

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

RILEY FOR CONGRESS

ADDRESS (number and street)

PO Box 376

Check if different than previously reported. (ACC)

North Kingstown

RI

02852

2. FEC IDENTIFICATION NUMBER

C C00505990

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

RI

02

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 MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY

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 Mrs Jennifer L O'Neill

Signature of Treasurer Mrs Jennifer L O'Neill [Electronically Filed] Date

MM/DD/YYYY 07/20/2012

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

Table with 8 columns for Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
RILEY FOR CONGRESS

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))....	25178.73	51675.76
(b) Total Contribution Refunds (from Line 20(d))	0.00	75.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	25178.73	51600.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	200287.67	286728.29
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	200287.67	286728.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	125072.47	
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).....	368116.29	

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

RILEY FOR CONGRESS

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).....	19328.73	41202.86
(ii) Unitemized	5750.00	10372.90
(iii) TOTAL of contributions from individuals	25078.73	51575.76
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	100.00	100.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	25178.73	51675.76
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	188700.00	360200.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	188700.00	360200.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	213878.73	411875.76

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	200287.67	286728.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	75.00
(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	75.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	200287.67	286803.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	111481.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	213878.73
25. SUBTOTAL (add Line 23 and Line 24).....	325360.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	200287.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	125072.47

**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 56
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) 32 GOP		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2012
Mailing Address 477 Main Street		Transaction ID : SA11AI.4689
City Woodbury	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2012 <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) Richard Baccari		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2012
Mailing Address 440 Ocean Road		Transaction ID : SA11AI.4634
City Narragansett	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Churchill & Banks	Occupation Developer	
Receipt For: 2012 <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) Gary Bowen		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 02 / 2012
Mailing Address 188 Beacon Street #3		Transaction ID : SA11AI.4560
City Boston	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GPB Capital LLC	Occupation Investor	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 56
	<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)
RILEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Harry Brandt

Mailing Address 4711 Van Kleek Drive

City State Zip Code
New Smyrna Beach FL 32169

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.4526

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Gregory Butler

Mailing Address 17 Green Briar

City State Zip Code
Glastonbury CT 06033

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

Name of Employer Occupation
Northeast Utilities Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.4637

Amount of Each Receipt this Period
2300.00

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

Mailing Address 19 Misty Meadows

City State Zip Code
Burlington CT 06013

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

Name of Employer Occupation
DeMatteo Industries Board Chairman

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012

Transaction ID : SA11AI.4534

Amount of Each Receipt this Period
500.00

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

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

4800.00

**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 7 OF 56
	<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)
RILEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Daniel Fogarty

Mailing Address 61 Cardinal Lane

City State Zip Code
Wakefield RI 02879

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

Name of Employer Occupation
Plasticast Inc. Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2012

Transaction ID : SA11AI.4611

Amount of Each Receipt this Period
250.00

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

Mailing Address PMB 310 42 Lake Ave Extension

City State Zip Code
Danbury CT 06811

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

Name of Employer Occupation
The Prince Group Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.4683

Amount of Each Receipt this Period
1500.00

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

Mailing Address 1865 Les Chateaux Blvd Unit 303

City State Zip Code
Naples FL 34109

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 27 / 2012

Transaction ID : SA11AI.4545

Amount of Each Receipt this Period
500.00

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 8 OF 56
	<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)
RILEY FOR CONGRESS

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

Mailing Address 25 Pegwin Drive

City East Greenwich State RI Zip Code 02818

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

Name of Employer Gilbane Inc. Occupation Chairman, CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.4515

Amount of Each Receipt this Period
 250.00

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

Mailing Address 8477 Bay Colony Road #1202

City Naples State FL Zip Code 34108

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

Name of Employer Premier Sotheby's Intl Realty Occupation Realtor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2012

Transaction ID : SA11AI.4510

Amount of Each Receipt this Period
 500.00

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

Mailing Address 33 Dusenberry Road

City Bronxville State NY Zip Code 10708

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

Name of Employer DHL Capital Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.4639

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: (check only one)	PAGE 9 OF 56
	<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)
RILEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Normand Langlais

Mailing Address 2077 Middle Road

City East Greenwich State RI Zip Code 02818

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

Name of Employer Self Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2012

Transaction ID : SA11AI.4584

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Normand Langlais

Mailing Address 2077 Middle Road

City East Greenwich State RI Zip Code 02818

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

Name of Employer Self Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012

Transaction ID : SA11AI.4623

Amount of Each Receipt this Period
50.00

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

Mailing Address 164 1st Avenue

City Naples State FL Zip Code 34102

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

Name of Employer Self Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : SA11AI.4547

Amount of Each Receipt this Period
500.00

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

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

650.00

**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 56
	<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)
RILEY FOR CONGRESS

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

Mailing Address 50 Rockland Street

City Narragansett State RI Zip Code 02882

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period
 250.00

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

Mailing Address 50 Rockland Street

City Narragansett State RI Zip Code 02882

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.4695

Amount of Each Receipt this Period
 50.00

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

Mailing Address PO Box 9

City Eastport State NY Zip Code 11941

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

Name of Employer Self Occupation Investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.4696

