation Investment Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2015

Transaction ID : C9843692

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
James V. DeRentis

Mailing Address 37 George St

City Providence State RI Zip Code 02906-1118

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

Name of Employer Residential Properties LTD Occupation Real Estate Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : C10067490

Amount of Each Receipt this Period
250.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 11 Colonial Rd

City State Zip Code
Bronxville NY 10708-5104

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

Name of Employer Occupation
Katten Muchin Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : C10084997

Amount of Each Receipt this Period
2700.00

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

Mailing Address 475 Kilvert St

City State Zip Code
Warwick RI 02886-1379

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

Name of Employer Occupation
Dimeo Properties, Inc Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : C9889719

Amount of Each Receipt this Period
250.00

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

Mailing Address 166 Thayer Dr

City State Zip Code
Portsmouth RI 02871-1381

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

Name of Employer Occupation
RDW Group PR Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : C9870859

Amount of Each Receipt this Period
1000.00

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

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

3950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Cicilline Committee

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

Mailing Address 336 Olney St

City Providence State RI Zip Code 02906-2318

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

Name of Employer Ken Dulgarian Real Estate Occupation Self-employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2015

Transaction ID : C10068828

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Bartlett S. Dunbar

Mailing Address 25 Bridge St
P.O. Box 814

City Newport State RI Zip Code 02840-2529

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

Name of Employer Bowen's Wharf Company Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : C9857750

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Betty E. Easton

Mailing Address 53 Stimson Ave

City Providence State RI Zip Code 02906-3219

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : C10087183

Amount of Each Receipt this Period
2700.00

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

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

3200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Alison Eichler		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 50 Benefit St		Transaction ID : C10069202
City Providence	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Commercial Real Estate	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Alan T. Eland		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 09 / 2015
Mailing Address 67 Wickham Rd		Transaction ID : C9872586
City North Kingstown	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer GTECH	Occupation Executive	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. William Emmet		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 29 / 2015
Mailing Address 38 Kingston Ave		Transaction ID : C9861720
City Newport	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mental Health Leadership Initiative	Occupation Executive Director	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Barnaby M. Evans

Mailing Address 101 Regent Ave

City Providence State RI Zip Code 02908-5430

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

Name of Employer WaterFire Providence Occupation Artist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10069204

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Constance F. Evrad

Mailing Address 10 Arnold Street

City Providence State RI Zip Code 02906-1066

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : C10068284

Amount of Each Receipt this Period
250.00

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

Mailing Address 190 Upton Avenue

City Providence State RI Zip Code 02906-5748

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

Name of Employer Hinckley,Allen & Snyder LLP Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C9867348

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Kenneth R. Feinberg

Mailing Address 1455 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-1008

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

Name of Employer The Law Offices of Kenneth R. Feinberg Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : C10068775

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Kenneth J. Feld

Mailing Address 9609 Halter Ct

City Potomac State MD Zip Code 20854-4723

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

Name of Employer Feld Entertainment Occupation Chairman/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C9867344

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Elaine P. Fersh

Mailing Address 99 Lloyd Ave

City Providence State RI Zip Code 02906-1552

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : C10068825

Amount of Each Receipt this Period
 250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 23 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Charles S. Fradin

Mailing Address 27 Dryden Ln

City Providence State RI Zip Code 02904

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

Name of Employer Rhode Island Distributing Occupation Liquor Distributor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10087176

Amount of Each Receipt this Period
500.00

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

Mailing Address 320 CPW

City NY State NY Zip Code 10025-7659

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

Name of Employer Beachwold Residential Occupation Real estate Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10084988

Amount of Each Receipt this Period
1000.00

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

Mailing Address 255 Promenade St
Apt 245

City Providence State RI Zip Code 02908-5769

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

Name of Employer Feeney Law Group Occupation Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : C9836821

Amount of Each Receipt this Period
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) Patricia Fuller		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2015
Mailing Address 230 Laurel Ave		Transaction ID : C9889720
City Providence	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) Joan I. Gelch		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2015
Mailing Address 500 Angell St		Transaction ID : C9871941
City Providence	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Mary Gilbane		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 10 / 2015
Mailing Address 20 Leroy Ave		Transaction ID : C9870857
City Newport	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer n/a	Occupation homemaker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	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 25 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 140 Adams Point Rd

City State Zip Code
Barrington RI 02806-5045

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

Name of Employer Occupation
None Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 20 2015

Transaction ID : C9857467

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Thomas F. Gilbane Jr.

Mailing Address 20 Leroy Ave

City State Zip Code
Newport RI 02840-4106

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

Name of Employer Occupation
Gilbane Building Company Builder

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 10 2015

Transaction ID : C9870858

Amount of Each Receipt this Period
500.00

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

Mailing Address 140 Adams Point Rd

City State Zip Code
Barrington RI 02806-5045

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

Name of Employer Occupation
Gilbane Building Company Builder

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 20 2015

Transaction ID : C9857466

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. John N. Gobis		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2015	
Mailing Address 54 Prospect Hill St		Transaction ID : C10068990	
City Newport	State RI	Zip Code 02840-3116	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Gobis & Co. LLC	Occupation Management Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Jill Goldstein		Date of Receipt M M / D D / Y Y Y Y Y 09 / 24 / 2015	
Mailing Address 140 Blackstone Blvd		Transaction ID : C10065395	
City Providence	State RI	Zip Code 02906-5626	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer none	Occupation mom		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Merle Goldstein		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2015	
Mailing Address 70 Harwich Rd		Transaction ID : C10068816	
City Providence	State RI	Zip Code 02906-4918	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer retired	Occupation retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	1750.00

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

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

FOR LINE NUMBER: PAGE 27 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 6799 Collins Ave
SCPH02

City Miami State FL Zip Code 33141-5762

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

Name of Employer Cannon County Knitting Mills Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2015

Transaction ID : C9858140

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
Carol J. Grant

Mailing Address 53 Brenton Ave

City Providence State RI Zip Code 02906-2414

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

Name of Employer SunEdison Occupation Senior VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10069109

Amount of Each Receipt this Period
500.00

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

Mailing Address 20 Lawn Ave

City Jamestown State RI Zip Code 02835-1012

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : C9861579

Amount of Each Receipt this Period
250.00

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

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

3450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
David F. Guertin Jr.

