

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Dobie, Edgar, Tracy, , ,

Mailing Address 510 N St SW

City Washington	State DC	Zip Code 20024-4503
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FEC ID number of contributing federal political committee. **C**

Name of Employer Arena Stage	Occupation Producer
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Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2020

Transaction ID : C10458202

Amount of Each Receipt this Period

150.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Corkery, Neil, A., ,

Mailing Address 127 Oceanwoods Dr
2

City North Kingstown	State RI	Zip Code 02852-7119
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
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Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2020

Transaction ID : C10457663

Amount of Each Receipt this Period

250.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Ducock, Robert, J., , D.M.D.

Mailing Address 200 Exchange Street
Unit 1511

City Providence	State RI	Zip Code 02903
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FEC ID number of contributing federal political committee. **C**

Name of Employer Drs. Rubinstein and Ducock	Occupation Dentist
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Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2020

Transaction ID : C10457613

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

650.00