Amount of Each Receipt this Period
 2500.00

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

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

2800.00

**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 56
	<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)
RILEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kevin O'Neill

Mailing Address 761 Curtis Corner Road

City State Zip Code
Wakefield RI 02879

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

Name of Employer Occupation
O'Neill Consulting Group Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.4700

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Herbert Randall

Mailing Address 8 Waxcadowa Avenue

City State Zip Code
Westerly RI 02891

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

Name of Employer Occupation
Self Realtor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.4524

Amount of Each Receipt this Period
250.00

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

Mailing Address 8171 Bay Colony Drive

City State Zip Code
Naples FL 34108

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2012

Transaction ID : SA11AI.4530

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 12 OF 56
	<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)
RILEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jack Shilling

Mailing Address 3108 Deerfield Court

City Murrysville State PA Zip Code 15668

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.4518

Amount of Each Receipt this Period
 500.00

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

Mailing Address 885 Woodland Drive

City Glenview State IL Zip Code 60025

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

Name of Employer Vedder Price Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.4517

Amount of Each Receipt this Period
 200.00

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

Mailing Address 9762 Bent Grass Bend

City Naples State FL Zip Code 34103

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

Name of Employer None Occupation None

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2012

Transaction ID : SA11AI.4705

Amount of Each Receipt this Period
 1128.73

In-kind - Fees/Meals for Bay Colony Golf Club Paid by Marilyn Tenzer for Outing -Fundraising Event

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

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

1828.73

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4705

Marilyn Tenzer's Contribution to the Campaign is In Kind. Event at the Bay Colony Golf Club...9740 Bent Grass Bend, Naples, FL 34108. Golf and Meal - Fundraising Event

Form/Schedule:

Transaction ID:

**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 56
	<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)
RILEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Timothy Ubben

Mailing Address 692 Ardmore Lane

City Naples State FL Zip Code 34108

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012

Transaction ID : SA11AI.4536

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Clyde White

Mailing Address 356 Brookside Road

City Darien State CT Zip Code 06820

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.4687

Amount of Each Receipt this Period
 1250.00

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

Mailing Address 111 Metacomet Drive

City Kensington State CT Zip Code 06037

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

Name of Employer Vertex Inc Occupation President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.4645

Amount of Each Receipt this Period
 250.00

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

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

2500.00

19328.73

**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 15 OF 56
	<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)
RILEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Friends to Elect Tina Jackson

Mailing Address 75 Skagerrak Road

City Charlestown State RI Zip Code 02813

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012

Transaction ID : SA11C.4666

Amount of Each Receipt this Period
 100.00

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

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).....

100.00

100.00

**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 56
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
RILEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Michael G. Riley

Mailing Address 25 Wildfield Farm Road

City State Zip Code
Narragansett RI 02882

FEC ID number of contributing federal political committee. **C H2RI02135**

Name of Employer Occupation
Coastal Management Group LLC Managing Member - Investment Advisor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
236525.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : SA13A.4824

Amount of Each Receipt this Period
65000.00

Loan to Campaign by Michael Riley Candidate D2

B. Full Name (Last, First, Middle Initial)
Mr. Michael G. Riley

Mailing Address 25 Wildfield Farm Road

City State Zip Code
Narragansett RI 02882

FEC ID number of contributing federal political committee. **C H2RI02135**

Name of Employer Occupation
Coastal Management Group LLC Managing Member - Investment Advisor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
266525.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : SA13A.4825

Amount of Each Receipt this Period
30000.00

Loan to Campaign by Michael Riley Candidate D2

C. Full Name (Last, First, Middle Initial)
Mr. Michael G. Riley

Mailing Address 25 Wildfield Farm Road

City State Zip Code
Narragansett RI 02882

FEC ID number of contributing federal political committee. **C H2RI02135**

Name of Employer Occupation
Coastal Management Group LLC Managing Member - Investment Advisor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
336525.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : SA13A.4826

Amount of Each Receipt this Period
70000.00

Loan to Campaign by Michael Riley Candidate D2

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

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

165000.00

**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 56
	<input type="checkbox"/> 11a 12 <input checked="" 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)
RILEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Michael G. Riley

Mailing Address 25 Wildfield Farm Road

City State Zip Code
Narragansett RI 02882

FEC ID number of contributing federal political committee. **C** H2RI02135

Name of Employer Occupation
Coastal Management Group LLC Managing Member - Investment Advisor

Receipt For: 2102
 Primary General
 Other (specify)

Election Cycle-to-Date
360225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA13A.4827

Amount of Each Receipt this Period
23700.00

Loan to Campaign by Michael Riley Candidate D2

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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).....