Mailing Address 36 Walnut St

City Newport State RI Zip Code 02840-1928

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

Name of Employer Vantage in Philanthropy Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2015

Transaction ID : C9872591

Amount of Each Receipt this Period
250.00

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

Mailing Address 527 College Ave

City Haverford State PA Zip Code 19041-1010

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : C10068773

Amount of Each Receipt this Period
250.00

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

Mailing Address 527 College Ave

City Haverford State PA Zip Code 19041-1010

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : C10091646

Amount of Each Receipt this Period
2450.00

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

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

2950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Wendy Harvey		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2015	
Mailing Address 527 College Ave		Transaction ID : C10068774	
City Haverford	State PA	Zip Code 19041-1010	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) B. Michael J Hayes		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2015	
Mailing Address 204 Bellevue Ave		Transaction ID : C9871931	
City Newport	State RI	Zip Code 02840-3515	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Michael Hayes Clothing	Occupation Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Brian W. Heller		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2015	
Mailing Address 200 Olney Street		Transaction ID : C10068829	
City Providence	State RI	Zip Code 02906	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Self employed		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	3200.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 200 Olney St

City Providence State RI Zip Code 02906

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : C10068823

Amount of Each Receipt this Period
 250.00

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

Mailing Address 31 Bowery St

City Newport State RI Zip Code 02840-3520

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C9871932

Amount of Each Receipt this Period
 250.00

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

Mailing Address 67 Bridge St

City Newport State RI Zip Code 02840

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

Name of Employer Hockaday and Associates Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C9871930

Amount of Each Receipt this Period
 250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 31 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
James P. Howe Esq.
 Mailing Address 45 Bedford Ln
 City State Zip Code
 North Kingstown RI 02852-7008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Attorney
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 31 2015
Transaction ID : C9871926
 Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
A. Vincent Iglozzi
 Mailing Address 25 Legion Memorial Dr
 City State Zip Code
 Providence RI 02909-6022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired None
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 25 2015
Transaction ID : C10065875
 Amount of Each Receipt this Period
 350.00

C. Full Name (Last, First, Middle Initial)
Woody Kaplan
 Mailing Address 2 Commonwealth Ave
 City State Zip Code
 Boston MA 02116-3134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Civil Rights List Provocateur
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 30 2015
Transaction ID : C10083153
 Amount of Each Receipt this Period
 1000.00

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

1850.00

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

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

FOR LINE NUMBER: PAGE 32 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
James J. Karam

Mailing Address PO Box 2516

City State Zip Code
Fall River MA 02722-2516

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

Name of Employer Occupation
First Bristol Corporation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10092933

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
J Scott Kilpatrick

Mailing Address 2 Rhodes Way

City State Zip Code
East Greenwich RI 02818-1586

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

Name of Employer Occupation
Chisholm Chisholm & Kilpatrick Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : C10068815

Amount of Each Receipt this Period
500.00

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

Mailing Address 254 Wayland Ave
Apt 1

City State Zip Code
Providence RI 02906-4554

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

Name of Employer Occupation
N/A Retired.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10074230

Amount of Each Receipt this Period
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Sally E. Lapidés

Mailing Address 63 Manning St

City Providence State RI Zip Code 02906-3130

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

Name of Employer Residential properties ltd Occupation Real estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : C10068814

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Richard M. Lappin

Mailing Address 405 F. Dedham St

City Newton Center State MA Zip Code 02459

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

Name of Employer Regency Plaza Occupation Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10087178

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
James S. Lawrence

Mailing Address PO Box 378

City Little Compton State RI Zip Code 02837-0307

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C9867290

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 34 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Bertram M. Lederer

Mailing Address 753 Elmgrove Ave

City Providence State RI Zip Code 02906-4921

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

Name of Employer Teknor Apex Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : C10068811

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Richard H. Lefebvre

Mailing Address 2940 NW 10th Ave

City Wilton Manors State FL Zip Code 33311-2204

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : C10068999

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1155 15th St NW Ste 1101

City Washington State DC Zip Code 20005-2739

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

Name of Employer McIntyre & Lemon, PLLC Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : C10068776

Amount of Each Receipt this Period
 500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 88 Lake St

City Pawtucket State RI Zip Code 02860-4525

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C9871936

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Anne M. Livingston Esq.

Mailing Address 100 Racquet Rd

City Jamestown State RI Zip Code 02835-2929

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : C10065876

Amount of Each Receipt this Period
100.00

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

Mailing Address 145 Meeting St

City Providence State RI Zip Code 02906-1320

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

Name of Employer Brown University Occupation Professor/Provost

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2015

Transaction ID : C9882304

Amount of Each Receipt this Period
1000.00

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

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

1350.00

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

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

FOR LINE NUMBER: PAGE 36 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Leonard L. Lopes

Mailing Address 28 Bayley St
Apt 501

City Pawtucket State RI Zip Code 02860-2986

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

Name of Employer Pannone Lopes Devereaux & West Occupation Attorney

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
 09 / 30 / 2015

Transaction ID : C10084295

Amount of Each Receipt this Period
500.00

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

Mailing Address 9 Gonsalves Court

City Alameda State CA Zip Code 94502

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

Name of Employer R. Torre & Co. Inc. Occupation Business Owner

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
 09 / 30 / 2015

Transaction ID : C10092344

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Richard W. MacAdams Esq.

Mailing Address 63 Germaine Dr

City North Attleboro State MA Zip Code 02760-4436

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

Name of Employer The Procaccianti Group Occupation Chief Legal Counsel

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : C10068599

Amount of Each Receipt this Period
1000.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 37 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 184 Poppasquash Rd

City Bristol State RI Zip Code 02809-1004

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

Name of Employer Self Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : C10068817

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Peter S. Mancini

Mailing Address 104 Meridian St

City Providence State RI Zip Code 02908-2104

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

Name of Employer Providence City Council Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : C9872587

Amount of Each Receipt this Period
250.00

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

Mailing Address 40 Country View Dr

City Cranston State RI Zip Code 02921-2813

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

Name of Employer Law Office of John C. Manni Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015

Transaction ID : C10086189

Amount of Each Receipt this Period
150.00

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

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

1400.00

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

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

FOR LINE NUMBER: PAGE 38 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Ann E. Masterson

Mailing Address 9 Huron Ave

City State Zip Code
Narragansett RI 02882-2005

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 07 / 2015

Transaction ID : C9839052

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Paul A. McConnell

Mailing Address 42 Larkin Pond Rd N

City State Zip Code
West Kingston RI 02892-2003

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

Name of Employer Occupation
Financial Innovations, Inc Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10084987

Amount of Each Receipt this Period
500.00

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

Mailing Address 101 Gideon Lawton Ln

City State Zip Code
Portsmouth RI 02871-4066

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : C9871940

Amount of Each Receipt this Period
500.00

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 39 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 35 Terminal Rd
Ste 200

City Providence State RI Zip Code 02905-5507

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

Name of Employer ProvPort Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10084611

Amount of Each Receipt this Period
 2700.00

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

Mailing Address 10 Memorial Blvd
GTECH

City Providence State RI Zip Code 02903

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

Name of Employer GTech Occupation Senior Director of Government Relation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10069156

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 867 Drift Rd

City Westport State MA Zip Code 02790-1237

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

Name of Employer MIKEL Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : C9860311

Amount of Each Receipt this Period
 1000.00

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

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

4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 20 Riata Dr

City Lincoln State RI Zip Code 02865-4958

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

Name of Employer Biotechnology Integration and Managemene Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10084989

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 127 Pratt St

City Providence State RI Zip Code 02906-1412

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

Name of Employer Bank Steeet Occupation Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10078657

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Michael A. Morin

Mailing Address 180 Allen St
Unit 202

City Woonsocket State RI Zip Code 02895-4300

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

Name of Employer City of Woonsocket Occupation Fire Marshal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10069203

Amount of Each Receipt this Period
 350.00

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

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

2350.00

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

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

FOR LINE NUMBER: PAGE 41 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 38 Pelham St

City State Zip Code
Newport RI 02840

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

Name of Employer Occupation
Self-Employed Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 31 2015

Transaction ID : C9871923

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
John M MURPHY

Mailing Address 1 Home Loan Plz

City State Zip Code
Warwick RI 02886-1764

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

Name of Employer Occupation
n/a retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 30 2015

Transaction ID : C10092346

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Pamelee M. MURPHY

Mailing Address 101 N. Main St.

