

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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))....	17113.54	27519.04
(b) Total Contribution Refunds (from Line 20(d))	1140.00	1140.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	15973.54	26379.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	45755.09	84992.40
(b) Total Offsets to Operating Expenditures (from Line 14).....	1500.00	1500.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	44255.09	83492.40
8. Cash on Hand at Close of Reporting Period (from Line 27).....	733171.00	
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 05/2016)

Write or Type Committee Name

Cicilline Committee

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

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).....	9000.00	15150.00
(ii) Unitemized.....	4113.54	5369.04
(iii) TOTAL of contributions from individuals ▶	13113.54	20519.04
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4000.00	7000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17113.54	27519.04
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.)	1500.00	1500.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	31.37	31.37
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	18644.91	29050.41

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	45755.09	84992.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	10000.00
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	1140.00	1140.00
(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)).....	1140.00	1140.00
21. OTHER DISBURSEMENTS	300.00	8050.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	47195.09	104182.40

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	761721.18
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18644.91
25. SUBTOTAL (add Line 23 and Line 24).....	780366.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	47195.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	733171.00

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

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

FOR LINE NUMBER: PAGE 5 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 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)
Baccari, Ann Marie, , ,

Mailing Address 50 Oak Hill Rd

City Narragansett State RI Zip Code 02882

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

Name of Employer n/a Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 29 / 2016

Transaction ID : **C10244022**

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Grossman, Marla, , ,

Mailing Address 1800 M St NW
Ste 500

City Washington State DC Zip Code 20036-5802

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

Name of Employer American Continental Group Occupation Attorney

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 05 / 2016

Transaction ID : **C10234478**

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Szostak, M. Anne, , ,

Mailing Address 17 Virginia Ave

City Providence State RI Zip Code 02905

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

Name of Employer Szostak Partners Occupation Senior Vice President

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 09 / 2016

Transaction ID : **C10244446**

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3700.00

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 6 OF 40	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Asprinio, Donald, , Jr.

Mailing Address 31 kenyon street

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

Name of Employer Dark Lady	Occupation Owner
-------------------------------	---------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2016

Transaction ID : C10243925A

Amount of Each Receipt this Period
500.00

Memo Item

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

Name of Employer	Occupation Conduit total listed in Agg. field
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Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9370.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 18 / 2016

Transaction ID : C10243925AB

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 215 forge road

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

Name of Employer none	Occupation self employed
--------------------------	-----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : C10244012A

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶	750.00
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 7 OF 40
<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
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FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9370.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : C10244012AB

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 18 George Street

City Providence	State RI	Zip Code 02906
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FEC ID number of contributing federal political committee. **C**

Name of Employer Burns & Levinson LLP	Occupation attorney at law
--	-------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2016

Transaction ID : C10243894A

Amount of Each Receipt this Period
250.00

Memo Item

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

Name of Employer	Occupation Conduit total listed in Agg. field
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Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9370.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2016

Transaction ID : C10243894AB

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 8 OF 40	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Frank, Bud, , ,

Mailing Address 13877 Le havre Drive

City Palm Beach Gardens	State FL	Zip Code 33410
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FEC ID number of contributing federal political committee. **C**

Name of Employer none	Occupation Retired
--------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2016

Transaction ID : C10243892A

Amount of Each Receipt this Period
25.00

Memo Item

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

Name of Employer	Occupation Conduit total listed in Agg. field
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Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9370.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2016

Transaction ID : C10243892AB

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Frank, Bud, , ,

Mailing Address 13877 Le havre Drive

City Palm Beach Gardens	State FL	Zip Code 33410
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FEC ID number of contributing federal political committee. **C**

Name of Employer none	Occupation Retired
--------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2016

Transaction ID : C10243893A

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶	75.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 40
(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: 2018
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 9370.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2016
Transaction ID : C10243893AB
Amount of Each Receipt this Period
50.00
 Memo Item
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Frank, Bud, , ,
Mailing Address 13877 Le havre Drive
City Palm Beach Gardens State FL Zip Code 33410
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Retired
none Retired
Receipt For: 2018
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 01 / 2016
Transaction ID : C10243901A
Amount of Each Receipt this Period
100.00
 Memo Item
* 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: 2018
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 9370.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2016
Transaction ID : C10243901AB
Amount of Each Receipt this Period
100.00
 Memo Item
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ 100.00
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 10 OF 40	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Frank, Bud, , ,