23700.00

188700.00

**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 18 OF 56			
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Margaret Barton		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 7714 Delafield PI		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4736
City Alexandria	State VA	
Purpose of Disbursement Consultant Monthly Payment - Fundraiser		Category/ Type 001
Candidate Name RILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI	District: 02	

Full Name (Last, First, Middle Initial) B. Margaret Barton		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 7714 Delafield PI		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4738
City Alexandria	State VA	
Purpose of Disbursement Consultant Monthly Payment - Fundraiser		Category/ Type 001
Candidate Name RILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI	District: 02	

Full Name (Last, First, Middle Initial) c. Margaret Barton		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 7714 Delafield PI		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4739
City Alexandria	State VA	
Purpose of Disbursement Consultant Monthly Payment - Fundraiser		Category/ Type 001
Candidate Name RILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	4500.00
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 19 OF 56			
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BizGrader.Com		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 5586 Post Road Suites 202/204		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4720
City East Greenwich State RI Zip Code 02818	Purpose of Disbursement Web Site Hosting Monthly Payment 001 Category/Type	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. BizGrader.Com		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 5586 Post Road Suites 202/204		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4721
City East Greenwich State RI Zip Code 02818	Purpose of Disbursement Web Site Hosting Monthly Payment 001 Category/Type	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) c. BizGrader.Com		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 5586 Post Road Suites 202/204		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4722
City East Greenwich State RI Zip Code 02818	Purpose of Disbursement Web Site Hosting Monthly Payment 001 Category/Type	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	1200.00
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 20 OF 56	
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Department of the Treasury		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 902.80 Transaction ID : SB17.4813
City Cincinnati	State OH Zip Code 45999	
Purpose of Disbursement 941 Tax Filing Payment - Fed W/H and SS/Mcr	Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: RI District: 02	

Full Name (Last, First, Middle Initial) B. Department of the Treasury		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 21.60 Transaction ID : SB17.4814
City Cincinnati	State OH Zip Code 45999	
Purpose of Disbursement FUTA Payment Q1	Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: RI District: 02	

Full Name (Last, First, Middle Initial) c. Department of the Treasury		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 9.60 Transaction ID : SB17.4818
City Cincinnati	State OH Zip Code 45999	
Purpose of Disbursement FUTA Tax Payment	Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: RI District: 02	

SUBTOTAL of Disbursements This Page (optional).....	934.00
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 21 OF 56			
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Department of the Treasury		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 902.80 Transaction ID : SB17.4819
City Cincinnati	State OH Zip Code 45999	
Purpose of Disbursement 941 Payroll Tax Payment	Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: RI District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Philip Duquette		Date of Disbursement MM / DD / YYYY 06 / 30 / 2012
Mailing Address 17 Shadbush Trail		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.4753
City Saunderstown	State RI Zip Code 02874	
Purpose of Disbursement Monthly Consulting Fee - Campaign Worker	Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: RI District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Just Buttons		Date of Disbursement MM / DD / YYYY 06 / 22 / 2012
Mailing Address 59 School Ground Road Unit 7		Amount of Each Disbursement this Period 285.00 Transaction ID : SB17.4730
City Branford	State CT Zip Code 06405	
Purpose of Disbursement Political Buttons Purchase	Category/Type 004	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: RI District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	2087.80
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 22 OF 56			
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jyoti K. Mehta		Date of Disbursement MM / DD / YYYY 04 / 08 / 2012
Mailing Address 15 Beechcrest Road		Amount of Each Disbursement this Period 696.00 Transaction ID : SB17.4732
City East Greenwich	State RI	
Purpose of Disbursement Payment for Hours Conducting Research for Campaign		Category/ Type 001
Candidate Name RILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI	District: 02	

Full Name (Last, First, Middle Initial) B. Jyoti K. Mehta		Date of Disbursement MM / DD / YYYY 04 / 10 / 2012
Mailing Address 15 Beechcrest Road		Amount of Each Disbursement this Period 396.00 Transaction ID : SB17.4734
City East Greenwich	State RI	
Purpose of Disbursement Payment for Hours Conducting Research for Campaign		Category/ Type 001
Candidate Name RILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI	District: 02	