City State Zip Code
Providence RI 02903

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

Name of Employer Occupation
n/a retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 31 2015

Transaction ID : C9871914

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 50 Holden St

City State Zip Code
Providence RI 02908-5757

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

Name of Employer Occupation
Sullivan & Company Accountant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 31 2015

Transaction ID : C9871913

Amount of Each Receipt this Period
500.00

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

Mailing Address 1200 California St # 27

City State Zip Code
San Francisco CA 94109-0001

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

Name of Employer Occupation
self employed consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 30 2015

Transaction ID : C10084996

Amount of Each Receipt this Period
1000.00

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

Mailing Address 117 Cliff Ave

City State Zip Code
Portsmouth RI 02871-5022

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

Name of Employer Occupation
City of Providence Parking Administrator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 30 2015

Transaction ID : C10084995

Amount of Each Receipt this Period
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 15 Centredale Ave

City North Providence State RI Zip Code 02911-1635

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

Name of Employer Public Assistant Occupation RI Dept. of State

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10084291

Amount of Each Receipt this Period
 350.00

B. Full Name (Last, First, Middle Initial)
Angelina D. Petrosinelli

Mailing Address 28 Woodland Rd

City North Scituate State RI Zip Code 02857

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C9871921

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Angelina D. Petrosinelli

Mailing Address 28 Woodland Rd

City North Scituate State RI Zip Code 02857

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015

Transaction ID : C10086191

Amount of Each Receipt this Period
 150.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 44 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Arthur-Paul Petrosinelli

Mailing Address 28 Woodland Rd

City State Zip Code
North Scituate RI 02857-1173

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

Name of Employer Occupation
Johnston Public Schools Assistant Superintendent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015

Transaction ID : C10087175

Amount of Each Receipt this Period
500.00

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

Mailing Address 75 Lambert Lind Hwy

City State Zip Code
Warwick RI 02886-1131

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

Name of Employer Occupation
Picerne Homes Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10092348

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Richard D. Plotz M.D.

Mailing Address 104 11th St

City State Zip Code
Providence RI 02906-2912

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

Name of Employer Occupation
Atrius Health pathologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : C9889462

Amount of Each Receipt this Period
100.00

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 45 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Richard D. Plotz M.D.

Mailing Address 104 11th St

City Providence State RI Zip Code 02906-2912

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

Name of Employer Atrius Health Occupation pathologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : C10064357

Amount of Each Receipt this Period
500.00

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

Mailing Address 14 McCormick Road

City Newport State RI Zip Code 02840

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

Name of Employer City of Newport Occupation School Committee - Member

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : C9871920

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
R. Daniel Prentiss

Mailing Address 5 Eastnor Ct

City Newport State RI Zip Code 02840-3877

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

Name of Employer Prentiss Law Firm Occupation Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : C10087181

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

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FOR LINE NUMBER: PAGE 46 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Thomas H. Quinn

Mailing Address 575 7th St NW

City Washington State DC Zip Code 20004-1607

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

Name of Employer Venable, LLP Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C9871918

Amount of Each Receipt this Period
 _____ 250.00

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

Mailing Address 213 E St NE

City Washington State DC Zip Code 20002-4922

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

Name of Employer The Raben Group Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : C10068867

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
Shari E. Redstone

Mailing Address 7 Longmeadow Dr

City Westwood State MA Zip Code 02090-1080

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

Name of Employer National Amusements Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2015

Transaction ID : C9836828

Amount of Each Receipt this Period
 _____ 2700.00

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

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

_____ 3200.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Shari E. Redstone

Mailing Address 7 Longmeadow Dr

City State Zip Code
Westwood MA 02090-1080

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

Name of Employer Occupation
National Amusements Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 02 / 2015

Transaction ID : C9873906

Amount of Each Receipt this Period
2700.00

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

Mailing Address 3023 18th St S

City State Zip Code
Arlington VA 22204-5215

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

Name of Employer Occupation
Peck Madigan Jones Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : C10085040

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3952 Post Rd

City State Zip Code
Warwick RI 02886-9235

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

Name of Employer Occupation
Kenneth L Richardson JR CPA, INC Bookkeeper

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 09 / 2015

Transaction ID : C9872588

Amount of Each Receipt this Period
2700.00

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

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

6400.00

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

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

FOR LINE NUMBER: PAGE 48 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 28 Marcello Dr.

City State Zip Code
Jamestown RI 02835

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

Name of Employer Occupation
Lifespan Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 31 2015

Transaction ID : C9871919

Amount of Each Receipt this Period
250.00

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

Mailing Address 28 Marcello Dr.

City State Zip Code
Jamestown RI 02835

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

Name of Employer Occupation
Lifespan Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 01 2015

Transaction ID : C10086192

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dennis J. Roberts II

Mailing Address 349 Hope St

City State Zip Code
Providence RI 02906-4652

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

Name of Employer Occupation
Law Offices of Dennis J. Roberts II Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 30 2015

Transaction ID : C10069155

Amount of Each Receipt this Period
250.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Joseph J. Rodio Esq.

Mailing Address 11 Belmont Dr

City Lincoln State RI Zip Code 02865-4645

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

Name of Employer Rodio & Ursillo, Ltd. Attorneys at Law Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10092349

Amount of Each Receipt this Period
500.00

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

Mailing Address 65 Central Park W

City New York State NY Zip Code 10023-6007

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : C10065397

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
John M. Roney Esq.

Mailing Address 344 Wickenden St

City Providence State RI Zip Code 02903-4469

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

Name of Employer RONEY & LABINGER, LLP Occupation ATTY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : C10069037

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 50 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 125 E 61st St

City State Zip Code
New York NY 10065-8101

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10069108

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Barry S Rosenstein

Mailing Address PO Box 237168

City State Zip Code
New York NY 10023-0031

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

Name of Employer Occupation
Jana Partners LLC Founder and Managing Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10092351

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
Barry S Rosenstein

Mailing Address PO Box 237168

City State Zip Code
New York NY 10023-0031

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

Name of Employer Occupation
Jana Partners LLC Founder and Managing Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10092350

Amount of Each Receipt this Period
 2700.00

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

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

5900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Thomas M. Ryan

Mailing Address 135 Cliff Dr

City State Zip Code
Narragansett RI 02882-1901

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

Name of Employer Occupation
CVS Caremark Corporation Chairman and CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C9867347

Amount of Each Receipt this Period
500.00

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

Mailing Address 624 Blackstone Blvd

City State Zip Code
Providence RI 02906-5038

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

Name of Employer Occupation
Salmanson Properties President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : C10068826

