

**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.

Cicilline Committee

ADDRESS (number and street)

-

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER**

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

CITY STATE ZIP CODE STATE DISTRICT

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 in the State of

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

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

Election on in the State of

5. **Covering Period** 10 / 01 / 2015 through 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer [Electronically Filed] Date 04 / 12 / 2016

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Cicilline Committee

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	171333.50	753529.65
(b) Total Contribution Refunds (from Line 20(d))	0.00	8725.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	171333.50	744804.65
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	66324.09	305822.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	6176.77
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	66324.09	299646.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	548141.76	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Cicilline Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2015 To: M M / D D / Y Y Y Y 12 / 31 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	89395.00	530400.00
(ii) Unitemized	8068.50	27209.65
(iii) TOTAL of contributions from individuals	97463.50	557609.65
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	73870.00	195920.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	171333.50	753529.65
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	6176.77
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	19.22	63.93
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	171352.72	759770.35

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	66324.09	305822.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	15000.00	62000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	8725.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	8725.00
21. OTHER DISBURSEMENTS	7850.00	22125.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	89174.09	398672.91

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	465963.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	171352.72
25. SUBTOTAL (add Line 23 and Line 24).....	637315.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	89174.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	548141.76

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

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

FOR LINE NUMBER: PAGE 5 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Victoria M. Almeida Esq.

Mailing Address **PO Box 7365**

City **Cumberland** State **RI** Zip Code **02864-0895**

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

Name of Employer **Adler Pollock & Sheehan** Occupation **Attorney**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : C10119421

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Alice Boss Altman

Mailing Address **47 Manning St**

City **Providence** State **RI** Zip Code **02906-3130**

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

Name of Employer **None** Occupation **Homemaker**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : C10123887

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address **690 Market St**

City **San Francisco** State **CA** Zip Code **94104-5102**

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

Name of Employer **City & County of San Francisco** Occupation **Adult Protection**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C10121671

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 6 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
William Amaral
 Mailing Address 690 Market St
 City San Francisco State CA Zip Code 94104-5102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer City & County of San Francisco Occupation Adult Protection
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : C10123413
 Amount of Each Receipt this Period
2700.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Edward Ayooob
 Mailing Address 5509 39th St NW
 City Washington State DC Zip Code 20015-2903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barnes & Thornburg Occupation Partner
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : C10121669
 Amount of Each Receipt this Period
500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Matthew C. Blank
 Mailing Address 400 W 12th St
 City New York State NY Zip Code 10014-1798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Showtime networks Occupation Chairman
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : C10121026
 Amount of Each Receipt this Period
500.00
 Memo Item

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

3700.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Paul M. Brooks

Mailing Address 2 Regency Plz
Apt 1111

City Providence State RI Zip Code 02903-3156

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : C10120794

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
James L Carr

Mailing Address 8 Timber Ledge Dr

City Holliston State MA Zip Code 01746

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

Name of Employer H Carr and Sons Occupation Exec

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : C10121662

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Arnold B Chace Jr

Mailing Address 46 Aborn St

City Providence State RI Zip Code 02903-3209

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

Name of Employer Self-Employed Occupation Real Estate Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10121670

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 8 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Robert V. Chisholm Esq.

Mailing Address 175 Arlington Ave

City Providence State RI Zip Code 02906-2339

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

Name of Employer Chisholm Chisholm & Kirkpatrick LLP Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119414

Amount of Each Receipt this Period
 1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Roberta Cicilline-DiMezza

Mailing Address 119 High Street

City Bristol State RI Zip Code 02809

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **255.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2015

Transaction ID : C10092366

Amount of Each Receipt this Period
 105.00

Memo Item

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

Mailing Address 5 Norfolk Ave

City Pawtucket State RI Zip Code 02861-2184

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

Name of Employer US Dept of HHS Occupation Advisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2015

Transaction ID : C10120862

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

1855.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
William J. Conley Jr

Mailing Address 3 Bridgham Ct

City Rumford State RI Zip Code 02916-1326

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2015

Transaction ID : C10092368

Amount of Each Receipt this Period
350.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Arthur J. Corvese O.D.