Full Name (Last, First, Middle Initial) c. Jyoti K. Mehta		Date of Disbursement MM / DD / YYYY 05 / 15 / 2012
Mailing Address 15 Beechcrest Road		Amount of Each Disbursement this Period 612.00 Transaction ID : SB17.4735
City East Greenwich	State RI	
Purpose of Disbursement Payment for Hours Conducting Research for Campaign		Category/ Type 001
Candidate Name RILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	1704.00
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 23 OF 56			
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MultiMedia Communications, Inc.		Date of Disbursement MM / DD / YYYY 04 / 17 / 2012
Mailing Address 600 Jefferson Plaza Suite 206		Amount of Each Disbursement this Period 13538.00 Transaction ID : SB17.4741
City Rockville State MD Zip Code 20852	Purpose of Disbursement Ad Production - TV 004 Category/Type	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. MultiMedia Communications, Inc.		Date of Disbursement MM / DD / YYYY 04 / 17 / 2012
Mailing Address 600 Jefferson Plaza Suite 206		Amount of Each Disbursement this Period 2713.15 Transaction ID : SB17.4742
City Rockville State MD Zip Code 20852	Purpose of Disbursement Radio Ad Production 004 Category/Type	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) C. MultiMedia Communications, Inc.		Date of Disbursement MM / DD / YYYY 04 / 17 / 2012
Mailing Address 600 Jefferson Plaza Suite 206		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4743
City Rockville State MD Zip Code 20852	Purpose of Disbursement Consulting for Advertising 004 Category/Type	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	18251.15
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 56	
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MultiMedia Communications, Inc.		Date of Disbursement MM / DD / YYYY 04 / 17 / 2012
Mailing Address 600 Jefferson Plaza Suite 206		Amount of Each Disbursement this Period 1100.00 Transaction ID : SB17.4744
City Rockville State MD Zip Code 20852	Purpose of Disbursement Consulting for Advertising Category/Type 004	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. MultiMedia Communications, Inc.		Date of Disbursement MM / DD / YYYY 06 / 12 / 2012
Mailing Address 600 Jefferson Plaza Suite 206		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4745
City Rockville State MD Zip Code 20852	Purpose of Disbursement Consulting for Advertising Category/Type 004	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) C. MultiMedia Communications, Inc.		Date of Disbursement MM / DD / YYYY 06 / 12 / 2012
Mailing Address 600 Jefferson Plaza Suite 206		Amount of Each Disbursement this Period 3062.50 Transaction ID : SB17.4746
City Rockville State MD Zip Code 20852	Purpose of Disbursement Production of Radio Advertisements Category/Type 004	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	6162.50
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 25 OF 56			
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. National Grid		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012
Mailing Address PO Box 960		Amount of Each Disbursement this Period 74.31
City Northborough	State MA	
Zip Code 01532-0960	Purpose of Disbursement Utility Payment - Gas & Electric	Transaction ID : SB17.4710
Candidate Name RILEY FOR CONGRESS	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI	District: 02	

Full Name (Last, First, Middle Initial) B. National Grid		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012
Mailing Address PO Box 960		Amount of Each Disbursement this Period 20.71
City Northborough	State MA	
Zip Code 01532-0960	Purpose of Disbursement Utility Payment - Gas & Electric	Transaction ID : SB17.4711
Candidate Name RILEY FOR CONGRESS	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI	District: 02	

Full Name (Last, First, Middle Initial) c. National Grid		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012
Mailing Address PO Box 960		Amount of Each Disbursement this Period 13.23
City Northborough	State MA	
Zip Code 01532-0960	Purpose of Disbursement Utility Payment - Gas & Electric	Transaction ID : SB17.4713
Candidate Name RILEY FOR CONGRESS	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	108.23
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 56			
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. National Grid		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address PO Box 960		Amount of Each Disbursement this Period 13.23
City Northborough	State MA	
Zip Code 01532-0960	Purpose of Disbursement Utility Payment - Gas & Electric	Transaction ID : SB17.4714
Candidate Name RILEY FOR CONGRESS	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. National Grid		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address PO Box 960		Amount of Each Disbursement this Period 45.82
City Northborough	State MA	
Zip Code 01532-0960	Purpose of Disbursement Utility Payment - Gas & Electric	Transaction ID : SB17.4715
Candidate Name RILEY FOR CONGRESS	Category/ Type 001	
Office Sought: <input checked="" 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: RI District: 02		

Full Name (Last, First, Middle Initial) c. National Grid		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address PO Box 960		Amount of Each Disbursement this Period 60.30
City Northborough	State MA	
Zip Code 01532-0960	Purpose of Disbursement Utility Payment - Gas & Electric	Transaction ID : SB17.4716
Candidate Name RILEY FOR CONGRESS	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	119.35
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 56	
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. National Grid		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address PO Box 960		Amount of Each Disbursement this Period 26.46 Transaction ID : SB17.4717
City Northborough	State MA	
Zip Code 01532-0960	Purpose of Disbursement Utility Payment - Gas & Electric	Category/ Type 001
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: RI District: 02	

Full Name (Last, First, Middle Initial) B. National Grid		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address PO Box 960		Amount of Each Disbursement this Period 99.27 Transaction ID : SB17.4718
City Northborough	State MA	
Zip Code 01532-0960	Purpose of Disbursement Utility Payment - Gas & Electric	Category/ Type 001
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: RI District: 02	

Full Name (Last, First, Middle Initial) c. National Grid		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address PO Box 960		Amount of Each Disbursement this Period 31.33 Transaction ID : SB17.4719
City Northborough	State MA	
Zip Code 01532-0960	Purpose of Disbursement Utility Payment - Gas & Electric	Category/ Type 001
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: RI District: 02	

SUBTOTAL of Disbursements This Page (optional).....	157.06
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 28 OF 56	
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Patrick O'Neil		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address 21 Straits Road		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4749
City Chester	State CT	
Purpose of Disbursement Monthly Consulting Fee - PR		Category/ Type 001
Candidate Name RILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI	District: 02	

Full Name (Last, First, Middle Initial) B. Patrick O'Neil		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 21 Straits Road		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4750
City Chester	State CT	
Purpose of Disbursement Monthly Consulting Fee - PR		Category/ Type 001
Candidate Name RILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI	District: 02	