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Peggy Boyd Sharpe

Mailing Address 30 Pojac Point Road

City State Zip Code
N. Kingstown RI 02852-1031

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : C10068283

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 52 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 253 Freeman Pkwy

City Providence State RI Zip Code 02906-5740

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

Name of Employer: Roberts, Carroll, Feldstein & Peirce
Occupation: Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10085012

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Daniel G. Siegel

Mailing Address 20 Humboldt Ave

City Providence State RI Zip Code 02906-4107

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

Name of Employer: M&S Rare Books, Incorporated
Occupation: Bookseller

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : C10068821

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Julie S. Smith

Mailing Address 34 Webster St

City Newport State RI Zip Code 02840-4031

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

Name of Employer: Self-Employed
Occupation: artist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : C10068824

Amount of Each Receipt this Period
 250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 53 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 59 Harwich Rd

City Providence State RI Zip Code 02906-4919

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

Name of Employer Barbara Sokoloff Associates Occupation consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2015

Transaction ID : C10067455

Amount of Each Receipt this Period
 250.00

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

Mailing Address 385A Kingston Rd

City West Kingston State RI Zip Code 02892

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

Name of Employer Self-Employed Occupation CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2015

Transaction ID : C9872589

Amount of Each Receipt this Period
 250.00

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

Mailing Address PO Box 511

City Newport State RI Zip Code 02840-0500

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

Name of Employer Newport Police Department Occupation Detective

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C9867350

Amount of Each Receipt this Period
 300.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 1007 S St NW

City Washington State DC Zip Code 20001-5016

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

Name of Employer Blue Star Strategies, LLC Occupation Attorney/Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 15 / 2015

Transaction ID : C9873209

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Robert K. Vincent

Mailing Address 125 Summit View Ln

City North Kingstown State RI Zip Code 02852-4820

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

Name of Employer Gtech Occupation Senior Vice Resident HR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : C9872590

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Christopher P. Vitale

Mailing Address 10 Acacia Rd

City Bristol State RI Zip Code 02809-1367

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

Name of Employer Harrington & Vitale Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10092352

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Bruce P. Waterson		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 16 Highpoint Dr		Transaction ID : C10084612
City North Smithfield	State RI	
Zip Code 02896-8017		Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5400.00
Name of Employer Waterson Terminal Services LLC	Occupation Owner	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Elizabeth S. White		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 16 Stone Tower Ln		Transaction ID : C10092353
City Barrington	State RI	
Zip Code 02806-4914		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer None	Occupation Homemaker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. John Hazen White Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 16 Stone Tower Ln		Transaction ID : C10092354
City Barrington	State RI	
Zip Code 02806-4914		Amount of Each Receipt this Period 700.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer Taco Incorporated	Occupation President	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	4400.00
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 56 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
John Hazen White Jr.

Mailing Address 16 Stone Tower Ln

City State Zip Code
Barrington RI 02806-4914

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

Name of Employer Occupation
Taco Incorporated President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10092355

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
William F Wilson

Mailing Address 7 Union Park

City State Zip Code
Boston MA 02118-3702

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

Name of Employer Occupation
Wilson Architects Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C9871917

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Joan M. Woods

Mailing Address 48 Pleasant St

City State Zip Code
Portsmouth RI 02871-1315

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

Name of Employer Occupation
n/a Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C9871916

Amount of Each Receipt this Period
250.00

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 57 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 44 Hazard Ave

City Providence State RI Zip Code 02906-3308

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : C10068810

Amount of Each Receipt this Period
500.00

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

Mailing Address 3058 Beaver Pond Trl

City Valrico State FL Zip Code 33596-7929

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

Name of Employer American Institute of CPAs Occupation Vice President, State Regulation and L

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2015

Transaction ID : C9843893

Amount of Each Receipt this Period
1000.00

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

Mailing Address 30 W 26th St
FI 12

City New York State NY Zip Code 10010-2063

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

Name of Employer Sydell Group Ltd Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : C10068596

Amount of Each Receipt this Period
2700.00

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 58 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
D J Baker

Mailing Address 885 Third Avenue, Suite 1000

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
Latham & Watkins LLP Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : C10090964A

Amount of Each Receipt this Period
500.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
13947.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10090964AB

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
D J Baker

Mailing Address 885 Third Avenue, Suite 1000

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
Latham & Watkins LLP Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : C9839566A

Amount of Each Receipt this Period
1000.00

* Earmarked Contribution: See Below

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
13947.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 01 / 2015

Transaction ID : C9839566AB

Amount of Each Receipt this Period

1000.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

Mailing Address **49 Progress**

City **Pawtucket** State **RI** Zip Code **02860**

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

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : C10069174A

Amount of Each Receipt this Period

25.00

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
13947.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 27 / 2015

Transaction ID : C10069174AB

Amount of Each Receipt this Period

25.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

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

25.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 49 Progress

City Pawtucket State RI Zip Code 02860

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015

Transaction ID : C9882342A

Amount of Each Receipt this Period
25.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
13947.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2015

Transaction ID : C9882342AB

Amount of Each Receipt this Period
25.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 72 Manning Street Apt. #1

City Providence State RI Zip Code 02906

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

Name of Employer Blackstone Orthopedics Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10090974A

Amount of Each Receipt this Period
100.00

* Earmarked Contribution: See Below

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

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

125.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **13947.83**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : C10090974AB

Amount of Each Receipt this Period

100.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Nancy G. Dunn

Mailing Address **270 Benefit Street**

City **Providence** State **RI** Zip Code **02903**

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

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : C10069179A

Amount of Each Receipt this Period

250.00

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **13947.83**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 27 / 2015

Transaction ID : C10069179AB

Amount of Each Receipt this Period

250.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
David H. Haffenreffer

Mailing Address 65 Congdon St

City Providence State RI Zip Code 02906

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : C9882363A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **13947.83**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 30 / 2015

Transaction ID : C9882363AB

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 200 Olney Street

City Providence State RI Zip Code 02906

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

Name of Employer Self Occupation Self employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : C9882344A

Amount of Each Receipt this Period
25.00

* Earmarked Contribution: See Below

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

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

275.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **13947.83**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 30 / 2015

Transaction ID : C9882344AB

Amount of Each Receipt this Period
 _____ **25.00**

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Sheila P. Hughes

Mailing Address **8 Paterson St**

City **Providence** State **RI** Zip Code **02906-5502**

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

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : C10069173A

Amount of Each Receipt this Period
 _____ **25.00**

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **13947.83**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 27 / 2015

Transaction ID : C10069173AB

Amount of Each Receipt this Period
 _____ **25.00**

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

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

_____ **25.00**

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

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

FOR LINE NUMBER: PAGE 64 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Sheila P. Hughes

Mailing Address 8 Paterson St

City Providence State RI Zip Code 02906-5502

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : C9882336A

Amount of Each Receipt this Period
25.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer N/A Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **13947.83**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 30 / 2015

Transaction ID : C9882336AB

Amount of Each Receipt this Period
25.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 1354 S. Federal Street

City Chicago State IL Zip Code 60605

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 27 / 2015

Transaction ID : C10069198A

Amount of Each Receipt this Period
1000.00

* Earmarked Contribution: See Below

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

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

1025.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **13947.83**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 27 / 2015

Transaction ID : C10069198AB

Amount of Each Receipt this Period

1000.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Mary Rebecca Minard

Mailing Address **PO Box 235**

City **Westport Point** State **MA** Zip Code **02791**

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

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : C10090958A

Amount of Each Receipt this Period

300.00

*** Earmarked Contribution: See Below**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **13947.83**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : C10090958AB

Amount of Each Receipt this Period

300.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Cicilline Committee

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

Mailing Address 67 Surfwatch Dr.