Mailing Address 13877 Le havre Drive

City Palm Beach Gardens	State FL	Zip Code 33410
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FEC ID number of contributing federal political committee. **C**

Name of Employer none	Occupation Retired
--------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2016

Transaction ID : C10243991A

Amount of Each Receipt this Period
50.00

Memo Item

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

Name of Employer	Occupation Conduit total listed in Agg. field
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Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9370.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : C10243991AB

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Frank, Bud, , ,

Mailing Address 13877 Le havre Drive

City Palm Beach Gardens	State FL	Zip Code 33410
----------------------------	-------------	-------------------

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

Name of Employer none	Occupation Retired
--------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2016

Transaction ID : C10243992A

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶	75.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 40
(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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9370.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : C10243992AB

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Joyaux, Simone, P, ,

Mailing Address 10 Johnson Road

City: Foster State: RI Zip Code: 02825

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

Name of Employer: Occupation: Consultant to nonprofits

Self-employed

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 29 / 2016

Transaction ID : C10243866A

Amount of Each Receipt this Period
250.00

Memo Item

* 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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9370.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2016

Transaction ID : C10243866AB

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)..... ▶

250.00

**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 40	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Joyaux, Simone, P, ,

Mailing Address 10 Johnson Road

City Foster	State RI	Zip Code 02825
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed	Occupation Consultant to nonprofits
-----------------------------------	--

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼	1200.00
--------------------------	---------

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2016

Transaction ID : C10243920A

Amount of Each Receipt this Period

100.00

Memo Item

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

Name of Employer	Occupation Conduit total listed in Agg. field
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Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼	9370.66
--------------------------	---------

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2016

Transaction ID : C10243920AB

Amount of Each Receipt this Period

100.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Joyaux, Simone, P, ,

Mailing Address 10 Johnson Road

City Foster	State RI	Zip Code 02825
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed	Occupation Consultant to nonprofits
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Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼	1200.00
--------------------------	---------

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2016

Transaction ID : C10243956A

Amount of Each Receipt this Period

250.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶	350.00
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 13 OF 40
(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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9370.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : C10243956AB

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Joyaux, Simone, P, ,

Mailing Address 10 Johnson Road

City Foster State RI Zip Code 02825

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

Name of Employer Occupation
Self-employed Consultant to nonprofits

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 29 / 2016

Transaction ID : C10243970A

Amount of Each Receipt this Period
250.00

Memo Item

* 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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9370.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : C10243970AB

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)..... ▶

250.00

**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 14 OF 40	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Minard, Mary, Rebecca, ,

Mailing Address P.O. Box 235

City: Westport Point State: MA Zip Code: 02791

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

Name of Employer: Not employed Occupation: Not employed

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2016

Transaction ID : C10243891A

Amount of Each Receipt this Period
250.00

Memo Item

* 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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9370.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2016

Transaction ID : C10243891AB

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Orenstein, Ken, , ,

Mailing Address 330 Lloyd Ave

City: Providence State: RI Zip Code: 02906

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

Name of Employer: Self Employed Occupation: Real Estate Counseling

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 16 / 2016

Transaction ID : C10243927A

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 15 OF 40
(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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9370.66

Date of Receipt: 12 / 18 / 2016

Transaction ID : **C10243927AB**

Amount of Each Receipt this Period: 250.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Parker, Glenn, , ,

Mailing Address 83 Dana Street

City: Providence State: RI Zip Code: 02906

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

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

Parker Construction Construction

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1800.00

Date of Receipt: 12 / 07 / 2016

Transaction ID : **C10243913A**

Amount of Each Receipt this Period: 500.00

Memo Item

* 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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9370.66

Date of Receipt: 12 / 11 / 2016

Transaction ID : **C10243913AB**

Amount of Each Receipt this Period: 500.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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 16 OF 40
(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)
Parker, Glenn, , ,

Mailing Address 83 Dana Street

City Providence State RI Zip Code 02906

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

Name of Employer Parker Construction Occupation Construction

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

Transaction ID : C10243932A

Amount of Each Receipt this Period
500.00

Memo Item

* 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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9370.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 25 / 2016