Full Name (Last, First, Middle Initial) c. Patrick O'Neil		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 21 Straits Road		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4751
City Chester	State CT	
Purpose of Disbursement Monthly Consulting Fee - PR		Category/ Type 001
Candidate Name RILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	2400.00
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 29 OF 56	
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. O'Rourke Insurance		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address 900 Park Avenue		Amount of Each Disbursement this Period 905.00 Transaction ID : SB17.4747
City Cranston State RI Zip Code 02910	Purpose of Disbursement General Liability Insurance for Office Rental 001 Category/Type	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012
Mailing Address 144 2dn Street 1st Floor		Amount of Each Disbursement this Period 29.00 Transaction ID : SB17.4755
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Bank Service Fee 001 Category/Type	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) c. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 144 2dn Street 1st Floor		Amount of Each Disbursement this Period 299.49 Transaction ID : SB17.4709
City San Francisco State CA Zip Code 94105	Purpose of Disbursement June Total Merchant Account Fees for Credit Card Processing 001 Category/Type	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	1233.49
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 30 OF 56	
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 1800 POST ROAD SUITE 17-I		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4756
City WARWICK State RI Zip Code 02886	Purpose of Disbursement Rental of Shriners Hall for State Convention Reception Category/Type 007	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. Richard's Pub & Restaurant		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 3347 South Country Trail		Amount of Each Disbursement this Period 459.00 Transaction ID : SB17.4761
City East Greenwich State RI Zip Code 02818	Purpose of Disbursement Bill for Food - Campaign Event Category/Type 007	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) c. RI Division of Taxation		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address One Capitol Hill		Amount of Each Disbursement this Period 234.90 Transaction ID : SB17.4815
City Providence State RI Zip Code 02908	Purpose of Disbursement RI TX 17 Payroll Filing and Payment Q1 Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	943.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 56			
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RI Division of Taxation		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address One Capitol Hill		Amount of Each Disbursement this Period 135.00 Transaction ID : SB17.4816
City Providence	State RI Zip Code 02908	
Purpose of Disbursement RI Withholding Tax Payment	Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: RI District: 02	

Full Name (Last, First, Middle Initial) B. RI Division of Taxation		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address One Capitol Hill		Amount of Each Disbursement this Period 135.00 Transaction ID : SB17.4820
City Providence	State RI Zip Code 02908	
Purpose of Disbursement RI Withholding Payroll Tax Payment	Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: RI District: 02	

Full Name (Last, First, Middle Initial) c. RI Mentoring Partnership		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address 3296 Post Road		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.4758
City Warwick	State RI Zip Code 02886	
Purpose of Disbursement Campaign Headquarters Office Rent	Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: RI District: 02	

SUBTOTAL of Disbursements This Page (optional).....	1170.00
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 32 OF 56	
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RI Mentoring Partnership		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 3296 Post Road		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.4759
City Warwick	State RI	
Zip Code 02886	Purpose of Disbursement Campaign Headquarters Office Rent	Category/ Type 001
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: RI District: 02	

Full Name (Last, First, Middle Initial) B. RI Mentoring Partnership		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 3296 Post Road		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.4760
City Warwick	State RI	
Zip Code 02886	Purpose of Disbursement Campaign Headquarters Office Rent	Category/ Type 001
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: RI District: 02	

Full Name (Last, First, Middle Initial) c. Strategic Media Group, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 1210 N. Taft Street Suite 701		Amount of Each Disbursement this Period 43053.00 Transaction ID : SB17.4763
City Arlington	State VA	
Zip Code 22201-2436	Purpose of Disbursement Advertising Buy - TV	Category/ Type 004
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: RI District: 02	

SUBTOTAL of Disbursements This Page (optional).....	44853.00
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 33 OF 56			
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Strategic Media Group, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 1210 N. Taft Street Suite 701		Amount of Each Disbursement this Period 29757.00 Transaction ID : SB17.4764
City Arlington	State VA	
Zip Code 22201-2436	Purpose of Disbursement Advertising Buy - TV	Category/ Type 004
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: RI District: 02	

Full Name (Last, First, Middle Initial) B. Strategic Media Group, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 1210 N. Taft Street Suite 701		Amount of Each Disbursement this Period 3772.00 Transaction ID : SB17.4765
City Arlington	State VA	
Zip Code 22201-2436	Purpose of Disbursement Advertising Buy	Category/ Type 004
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: RI District: 02	

Full Name (Last, First, Middle Initial) c. Strategic Media Group, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address 1210 N. Taft Street Suite 701		Amount of Each Disbursement this Period 42100.00 Transaction ID : SB17.4766
City Arlington	State VA	
Zip Code 22201-2436	Purpose of Disbursement Advertising Buy	Category/ Type 004
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: RI District: 02	