City Johns Island State SC Zip Code 29455-5601

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

Name of Employer College of Charleston Occupation Educator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
09 / 30 / 2015

Transaction ID : C10090977A

Amount of Each Receipt this Period
1000.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
13947.83

Date of Receipt
09 / 30 / 2015

Transaction ID : C10090977AB

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address 888 Las Olas Blvd

City Fort Lauderdale State FL Zip Code 33301

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

Name of Employer Paloma Partners Management Occupation Chair

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
09 / 08 / 2015

Transaction ID : C9889722

Amount of Each Receipt this Period
2700.00

* Earmarked Contribution: See Below

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

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

3700.00

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

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

FOR LINE NUMBER: PAGE 67 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
13947.83

Date of Receipt
 M M / D D / Y Y Y Y
09 08 2015

Transaction ID : C9889722B

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address **888 Las Olas Blvd**

City **Fort Lauderdale** State **FL** Zip Code **33301**

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

Name of Employer Occupation
Paloma Partners Management **Chair**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y
09 08 2015

Transaction ID : C9889723

Amount of Each Receipt this Period
2700.00

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
13947.83

Date of Receipt
 M M / D D / Y Y Y Y
09 08 2015

Transaction ID : C9889723B

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

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

2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 101 Hamilton St

City Evanston State IL Zip Code 60202

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : C10086677A

Amount of Each Receipt this Period
500.00

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
BEND THE ARC JEWISH ACTION, INC. PAC

Mailing Address 1825 K STREET NW
STE. 210

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00573253

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : C10086677AB

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

126655.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION

Mailing Address 777 6th St NW
Ste 200

City Washington State DC Zip Code 20001-3707

FEC ID number of contributing federal political committee. **C C00024521**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10086674

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
American Association of Orthopaedic Surgeons PAC

Mailing Address 317 Massachusetts Ave NE
Fl 1

City Washington State DC Zip Code 20002-5769

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : C9867343

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL

Mailing Address 1625 L St NW

City Washington State DC Zip Code 20036-5665

FEC ID number of contributing federal political committee. **C C00011114**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10084299

Amount of Each Receipt this Period
2000.00

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

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

10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Mailing Address 220 Leigh Farm Rd
Palladian 1

City State Zip Code
Durham NC 27707-8110

FEC ID number of contributing federal political committee. **C C00077321**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 30 2015

Transaction ID : C10086676

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE (PT-PAC)

Mailing Address 1111 NORTH FAIRFAX ST.

City State Zip Code
ALEXANDRIA VA 22314

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 28 2015

Transaction ID : C10068587

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ATU Cope Special Holding

Mailing Address 5025 Wisconsin Ave NW

City State Zip Code
Washington DC 20016-4113

FEC ID number of contributing federal political committee. **C C00032995**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 19 2015

Transaction ID : C9873937

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Committee to Elect Louis DiPalma

Mailing Address 57 Berkeley Ct

City Middletown State RI Zip Code 02842-5356

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : C10068282

Amount of Each Receipt this Period
350.00

Comprised of Federally Permissible Funds

B. Full Name (Last, First, Middle Initial)
COMMUNICATION WORKERS OF AMERICA

Mailing Address 501 THIRD STREET NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C70000211**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : C9867340

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Friends of Anastasia Williams

Mailing Address 32 Hammond St

City Providence State RI Zip Code 02909

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
35.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10084288

Amount of Each Receipt this Period
35.00

Comprised of Federally Permissible Funds

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

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

5385.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Friends of Donald R. Grebien

Mailing Address 101 Vine Street

City Pawtucket State RI Zip Code 02861

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **70.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : C10068288

Amount of Each Receipt this Period
70.00

Comprised of Federally Permissible Funds

B. Full Name (Last, First, Middle Initial)
Friends of Mary Duffy Messier

Mailing Address 25 Olympia Ave

City Pawtucket State RI Zip Code 02861

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10087180

Amount of Each Receipt this Period
100.00

Comprised of Federally Permissible Funds

C. Full Name (Last, First, Middle Initial)
Friends of Patrick Lynch

Mailing Address 320 Newport Ave

City Rumford State RI Zip Code 02916

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2015

Transaction ID : C9882326

Amount of Each Receipt this Period
350.00

Comprised of Federally Permissible Funds

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

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

520.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Friends of Ray Gallison

Mailing Address 50 King Philip Ave

City Bristol State RI Zip Code 02809

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **70.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10087177

Amount of Each Receipt this Period
70.00

Comprised of Federally Permissible Funds

B. Full Name (Last, First, Middle Initial)
Friends of Sabrina Matos

Mailing Address 35 Florence St

City Providence State RI Zip Code 02909

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2015

Transaction ID : C9872659

Amount of Each Receipt this Period
150.00

Comprised of Federally Permissible Funds

C. Full Name (Last, First, Middle Initial)
Friends of Sabrina Matos

Mailing Address 35 Florence St

City Providence State RI Zip Code 02909

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10084296

Amount of Each Receipt this Period
350.00

Comprised of Federally Permissible Funds

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

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

570.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Friends of Stephen M Casey

Mailing Address 625 Park Ave

City Woonsocket State RI Zip Code 02895

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10092342

Amount of Each Receipt this Period
 50.00

Comprised of Federally Permissible Funds

B. Full Name (Last, First, Middle Initial)
Friends of Susan Cicilline Buonanno

Mailing Address 9 Secluded Dr

City Narragansett State RI Zip Code 02882

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C9872592

Amount of Each Receipt this Period
 1000.00

Comprised of Federally Permissible Funds

C. Full Name (Last, First, Middle Initial)
HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT

Mailing Address 2099 PENNSYLVANIA AVENUE, N.W.
SUITE 100

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : C9867342

Amount of Each Receipt this Period
 500.00

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

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

1550.00

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

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

FOR LINE NUMBER: PAGE 75 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Human Rights Campaign PAC

Mailing Address 1640 Rhode Island Ave NW

City Washington State DC Zip Code 20036-3200

FEC ID number of contributing federal political committee. **C C00235853**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10086673

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
INT'L. ASSOCIATION OF BRIDGE, STRUCTURAL, ORNAMENT

Mailing Address 1750 New York Ave NW
Ste 400

City Washington State DC Zip Code 20006-5315

FEC ID number of contributing federal political committee. **C C00027359**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10091058

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
International Association of Fire Fighters

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00029447**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10091044

Amount of Each Receipt this Period
2500.00

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 76 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL GAME TECHNOLOGY (IGT) PAC

Mailing Address 10 MEMORIAL BLVD.