Transaction ID : C10243932AB

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Parker, Glenn, , ,

Mailing Address 83 Dana Street

City Providence State RI Zip Code 02906

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

Name of Employer Parker Construction Occupation Construction

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

Transaction ID : C10243933A

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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 17 OF 40
(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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9370.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 25 / 2016

Transaction ID : C10243933AB

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Parker, Glenn, , ,

Mailing Address 83 Dana Street

City Providence State RI Zip Code 02906

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

Name of Employer Occupation
Parker Construction Construction

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2016

Transaction ID : C10243940A

Amount of Each Receipt this Period
100.00

Memo Item

* 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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9370.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 25 / 2016

Transaction ID : C10243940AB

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶ 100.00

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 18 OF 40	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Peterson, Terry, , ,

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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2016

Transaction ID : C10243923A

Amount of Each Receipt this Period
1000.00

Memo Item

* 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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9370.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 18 / 2016

Transaction ID : C10243923AB

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 350 W 42nd St

City New York	State NY	Zip Code 10036
------------------	-------------	-------------------

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

Name of Employer Mount Sinai Health System	Occupation Physician Executive
---	-----------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2016

Transaction ID : C10243876A

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

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: PAGE 19 OF 40
(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: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
9370.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2016
Transaction ID : C10243876AB
Amount of Each Receipt this Period
250.00
 Memo Item
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Snyder, Andrew, , ,
Mailing Address 350 W 42nd St
City New York State NY Zip Code 10036
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Mount Sinai Health System Physician Executive
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2016
Transaction ID : C10244015A
Amount of Each Receipt this Period
250.00
 Memo Item
* 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: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
9370.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2016
Transaction ID : C10244015AB
Amount of Each Receipt this Period
250.00
 Memo Item
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	9000.00

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

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

FOR LINE NUMBER: PAGE 20 OF 40
(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)
DLA PIPER LLP (US) POLITICAL ACTION COMMITTEE (DLA PIPER PAC)

Mailing Address 500 8TH STREET, NW

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00151340

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2016

Transaction ID : C10244023

Amount of Each Receipt this Period
 3000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Enterprise Holdings, Inc, of RI PAC

Mailing Address 600 Corporate Park Dr
St. Louis

City Saint Louis State MO Zip Code 63105-4204

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2016

Transaction ID : C10244447

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Memo Item

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

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

4000.00

4000.00

**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 21 OF 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)
RS Acquisitions, LLC