SUBTOTAL of Disbursements This Page (optional).....	75629.00
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 56			
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Marilyn Tenzer		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2012
Mailing Address 9762 Bent Grass Bend		Amount of Each Disbursement this Period 1128.73
City Naples	State FL	
Zip Code 34103	Purpose of Disbursement In-kind - Fees/Meals for Bay Colony Golf Club Paid by Marilyn Tenzer for Outing Fundraising Event	Transaction ID : SB17.4707
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Prince Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address PMB 310 42 Lave Ave Extension		Amount of Each Disbursement this Period 4000.00
City Danbury	State CT	
Zip Code 06811	Purpose of Disbursement Monthly Consulting Fee	Transaction ID : SB17.4768
Candidate Name RILEY FOR CONGRESS	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) c. The Prince Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2012
Mailing Address PMB 310 42 Lave Ave Extension		Amount of Each Disbursement this Period 371.21
City Danbury	State CT	
Zip Code 06811	Purpose of Disbursement Mileage Reimbursement for Campaign Travel	Transaction ID : SB17.4769
Candidate Name RILEY FOR CONGRESS	Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	5499.94
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 56	
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Prince Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2012
Mailing Address PMB 310 42 Lave Ave Extension		Amount of Each Disbursement this Period 1056.13 Transaction ID : SB17.4771
City Danbury State CT Zip Code 06811	Purpose of Disbursement Expense Reimbursement Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2012
Mailing Address 1800 Post Road		Amount of Each Disbursement this Period 1056.13 Transaction ID : SB17.4771.0 [MEMO ITEM]
City Warwick State RI Zip Code 02886	Purpose of Disbursement Computer Lap top for Campaign Headquarters Office Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) c. The Prince Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address PMB 310 42 Lave Ave Extension		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.4775
City Danbury State CT Zip Code 06811	Purpose of Disbursement Monthly Consulting Fee Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	5056.13
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 56	
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Prince Group		Date of Disbursement MM / DD / YYYY 06 / 01 / 2012
Mailing Address PMB 310 42 Lave Ave Extension		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.4776
City Danbury State CT Zip Code 06811	Purpose of Disbursement Monthly Consulting Fee Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. Top Line Tees		Date of Disbursement MM / DD / YYYY 06 / 08 / 2012
Mailing Address 50 Terminal Street Bldg 2, 2nd Fl		Amount of Each Disbursement this Period 1275.00 Transaction ID : SB17.4778
City Charlestown State MA Zip Code 02129	Purpose of Disbursement Down Payment on TShirts for Campaign Category/Type 006	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) c. Top Line Tees		Date of Disbursement MM / DD / YYYY 06 / 15 / 2012
Mailing Address 50 Terminal Street Bldg 2, 2nd Fl		Amount of Each Disbursement this Period 1275.00 Transaction ID : SB17.4780
City Charlestown State MA Zip Code 02129	Purpose of Disbursement Final Payment Campaign T Shirts Category/Type 006	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	6550.00
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 56	
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nicholas P. Tsimortos		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 431 Main Street Unit 4		Amount of Each Disbursement this Period 798.60 Transaction ID : SB17.4802
City Medfield State MA Zip Code 02052	Purpose of Disbursement Salary - Campaign Field Employee Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. Nicholas P. Tsimortos		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 431 Main Street Unit 4		Amount of Each Disbursement this Period 798.60 Transaction ID : SB17.4803
City Medfield State MA Zip Code 02052	Purpose of Disbursement Salary - Campaign Field Employee Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) c. Nicholas P. Tsimortos		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 431 Main Street Unit 4		Amount of Each Disbursement this Period 798.60 Transaction ID : SB17.4804
City Medfield State MA Zip Code 02052	Purpose of Disbursement Salary - Campaign Field Employee Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	2395.80
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 56	
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nicholas P. Tsimortos		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 431 Main Street Unit 4		Amount of Each Disbursement this Period 798.60 Transaction ID : SB17.4805
City Medfield	State MA	
Zip Code 02052	Purpose of Disbursement Salary - Campaign Field Employee	Category/ Type 001
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI	District: 02	

Full Name (Last, First, Middle Initial) B. Nicholas P. Tsimortos		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 431 Main Street Unit 4		Amount of Each Disbursement this Period 898.60 Transaction ID : SB17.4806
City Medfield	State MA	
Zip Code 02052	Purpose of Disbursement Salary - Campaign Field Employee	Category/ Type 001
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI	District: 02	