City Providence State RI Zip Code 02903

FEC ID number of contributing federal political committee. **C** C00473025

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10092356

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
LIBERTY MUTUAL INSURANCE COMPANY - PAC

Mailing Address 175 BERKELEY STREET

City Boston State MA Zip Code 02117

FEC ID number of contributing federal political committee. **C** C00171843

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C9871915

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL MULTIFAMILY HOUSING COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1850 M STREET, NW
SUITE 540

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10086675

Amount of Each Receipt this Period
 2500.00

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 77 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
New York Life Insurance Company PAC

Mailing Address 901 15th St NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : C9872898

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00431601**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : C10068290

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
Painters and Allied Trades

Mailing Address 7234 Parkway Dr
Hanover

City Hanover State MD Zip Code 21076-1307

FEC ID number of contributing federal political committee. **C C00000885**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2015

Transaction ID : C9873936

Amount of Each Receipt this Period
 1000.00

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 78 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Painters and Allied Trades

Mailing Address 7234 Parkway Dr
Hanover

City Hanover State MD Zip Code 21076-1307

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : C9874159

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Providence Democratic City Committee

Mailing Address One Park Row, 5th Floor

City Providence State RI Zip Code 02903

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : C10084290

Amount of Each Receipt this Period
350.00

Comprised of Federally Permissible Funds

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

Mailing Address One Park Row, 5th Floor

City Providence State RI Zip Code 02903

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : C10084297

Amount of Each Receipt this Period
350.00

Comprise of Federally Permissible Funds

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

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

2200.00

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

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

FOR LINE NUMBER: PAGE 79 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
RI LATINO POLITICAL ACTION COMMITTEE

Mailing Address PO Box 23020

City Providence State RI Zip Code 02903-0394

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10084293

Amount of Each Receipt this Period
 100.00

Comprised of Federally Permissible Funds

B. Full Name (Last, First, Middle Initial)
Smithfield Democratic Town Committee

Mailing Address 17 Rimwood Dr

City Smithfield State RI Zip Code 02917-2572

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C10069159

Amount of Each Receipt this Period
 175.00

Comprised of Federally Permissible Funds

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

Mailing Address 40 Westminster St

City Providence State RI Zip Code 02903-2525

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : C10068586

Amount of Each Receipt this Period
 1000.00

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

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

1275.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC)

Mailing Address 400 ATLANTIC STREET
C/O PER DYRVIK

City STAMFORD State CT Zip Code 06901

FEC ID number of contributing federal political committee. **C** C00012245

Name of Employer Occupation

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
 08 / 07 / 2015

Transaction ID : C9874158

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNI

Mailing Address 1775 K St NW

City Washington State DC Zip Code 20006-1228

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : C9867341

Amount of Each Receipt this Period
 5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

7500.00

51000.00

**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 81 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 39.50
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : D506491
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 1.78
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : D512718
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 6.45
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : D512834
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	47.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement MM / DD / YYYY 08 / 30 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 57.60
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : D513275
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement MM / DD / YYYY 09 / 13 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 215.68
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : D513517
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement MM / DD / YYYY 09 / 20 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 3.59
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : D513647
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	276.87
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)	PAGE 83 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 0.20 Transaction ID : D513738
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 18.05 Transaction ID : D513739
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 97.34 Transaction ID : D513740
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	115.59
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)	PAGE 84 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 111.36
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : D513802
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Brown Faculty Club		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 1 Magee St		Amount of Each Disbursement this Period 312.09
City Providence	State RI	
Zip Code 02912-9014	Purpose of Disbursement Meals	Transaction ID : D512918
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. CFO Compliance		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address One Park Row, 5th Floor		Amount of Each Disbursement this Period 4506.37
City Providence	State RI	
Zip Code 02903	Purpose of Disbursement Compliance Consulting	Transaction ID : D512931
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4929.82
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)	PAGE 85 OF 113		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Roberta Cicilline-DiMezza		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 119 High Street		Amount of Each Disbursement this Period 300.00 Transaction ID : D512932
City Bristol	State RI	
Zip Code 02809	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Roberta Cicilline-DiMezza		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address 119 High Street		Amount of Each Disbursement this Period 300.00 Transaction ID : D513164
City Bristol	State RI	
Zip Code 02809	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Roberta Cicilline-DiMezza		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 119 High Street		Amount of Each Disbursement this Period 300.00 Transaction ID : D513797
City Bristol	State RI	
Zip Code 02809	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	900.00
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)	PAGE 86 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Community Care Alliance		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address P.O Box 1700		Amount of Each Disbursement this Period 225.00 Transaction ID : D513798
City Woonsocket	State RI	
Zip Code 02895	Purpose of Disbursement Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Cmte		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period 1296.48 Transaction ID : D512923
City Washington	State DC	
Zip Code 20003-4024	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Digital Turf		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 27 Clear Brook Xing		Amount of Each Disbursement this Period 750.00 Transaction ID : D512921
City Kennebunk	State ME	
Zip Code 04043-6303	Purpose of Disbursement Web Expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2271.48
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)	PAGE 87 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 397.75
City Atlanta	State GA Zip Code 30342	
Purpose of Disbursement Credit Card Processing Fee	Category/Type	Transaction ID : D512927
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 307.79
City Atlanta	State GA Zip Code 30342	
Purpose of Disbursement Credit Card Processing Fee	Category/Type	Transaction ID : D512928
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 26.52
City Atlanta	State GA Zip Code 30342	
Purpose of Disbursement Credit Card Processing Fee	Category/Type	Transaction ID : D512929
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	732.06
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)	PAGE 88 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 1137.49 Transaction ID : D513165
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 582.21 Transaction ID : D513166
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 39.25 Transaction ID : D513167
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1758.95
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)	PAGE 89 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 569.50 Transaction ID : D513793
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 58.79 Transaction ID : D513794
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 487.46 Transaction ID : D513795
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	569.50
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)	PAGE 90 OF 113		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Just Ellen's Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 635 Division Road		Amount of Each Disbursement this Period 1386.19
City East Greenwich	State RI	
Zip Code 02818	Purpose of Disbursement Catering (Fundraising)	Transaction ID : D513799
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 1101 15th St, NW Suite 500		Amount of Each Disbursement this Period 3450.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Database	Transaction ID : D513158
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NORMA TORRES FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 728 W EDNA PLACE		Amount of Each Disbursement this Period 500.00
City COVINA	State CA	
Zip Code 91722	Purpose of Disbursement Political Contribution	Transaction ID : D513152
Candidate Name NORMA TORRES	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 35		