Mailing Address One Richmond Square, Suite #100C

City Providence State RI Zip Code 02906

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

Name of Employer Occupation

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
12 / 30 / 2016

Transaction ID : **C10244444**

Amount of Each Receipt this Period
1500.00

Memo Item

Security Deposit Refund

B. 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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	1500.00

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 22 OF 40	
	<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. Acontecer Latino Media Group, LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2016	
Mailing Address 155 Odford St			FEC Identification Number C	
City Cranston	State RI	Zip Code 02920	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Advertising		Category/ Type	Transaction ID : D533407	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <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 12 / 04 / 2016	
Mailing Address 14 Arrow St			FEC Identification Number C	
City Cambridge	State MA	Zip Code 02138-5106	Amount of Each Disbursement this Period 109.26	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : D533770	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <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 12 / 11 / 2016	
Mailing Address 14 Arrow St			FEC Identification Number C	
City Cambridge	State MA	Zip Code 02138-5106	Amount of Each Disbursement this Period 33.05	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : D533772	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	392.31
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 40			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. ActBlue			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2016		
Mailing Address 14 Arrow St			FEC Identification Number C		
City Cambridge	State MA	Zip Code 02138-5106	Amount of Each Disbursement this Period 76.10		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : D533775		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <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 12 / 25 / 2016		
Mailing Address 14 Arrow St			FEC Identification Number C		
City Cambridge	State MA	Zip Code 02138-5106	Amount of Each Disbursement this Period 41.44		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : D533776		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <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 12 / 31 / 2016		
Mailing Address 14 Arrow St			FEC Identification Number C		
City Cambridge	State MA	Zip Code 02138-5106	Amount of Each Disbursement this Period 102.88		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : D533777		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	220.42
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 24 OF 40			
	<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. Bay Business Machines, Inc.			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2016		
Mailing Address 44 Albion Rd, Suite 103B			FEC Identification Number C		
City Lincoln	State RI	Zip Code 02865	Amount of Each Disbursement this Period 439.04		
Purpose of Disbursement Office Equipment		Category/Type	Transaction ID : D533402		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Bizzacco, Christopher, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2016		
Mailing Address 10 Max Ave Apt 1			FEC Identification Number C		
City Cambridge	State MA	Zip Code 02141	Amount of Each Disbursement this Period 1457.66		
Purpose of Disbursement Payroll		Category/Type	Transaction ID : D533401		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Cicilline-DiMezza, Roberta, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016		
Mailing Address 119 High Street			FEC Identification Number C		
City Bristol	State RI	Zip Code 02809	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Payroll		Category/Type	Transaction ID : D533400		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2196.70
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 25 OF 40	
	<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. Digital Turf		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2016
Mailing Address 27 Clear Brook Xing		FEC Identification Number C
City Kennebunk	State ME	Zip Code 04043-6303
Purpose of Disbursement Web Expenses		Amount of Each Disbursement this Period 250.00
Candidate Name		Transaction ID : D533382
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2016
Mailing Address 5565 Glenridge Connector NE		FEC Identification Number C
City Atlanta	State GA	Zip Code 30342
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period 485.12
Candidate Name		Transaction ID : D533390
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2016
Mailing Address 5565 Glenridge Connector NE		FEC Identification Number C
City Atlanta	State GA	Zip Code 30342
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period 355.35
Candidate Name		Transaction ID : D533391
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1090.47
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 26 OF 40			
	<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
Mailing Address 5565 Glenridge Connector NE		M M / D D / Y Y Y Y 12 / 05 / 2016
City Atlanta	State GA	Zip Code 30342
Purpose of Disbursement Credit Card Processing Fee		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 26.35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D533392
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement
Mailing Address 5565 Glenridge Connector NE		M M / D D / Y Y Y Y 12 / 05 / 2016
City Atlanta	State GA	Zip Code 30342
Purpose of Disbursement Credit Card Processing Fee		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 7.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D533393
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Lancellotta's		Date of Disbursement
Mailing Address 1113 Charles St		M M / D D / Y Y Y Y 11 / 29 / 2016
City North Providence	State RI	Zip Code 02904-3538
Purpose of Disbursement Events (Field)		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 1559.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D533386
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1592.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 40	
	<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. Mothership Strategies			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2016	
Mailing Address 2413 20th St, NW #4			FEC Identification Number C	
City Washington	State DC	Zip Code 20009	Amount of Each Disbursement this Period 3295.00	
Purpose of Disbursement Fundraising Consulting		Category/ Type	Transaction ID : D533410	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Motif Magazine			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2016	
Mailing Address PO Box 588			FEC Identification Number C	
City Hope Valley	State RI	Zip Code 02832-0588	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Print Buys		Category/ Type	Transaction ID : D533385	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. O'Hanlon, Kathleen, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016	
Mailing Address 61 Lucille Street			FEC Identification Number C	