Full Name (Last, First, Middle Initial) c. Nicholas P. Tsimortos		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 431 Main Street Unit 4		Amount of Each Disbursement this Period 798.60 Transaction ID : SB17.4807
City Medfield	State MA	
Zip Code 02052	Purpose of Disbursement Salary - Campaign Field Employee	Category/ Type 001
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	2495.80
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 39 OF 56	
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nicholas P. Tsimortos		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 431 Main Street Unit 4		Amount of Each Disbursement this Period 798.60 Transaction ID : SB17.4808
City Medfield State MA Zip Code 02052	Purpose of Disbursement Salary - Campaign Field Employee Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2102 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. Nicholas P. Tsimortos		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 431 Main Street Unit 4		Amount of Each Disbursement this Period 42.79 Transaction ID : SB17.4833
City Medfield State MA Zip Code 02052	Purpose of Disbursement Reimburse for Office Supplies for HQ Office Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) c. Tuesday Associates		Date of Disbursement MM / DD / YYYY 04 / 15 / 2012
Mailing Address 60 New Driftway Suite 18		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4781
City Scituate State MA Zip Code 02066	Purpose of Disbursement Monthly Consulting Fee - Fundraiser Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	2341.39
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 40 OF 56	
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tuesday Associates		Date of Disbursement MM / DD / YYYY 04 / 15 / 2012
Mailing Address 60 New Driftway Suite 18		Amount of Each Disbursement this Period 356.79 Transaction ID : SB17.4782
City Scituate	State MA Zip Code 02066	
Purpose of Disbursement Commission on Funds Raised	Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. Tuesday Associates		Date of Disbursement MM / DD / YYYY 04 / 18 / 2012
Mailing Address 60 New Driftway Suite 18		Amount of Each Disbursement this Period 7224.90 Transaction ID : SB17.4783
City Scituate	State MA Zip Code 02066	
Purpose of Disbursement Consulting Bill - Mailing Preparation for Fundraising Solicitation	Category/Type 003	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) c. Tuesday Associates		Date of Disbursement MM / DD / YYYY 05 / 01 / 2012
Mailing Address 60 New Driftway Suite 18		Amount of Each Disbursement this Period 435.50 Transaction ID : SB17.4784
City Scituate	State MA Zip Code 02066	
Purpose of Disbursement Commission Earned on Funds Raised	Category/Type 003	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	8017.19
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 41 OF 56	
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tuesday Associates		Date of Disbursement MM / DD / YYYY 05 / 15 / 2012
Mailing Address 60 New Driftway Suite 18		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4785
City Scituate	State MA Zip Code 02066	
Purpose of Disbursement Monthly Consulting Fee - Fundraiser	Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. Tuesday Associates		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 60 New Driftway Suite 18		Amount of Each Disbursement this Period 49.50 Transaction ID : SB17.4786
City Scituate	State MA Zip Code 02066	
Purpose of Disbursement Consulting Bill - Mailing Preparation for Fundraising Solicitation	Category/Type 003	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) c. Tuesday Associates		Date of Disbursement MM / DD / YYYY 06 / 16 / 2012
Mailing Address 60 New Driftway Suite 18		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4787
City Scituate	State MA Zip Code 02066	
Purpose of Disbursement Monthly Consultant Fee - Fundraiser	Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	3049.50
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 42 OF 56	
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Telephone		Date of Disbursement MM / DD / YYYY 06 / 11 / 2012
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 269.78 Transaction ID : SB17.4790
City Albany State NY Zip Code 12250	Purpose of Disbursement Campaign Headquarters Telephone Bill Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. Verizon Telephone		Date of Disbursement MM / DD / YYYY 06 / 11 / 2012
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 254.88 Transaction ID : SB17.4791
City Albany State NY Zip Code 12250	Purpose of Disbursement Campaign Headquarters Telephone Bill Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) c. Verizon Wireless		Date of Disbursement MM / DD / YYYY 04 / 06 / 2012
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 110.49 Transaction ID : SB17.4792
City Albany State NY Zip Code 12212-5062	Purpose of Disbursement Cell Phone Account Payment Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	635.15
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 43 OF 56			
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement MM / DD / YYYY 04 / 06 / 2012
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4829
City Albany State NY Zip Code 12212-5062	Purpose of Disbursement Verizon Wireless Deposit on Phone Account (2nd Phone) Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement MM / DD / YYYY 04 / 12 / 2012
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 172.05 Transaction ID : SB17.4793
City Albany State NY Zip Code 12212-5062	Purpose of Disbursement Cell Phone Account Payment Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) c. Verizon Wireless		Date of Disbursement MM / DD / YYYY 04 / 24 / 2012
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 153.30 Transaction ID : SB17.4794
City Albany State NY Zip Code 12212-5062	Purpose of Disbursement Cell Phone Account Payment Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	725.35
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 44 OF 56			
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 279.07 Transaction ID : SB17.4795
City Albany State NY Zip Code 12212-5062	Purpose of Disbursement Candidate Name RILEY FOR CONGRESS Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 212.69 Transaction ID : SB17.4797
City Albany State NY Zip Code 12212-5062	Purpose of Disbursement Cell Phone Account Payment Candidate Name RILEY FOR CONGRESS Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Wickford Bookkeeping Services, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address 143 Country Hill Lane		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4798
City North Kingstown State RI Zip Code 02852	Purpose of Disbursement Monthly Fee for Accounting and Reporting Candidate Name RILEY FOR CONGRESS Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	841.76
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 45 OF 56	
	<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)
RILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wickford Bookkeeping Services, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 143 Country Hill Lane		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4799
City North Kingstown State RI Zip Code 02852	Purpose of Disbursement Monthly Fee for Accounting and Reporting Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. Wickford Bookkeeping Services, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 143 Country Hill Lane		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4800
City North Kingstown State RI Zip Code 02852	Purpose of Disbursement Monthly Fee for Accounting and Reporting Category/Type 001	
Candidate Name RILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

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).....	700.00
TOTAL This Period (last page this line number only).....	199761.51

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
RILEY FOR CONGRESS

Transaction ID : **SC/10.4113**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Michael G. Riley

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
25 Wildfield Farm Road

City State ZIP Code
Narragansett RI 02882

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
-----------------------------------	------------------------------------	---

TERMS

Date Incurred: M 11 / D 03 / Y 2011
Date Due: M M / D D / Y 11/06/2012
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 500.00
TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
RILEY FOR CONGRESS