SUBTOTAL of Disbursements This Page (optional).....	5336.19
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)	PAGE 91 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Rolla Group LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 1132 6th Street, NW #2		Amount of Each Disbursement this Period 10500.00 Transaction ID : D512922
City Washington State DC Zip Code 20001-1639	Purpose of Disbursement Fundraising Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Frost Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 3422 Porter St NW		Amount of Each Disbursement this Period 10605.35 Transaction ID : D512924
City Washington State DC Zip Code 20016-3126	Purpose of Disbursement Fundraising Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Union Club of Boston		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address Eight Park Street		Amount of Each Disbursement this Period 597.06 Transaction ID : D513800
City Boston State MA Zip Code 02108-4803	Purpose of Disbursement Catering (Fundraising)	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	21702.41
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)	PAGE 92 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. US Post Office		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 24 Corliss St		Amount of Each Disbursement this Period 735.00
City Providence	State RI	
Zip Code 02904-2457	Purpose of Disbursement Postage (Fundraising)	Transaction ID : D513801
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 12677 Alcosta Blvd		Amount of Each Disbursement this Period 415.76
City San Ramon	State CA	
Zip Code 94583-4423	Purpose of Disbursement Mobile Phone	Transaction ID : D512919
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WHITEHOUSE FOR SENATE		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address P.O. BOX 40280		Amount of Each Disbursement this Period 500.00
City PROVIDENCE	State RI	
Zip Code 02940	Purpose of Disbursement Political Contribution	Transaction ID : D513153
Candidate Name SHELDON II WHITEHOUSE	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1650.76
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)	PAGE 93 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. American Express			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 2965 W Corporate Lakes Blvd			Amount of Each Disbursement this Period 1592.49
City Weston	State FL	Zip Code 33331-3626	
Purpose of Disbursement Credit Card Payment, See Below		Category/ Type	Transaction ID : D512920
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. AT&T Corporation			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 30 E St SW			Amount of Each Disbursement this Period 31.46
City Washington	State DC	Zip Code 20024-3224	
Purpose of Disbursement Telephone		Category/ Type	Transaction ID : D512936 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Capriccio			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 2 Pine St			Amount of Each Disbursement this Period 83.25
City Providence	State RI	Zip Code 02903-2813	
Purpose of Disbursement Meals		Category/ Type	Transaction ID : D512941 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	1592.49
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)		PAGE 94 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Cumberland Farms		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 751 Hope Street		Amount of Each Disbursement this Period 40.14
City Providence	State RI Zip Code 02906	
Purpose of Disbursement Gasoline	Candidate Name	Transaction ID : D512938
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Hostway.com		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 100 N Riverside Plz Ste 800		Amount of Each Disbursement this Period 36.95
City Chicago	State IL Zip Code 60606-1564	
Purpose of Disbursement Web Expense	Candidate Name	Transaction ID : D512948
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 96.84
City Providence	State RI Zip Code 02904-5701	
Purpose of Disbursement Gasoline	Candidate Name	Transaction ID : D512939
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[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)	PAGE 95 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 478.20
City Chicago	State IL Zip Code 60666-0100	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : D512946
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 321.10
City Tempe	State AZ Zip Code 85281-2880	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : D512944
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 7192.85
City Weston	State FL Zip Code 33331-3626	
Purpose of Disbursement Credit Card Payment	Candidate Name	Transaction ID : D513162
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	7192.85
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)	PAGE 96 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial)
A. AT&T

Mailing Address 600 North Point Parkway

City Alpharetta State GA Zip Code 30022

Purpose of Disbursement Mobile Phones

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 13 / 2015

Amount of Each Disbursement this Period: 91.46

Transaction ID : D513177

[MEMO ITEM]

Category/Type: 001

Full Name (Last, First, Middle Initial)
B. AT&T

Mailing Address 600 North Point Parkway

City Alpharetta State GA Zip Code 30022

Purpose of Disbursement Mobile Phones

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 13 / 2015

Amount of Each Disbursement this Period: 163.80

Transaction ID : D513185

[MEMO ITEM]

Category/Type:

Full Name (Last, First, Middle Initial)
c. Cafe Nouvo

Mailing Address 1 Citizens Plz

City Providence State RI Zip Code 02903

Purpose of Disbursement Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 13 / 2015

Amount of Each Disbursement this Period: 129.33

Transaction ID : D513193

[MEMO ITEM]

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)	PAGE 97 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. FedEx Office		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 1331 Pennsylvania Avenue Northwest		Amount of Each Disbursement this Period 22.34
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Postage	Transaction ID : D513188
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Hostway.com		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 100 N Riverside Plz Ste 800		Amount of Each Disbursement this Period 36.95
City Chicago	State IL	
Zip Code 60606-1564	Purpose of Disbursement Web Expense	Transaction ID : D513198
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Hostway.com		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 100 N Riverside Plz Ste 800		Amount of Each Disbursement this Period 14.95
City Chicago	State IL	
Zip Code 60606-1564	Purpose of Disbursement Web Expense	Transaction ID : D513655
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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)		PAGE 98 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. House Gift Shop		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address b218 Longworth House Office Buildi		Amount of Each Disbursement this Period 91.80
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Host Gifts	Transaction ID : D513651
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. National Democratic Club		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 70.75
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meals	Transaction ID : D513652
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. National Democratic Club		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 205.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meals	Transaction ID : D513200
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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)	PAGE 99 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 44.09
City Providence	State RI	
Zip Code 02904-5701	Purpose of Disbursement Gasoline	Transaction ID : D513194
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Sheraton Hotels		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 1850 Post Rd		Amount of Each Disbursement this Period 104.14
City Warwick	State RI	
Zip Code 02886	Purpose of Disbursement Lodging	Transaction ID : D513657
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 1 Aviation Cir		Amount of Each Disbursement this Period 366.00
City Washington	State DC	
Zip Code 20001-6000	Purpose of Disbursement Airfare	Transaction ID : D513172
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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)		PAGE 100 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Speedee Oil Change Providence		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 985 North Main Street		Amount of Each Disbursement this Period 92.30
City Providence	State RI Zip Code 02906	
Purpose of Disbursement Campaign Car Maintenance	Category/Type	Transaction ID : D513174 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 551 N Main St		Amount of Each Disbursement this Period 90.78
City Providence	State RI Zip Code 02904-5722	
Purpose of Disbursement Office Supplies	Category/Type	Transaction ID : D513656 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Taste		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 5701-F General Washington Drive		Amount of Each Disbursement this Period 1605.90
City Alexandria	State VA Zip Code 22302	
Purpose of Disbursement Fundraising (Catering)	Category/Type 003	Transaction ID : D513178 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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)	PAGE 101 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. The Butcher Shop		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 157 Elmgrove Avenue		Amount of Each Disbursement this Period 282.00
City Providence	State RI	Zip Code 02906
Purpose of Disbursement Meals	Category/Type	
Candidate Name	Transaction ID : D513654	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Uber Technologies		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 22.73
City San Francisco	State CA	Zip Code 94105
Purpose of Disbursement Cab Fare	Category/Type 002	
Candidate Name	Transaction ID : D513186	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 358.20
City Chicago	State IL	Zip Code 60666-0100
Purpose of Disbursement Airfare	Category/Type	
Candidate Name	Transaction ID : D513196	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[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)	PAGE 102 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 607.10
City Chicago State IL Zip Code 60666-0100	Purpose of Disbursement Airfare 002 Category/Type	
Candidate Name		Transaction ID : D513176 [MEMO ITEM]
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Waterman Grille		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 4 Richmond Square		Amount of Each Disbursement this Period 2869.21
City Providence State RI Zip Code 02906	Purpose of Disbursement Fundraising - Catering 003 Category/Type	
Candidate Name		Transaction ID : D513175 [MEMO ITEM]
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Westin Chicago River		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 320 N Dearborn St		Amount of Each Disbursement this Period 232.80
City Chicago State IL Zip Code 60654	Purpose of Disbursement Lodging 002 Category/Type	
Candidate Name		Transaction ID : D513184 [MEMO ITEM]
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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)		PAGE 103 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Westin Chicago River		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 320 N Dearborn St		Amount of Each Disbursement this Period 33.76
City Chicago	State IL Zip Code 60654	
Purpose of Disbursement Lodging	Candidate Name	Transaction ID : D513191
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 1489.97
City Weston	State FL Zip Code 33331-3626	
Purpose of Disbursement Credit Card Payment	Candidate Name	Transaction ID : D513649
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Hostway.com		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 100 N Riverside Plz Ste 800		Amount of Each Disbursement this Period 36.95
City Chicago	State IL Zip Code 60606-1564	
Purpose of Disbursement Web Expenses	Candidate Name	Transaction ID : D513667
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	1489.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Jephry Floral Studio		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 432 Broadway		Amount of Each Disbursement this Period 64.20
City Providence	State RI Zip Code 02909-1622	
Purpose of Disbursement Gifts	Category/Type	Transaction ID : D513665 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Newport Festivals Foundation, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address PO Box 3865		Amount of Each Disbursement this Period 510.00
City Newport	State RI Zip Code 02840	
Purpose of Disbursement Event Tickets	Category/Type	Transaction ID : D513660 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Providence Biltmore		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 11 Dorrance St		Amount of Each Disbursement this Period 250.00
City Providence	State RI Zip Code 02903-1734	
Purpose of Disbursement Lodging	Category/Type 002	Transaction ID : D513668 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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)		PAGE 105 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 45.58
City Providence	State RI	
Zip Code 02904-5701	Purpose of Disbursement Gasoline	Transaction ID : D513669 [MEMO ITEM]
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 45.93
City Providence	State RI	
Zip Code 02904-5701	Purpose of Disbursement Gasoline	Transaction ID : D513670 [MEMO ITEM]
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Sheraton Hotels		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 1850 Post Rd		Amount of Each Disbursement this Period 171.93
City Warwick	State RI	
Zip Code 02886	Purpose of Disbursement Lodging	Transaction ID : D513661 [MEMO ITEM]
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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)	PAGE 106 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Sheraton Hotels		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 1850 Post Rd		Amount of Each Disbursement this Period 13.38
City Warwick	State RI Zip Code 02886	
Purpose of Disbursement Lodging	Category/Type 002	Transaction ID : D513658
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
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).....	0.00
TOTAL This Period (last page this line number only).....	50566.67