City Providence	State RI	Zip Code 02908	Amount of Each Disbursement this Period 1734.89	
Purpose of Disbursement Payroll		Category/ Type	Transaction ID : D533404	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	5279.89
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 40			
	<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. Paychex		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016
Mailing Address 501 Wampanoag Trail		FEC Identification Number C
City Riverside	State RI	Zip Code 02915
Purpose of Disbursement Payroll Service Fee		Amount of Each Disbursement this Period 95.05
Candidate Name		Transaction ID : D533394
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016
Mailing Address 501 Wampanoag Trail		FEC Identification Number C
City Riverside	State RI	Zip Code 02915
Purpose of Disbursement Payroll Tax		Amount of Each Disbursement this Period 770.50
Candidate Name		Transaction ID : D533395
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Paychex		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016
Mailing Address 501 Wampanoag Trail		FEC Identification Number C
City Riverside	State RI	Zip Code 02915
Purpose of Disbursement Payroll Tax		Amount of Each Disbursement this Period 641.38
Candidate Name		Transaction ID : D533396
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1506.93
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 29 OF 40			
	<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. Paychex			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016		
Mailing Address 501 Wampanoag Trail			FEC Identification Number C		
City Riverside	State RI	Zip Code 02915	Amount of Each Disbursement this Period 95.05		
Purpose of Disbursement Payroll Service Fee		Category/ Type	Transaction ID : D533397		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. RI Future			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 50 Vine St.			FEC Identification Number C		
City East Greenwich	State RI	Zip Code 02818	Amount of Each Disbursement this Period 900.00		
Purpose of Disbursement Print Buys		Category/ Type	Transaction ID : D533398		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Sheahan Printing			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016		
Mailing Address 1 Front St			FEC Identification Number C		
City Woonsocket	State RI	Zip Code 02895-4308	Amount of Each Disbursement this Period 8007.01		
Purpose of Disbursement Printing		Category/ Type	Transaction ID : D533384		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	9002.06
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 30 OF 40	
	<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 Frost Group		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2016
Mailing Address 3422 Porter St NW		FEC Identification Number C
City Washington	State DC	Zip Code 20016-3126
Purpose of Disbursement Fundraising Consulting	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 3554.45	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D533387
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. The Frost Group		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2016
Mailing Address 3422 Porter St NW		FEC Identification Number C
City Washington	State DC	Zip Code 20016-3126
Purpose of Disbursement Fundraising Consulting	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 3807.75	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D533388
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. The Jewish Voice		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2016
Mailing Address 401 Elmgrove Ave		FEC Identification Number C
City Providence	State RI	Zip Code 02903
Purpose of Disbursement Print Buys	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 410.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D533403
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	7772.20
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 31 OF 40	
	<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. U.S Postmaster			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016	
Mailing Address 24 Corliss St			FEC Identification Number C	
City Providence	State RI	Zip Code 02904-2457	Amount of Each Disbursement this Period 298.00	
Purpose of Disbursement Postage (Fundraising)		Category/ Type	Transaction ID : D533405	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. U.S Postmaster			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016	
Mailing Address 24 Corliss St			FEC Identification Number C	
City Providence	State RI	Zip Code 02904-2457	Amount of Each Disbursement this Period 1081.00	
Purpose of Disbursement Postage (Fundraising)		Category/ Type	Transaction ID : D533406	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Verizon			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2016	
Mailing Address PO Box 1100			FEC Identification Number C	
City Albany	State NY	Zip Code 12250-0001	Amount of Each Disbursement this Period 470.55	
Purpose of Disbursement Mobile Phone		Category/ Type	Transaction ID : D533383	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1849.55
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 32 OF 40	
	<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. WNRI		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2016
Mailing Address 786 Diamond Hill Rd		FEC Identification Number C
City Woonsocket	State RI	Zip Code 02895
Purpose of Disbursement Advertising	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 660.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D533389
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016
Mailing Address 2965 W Corporate Lakes Blvd		FEC Identification Number C
City Weston	State FL	Zip Code 33331-3626
Purpose of Disbursement Credit Card Payment	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 14068.39	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D533381
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amtrak-PVD		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016
Mailing Address 100 Gaspee St		FEC Identification Number C
City Providence	State RI	Zip Code 02903-1133
Purpose of Disbursement Travel	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 410.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D534057
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	14728.39
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 33 OF 40	
	<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		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016
Mailing Address 600 North Point Parkway		FEC Identification Number C
City Alpharetta	State GA	Zip Code 30022
Purpose of Disbursement Mobile Phones		Amount of Each Disbursement this Period 51.61
Candidate Name	Category/ Type	Transaction ID : D534059
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. BJ's Wholesale		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016
Mailing Address 200 Stone Hill Rd		FEC Identification Number C
City Johnston	State RI	Zip Code 02919-4651
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 231.42
Candidate Name	Category/ Type	Transaction ID : D534038
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Community Newspaper		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016