Transaction ID : **SC/10.4114**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Michael G. Riley

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
25 Wildfield Farm Road

City State ZIP Code
Narragansett RI 02882

Original Amount of Loan 109000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 109000.00
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TERMS

Date Incurred: M 11 / D 10 / Y 2011
Date Due: M M / D D / Y 11/06/2012
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 109000.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
RILEY FOR CONGRESS

Transaction ID : **SC/10.4361**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Michael G. Riley

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
25 Wildfield Farm Road

City State ZIP Code
Narragansett RI 02882

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
20000.00 0.00 20000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
03 / 19 / 2012 M M / D D / 11/06/2012 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 20000.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
RILEY FOR CONGRESS

Transaction ID : **SC/10.4362**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Michael G. Riley

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
25 Wildfield Farm Road

City State ZIP Code
Narragansett RI 02882

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
42000.00	0.00	42000.00

TERMS

Date Incurred: M 03 / D 30 / Y 2012
 Date Due: M M / D D / Y 11/06/2012
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	42000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
RILEY FOR CONGRESS

Transaction ID : **SC/10.4824**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Michael G. Riley

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
25 Wildfield Farm Road

City State ZIP Code
Narragansett RI 02882

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
65000.00 0.00 65000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 30 / Y 2012 M M / D D / Y 11/06/2012 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 65000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
RILEY FOR CONGRESS

Transaction ID : **SC/10.4825**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Mr. Michael G. Riley

Primary

General

Other (specify) ▼

Mailing Address

25 Wildfield Farm Road

City

State

ZIP Code

Narragansett

RI

02882

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30000.00

0.00

30000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

05

30

2012

11/06/2012

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

30000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **RILEY FOR CONGRESS** Transaction ID : **SC/10.4826**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. Michael G. Riley** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 25 Wildfield Farm Road

City State ZIP Code
 Narragansett RI 02882

Original Amount of Loan 70000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 70000.00
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TERMS

Date Incurred M 06 / D 15 / Y 2012	Date Due M / D / Y 11/06/2012	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	70000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **RILEY FOR CONGRESS** Transaction ID : **SC/10.4827**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2102
Mr. Michael G. Riley Primary
 Mailing Address General
 25 Wildfield Farm Road Other (specify) ▼

City State ZIP Code
 Narragansett RI 02882

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
23700.00	0.00	23700.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No
 06 / 29 / 2012 / 11/06/2012

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	23700.00
TOTALS This Period (last page in this line only).....	▶	360200.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
RILEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Department of the Treasury	Nature of Debt (Purpose): Federal Payroll Tax Liabilities
Mailing Address Internal Revenue Service	
City State Zip Code Cincinnati OH 45999	

Outstanding Balance Beginning This Period 924.40	Transaction ID : SD10.4495	
Amount Incurred This Period 0.00	Payment This Period 924.40	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Department of the Treasury	Nature of Debt (Purpose): 941 Payroll Tax Withholdings and Campaign Liability
Mailing Address Internal Revenue Service	
City State Zip Code Cincinnati OH 45999	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4821	
Amount Incurred This Period 677.10	Payment This Period 0.00	Outstanding Balance at Close of This Period 677.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RI Division of Taxation	Nature of Debt (Purpose): State Payroll Tax Liabilities
Mailing Address One Capitol Hill	
City State Zip Code Providence RI 02908	

Outstanding Balance Beginning This Period 369.90	Transaction ID : SD10.4497	
Amount Incurred This Period 0.00	Payment This Period 369.90	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	677.10
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 55 OF 56
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

RILEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RI Division of Taxation		Nature of Debt (Purpose): RI Payroll Tax Withholdings and Campaign Liability
Mailing Address One Capitol Hill		
City Providence	State RI	Zip Code 02908

Outstanding Balance Beginning This Period	Transaction ID : SD10.4822	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
375.30	0.00	375.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Michael G. Riley		Nature of Debt (Purpose): Travel Expenses - New York and DC CPAC Trip
Mailing Address 25 Wildfield Farm Road		
City Narragansett	State RI	Zip Code 02882

Outstanding Balance Beginning This Period	Transaction ID : SD10.4471	
2422.50		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2422.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Michael G. Riley		Nature of Debt (Purpose): Naples, FL Trip. Travel Expenses
Mailing Address 25 Wildfield Farm Road		
City Narragansett	State RI	Zip Code 02882

Outstanding Balance Beginning This Period	Transaction ID : SD10.4809	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1186.00	0.00	1186.00

1) SUBTOTALS This Period This Page (optional)	3983.80
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

RILEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mr. Michael G. Riley

Nature of Debt (Purpose):
Travel Expenses - NY Trip for Campaign

Mailing Address 25 Wildfield Farm Road

City State Zip Code
Narragansett RI 02882

Outstanding Balance Beginning This Period
0.00

Transaction ID : SD10.4834

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
3255.39 0.00 3255.39

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) ▶
- 2) **TOTALS** This Period (last page this line number only) ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

3255.39

7916.29

360200.00

368116.29