**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 107 OF 113	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 5000.00
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Credit Card Payment, See Below	Transaction ID : D512935
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Cmte		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20003-4024	Purpose of Disbursement Unlimited Transfer to National Party Committee	Transaction ID : D512950 [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 10000.00
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Credit Card Payment	Transaction ID : D513168
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15000.00
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)		PAGE 108 OF 113	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Cmte		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period 10000.00
City Washington	State DC	
Zip Code 20003-4024	Purpose of Disbursement Unlimited Transfer	Transaction ID : D513252
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 5000.00
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Unlimited Transfer	Transaction ID : D513648
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Cmte		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20003-4024	Purpose of Disbursement Unlimited Transfer	Transaction ID : D513650
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	20000.00

**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 109 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. ECAS Theater		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 199 Calla Street		Amount of Each Disbursement this Period 1000.00 Transaction ID : D512925
City Providence	State RI Zip Code 02905	
Purpose of Disbursement Donation	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Institute for Labor Studies & Research		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 99 Bald Hill Rd		Amount of Each Disbursement this Period 175.00 Transaction ID : D512933
City Cranston	State RI Zip Code 02920	
Purpose of Disbursement Donation	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Institute for Labor Studies & Research		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015
Mailing Address 99 Bald Hill Rd		Amount of Each Disbursement this Period 100.00 Transaction ID : D513156
City Cranston	State RI Zip Code 02920	
Purpose of Disbursement Donation	Category/Type 012	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1275.00
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)		PAGE 110 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Youth Pride, Inc		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 743 Westminster Street		Amount of Each Disbursement this Period 250.00 Transaction ID : D513516
City Providence	State RI Zip Code 02903	
Purpose of Disbursement Donation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 5000.00 Transaction ID : D513250
City Weston	State FL Zip Code 33331-3626	
Purpose of Disbursement Contributions	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. JULIA BROWNLEY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address PO BOX 2018		Amount of Each Disbursement this Period 1000.00 Transaction ID : D513254 [MEMO ITEM]
City THOUSAND OAKS	State CA Zip Code 91358	
Purpose of Disbursement Contribution	Candidate Name JULIA BROWNLEY	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: CA District: 26		

SUBTOTAL of Disbursements This Page (optional).....	5250.00
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)	PAGE 111 OF 113			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1041

City BRAINERD State MN Zip Code 56401

Purpose of Disbursement Contribution

Candidate Name **RICHARD M. NOLAN**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: MN District: 08

Date of Disbursement: 08 / 13 / 2015

Amount of Each Disbursement this Period: 1000.00

Transaction ID : D513253

[MEMO ITEM]

B. SCHNEIDER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1318

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement Contributions

Candidate Name **BRADLEY SCOTT SCHNEIDER**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: IL District: 10

Date of Disbursement: 08 / 13 / 2015

Amount of Each Disbursement this Period: 1000.00

Transaction ID : D513258

[MEMO ITEM]

C. SEAN PATRICK MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 270

City NEWBURGH State NY Zip Code 12550

Purpose of Disbursement Contribution

Candidate Name **SEAN PATRICK MALONEY**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: NY District: 18

Date of Disbursement: 08 / 13 / 2015

Amount of Each Disbursement this Period: 1000.00

Transaction ID : D513255

[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)	PAGE 112 OF 113
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 1500.00 Transaction ID : D513251
City Weston State FL Zip Code 33331-3626	Purpose of Disbursement Contributions	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Janice Hahn for Supervisor		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address		Amount of Each Disbursement this Period 1500.00 Transaction ID : D513257 [MEMO ITEM]
City State Zip Code	Purpose of Disbursement Nonfederal Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 1000.00 Transaction ID : D514150
City Weston State FL Zip Code 33331-3626	Purpose of Disbursement Credit Card Payment, See Below	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2500.00
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)	PAGE 113 OF 113
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Kuster for Congress		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address P.O. Box 1498		Amount of Each Disbursement this Period 1000.00
City Concord	State NH	
Zip Code 03302	Purpose of Disbursement Contribution	Transaction ID : D513256
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
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).....	0.00
TOTAL This Period (last page this line number only).....	9025.00