Mailing Address 254 2nd Ave, Ste 1		FEC Identification Number C
City Needham Heights	State MA	Zip Code 02494
Purpose of Disbursement Newspaper Ad		Amount of Each Disbursement this Period 390.00
Candidate Name	Category/ Type	Transaction ID : D534021
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> 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 34 OF 40	
	<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. Embassy Suites			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016	
Mailing Address 191 E Pine St			FEC Identification Number C	
City Orlando	State FL	Zip Code 32801	Amount of Each Disbursement this Period 347.63	
Purpose of Disbursement Lodging		Category/ Type	Transaction ID : D534041	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Family Dollar			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016	
Mailing Address 214 Taunton Ave			FEC Identification Number C	
City East Providence	State RI	Zip Code 02914	Amount of Each Disbursement this Period 62.06	
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : D534027	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Metro PCS			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016	
Mailing Address 112 Douglas Ave			FEC Identification Number C	
City Providence	State RI	Zip Code 02908-3257	Amount of Each Disbursement this Period 258.00	
Purpose of Disbursement Mobile Phones		Category/ Type	Transaction ID : D534031	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <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 35 OF 40	
	<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. Newport Daily News		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016
Mailing Address 101 Malbone Rd		FEC Identification Number C
City Newport	State RI	Zip Code 02840-1340
Purpose of Disbursement Advertisements	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 958.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D534030 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Newport This Week		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016
Mailing Address 86 Broadway		FEC Identification Number C
City Newport	State RI	Zip Code 02840
Purpose of Disbursement Advertisements	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 691.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D534032 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Omni Hotel		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016
Mailing Address 1 W Exchange St		FEC Identification Number C
City Providence	State RI	Zip Code 02903
Purpose of Disbursement Lodging	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 914.55	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D534040 <input checked="" type="checkbox"/> 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 36 OF 40	
	<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. Providence Biltmore		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016
Mailing Address 11 Dorrance St		FEC Identification Number C
City Providence	State RI	Zip Code 02903-1734
Purpose of Disbursement Lodging	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 625.64	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D534055 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Rooftop Providence G		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016
Mailing Address 100 Dorrance St		FEC Identification Number C
City Providence	State RI	Zip Code 02903
Purpose of Disbursement Catering & Event Venue	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1920.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D534029 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016
Mailing Address 691 N Main St		FEC Identification Number C
City Providence	State RI	Zip Code 02904-5701
Purpose of Disbursement Gasoline	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 217.25	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D534016 <input checked="" type="checkbox"/> 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 37 OF 40	
	<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. Southwest Airlines			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016	
Mailing Address 1 Aviation Cir			FEC Identification Number C	
City Washington	State DC	Zip Code 20001-6000	Amount of Each Disbursement this Period 683.93	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : D534019	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. USPS			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016	
Mailing Address 100 Hartford Ave			FEC Identification Number C	
City Providence	State RI	Zip Code 02909-3323	Amount of Each Disbursement this Period 283.75	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : D534034	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Valley Breeze			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016	
Mailing Address 2190 Mendon Rd			FEC Identification Number C	
City Cumberland	State RI	Zip Code 02864-3805	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement Advertisements		Category/ Type	Transaction ID : D534020	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <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 38 OF 40			
	<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. Cicilline-DiMezza, Roberta, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016		
Mailing Address 119 High Street			FEC Identification Number C		
City Bristol	State RI	Zip Code 02809	Amount of Each Disbursement this Period 123.25		
Purpose of Disbursement Reimbursement		Category/ Type	Transaction ID : D533399		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item		
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			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item		
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).....▶	123.25
TOTAL This Period (last page this line number only).....▶	45755.09

**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 39 OF 40			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Okonow, Dale, S., ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2016
Mailing Address 750 South St		FEC Identification Number C
City Needham	State MA	Zip Code 02492
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	Transaction ID : D533408
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

**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 40 OF 40	
	<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. Meeting Street

Mailing Address c/o Holiday Cards 1000 Eddy Street

City Providence State RI Zip Code 02905

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 21 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 300.00

Transaction ID : D533409

Memo Item

Full Name (Last, First, Middle Initial)
B. STEPHANIE MURPHY FOR CONGRESS

Mailing Address PO BOX 205

City WINTER PARK State FL Zip Code 32790

Purpose of Disbursement Contribution - 12/28 Amex Payment

Candidate Name MURPHY, STEPHANIE, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 07

Date of Disbursement: 12 / 28 / 2016

FEC Identification Number: C C00620443

Amount of Each Disbursement this Period: 1000.00

Transaction ID : D534063

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 300.00

TOTAL This Period (last page this line number only).....▶ 300.00