Mailing Address 234 Lexington Ave

City North Providence State RI Zip Code 02904-3116

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

Name of Employer Self-Employed Occupation Doctor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2015

Transaction ID : C10092369

Amount of Each Receipt this Period
350.00

Memo Item

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

Mailing Address 12 Wagon Wheel Ln

City Lincoln State RI Zip Code 02865-3411

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

Name of Employer NEA Occupation Union organizer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : C10085047

Amount of Each Receipt this Period
350.00

Memo Item

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Sharlene Damiani

Mailing Address 887 Willett Ave

City Riverside State RI Zip Code 02915-2760

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

Name of Employer n/a Occupation homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2015

Transaction ID : C10092371

Amount of Each Receipt this Period
210.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Anne S. De Groot M.D.

Mailing Address 292 Morris Ave

City Providence State RI Zip Code 02906-2611

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

Name of Employer EpiVax, Inc. and University of Rhode I Occupation CEO/CSO and Director/Professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015

Transaction ID : C10121108

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2272 Cathedral Ave NW

City Washington State DC Zip Code 20008-1504

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

Name of Employer TTR Sotheby's International Realty Occupation real estate broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2015

Transaction ID : C10107351

Amount of Each Receipt this Period
250.00

Memo Item

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

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

710.00

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

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

FOR LINE NUMBER: PAGE 11 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 949 Killarney Dr

City Dyer State IN Zip Code 46311

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

Name of Employer Royal Brush Manufacturing Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119281

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 50 Federal St

City Boston State MA Zip Code 02110-2500

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

Name of Employer The Druker Company Occupation Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2015

Transaction ID : C10118173

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 336 Olney St

City Providence State RI Zip Code 02906-2318

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

Name of Employer Ken Dulgarian Real Estate Occupation Self-employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119426

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Ross Eadie

Mailing Address 658 Hope St

City Providence State RI Zip Code 02906-2658

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

Name of Employer self Occupation visual artist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10121806

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Daniel P. Egan

Mailing Address 30 Lisa Ln

City Bristol State RI Zip Code 02809-4563

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

Name of Employer AICU Rhode Island Occupation President/Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : C10119967

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 202 Dancing Rock Rd

City Shokan State NY Zip Code 12481-5717

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

Name of Employer Self-Employed Occupation Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : C10107066

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

4200.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 13 OF 125

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Joseph R. Esposito Jr.

Mailing Address 225 Dupont Dr

City Providence State RI Zip Code 02907-3112

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

Name of Employer Esposito Jewelry Occupation Owner/Jeweler

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119287

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 10 Arnold Street

City Providence State RI Zip Code 02906-1066

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : C10117957

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 2525 NE 21st St

City Fort Lauderdale State FL Zip Code 33305-3512

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

Name of Employer PrimeLending Occupation Mortgage Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10121698

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 14 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Christopher Scott Fay

Mailing Address 939 T St NW

City Washington State DC Zip Code 20001-4119

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

Name of Employer The Sheridan Group Occupation Government Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : C10119415

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Roberta B. Feather

Mailing Address 70 Elmgrove Ave

City Providence State RI Zip Code 02906-4135

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

Name of Employer University of Rhode Island Occupation Adult Psychiatric Services

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119429

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 37 Bloomfield St

City Pawtucket State RI Zip Code 02861-2929

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

Name of Employer US Army Occupation US Army

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
70.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2015

Transaction ID : C10090794

Amount of Each Receipt this Period
70.00

Memo Item

*

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 15 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Alan Feeney

Mailing Address 255 Promenade Street #245

City Providence State RI Zip Code 02908

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

Name of Employer Feeney Law Group Occupation Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **305.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2015

Transaction ID : C10093015

Amount of Each Receipt this Period
 _____ 80.00

Memo Item

B. Full Name (Last, First, Middle Initial)
John F Fish

Mailing Address 65 Allerton St

City Roxbury State MA Zip Code 02119-2901

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

Name of Employer Suffolk Construction Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2015

Transaction ID : C10111012

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Lawrence K. Fish

Mailing Address 75 State St

City Boston State MA Zip Code 02109-1827

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

Name of Employer Self Occupation Banking Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : C10119983

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

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

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

_____ 3580.00

**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 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 3467 Waltham Ct

City Powell State OH Zip Code 43065

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

Name of Employer Nisonger Center Occupation Director, Social Work & Family Support

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : C10119977

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 3467 Mildred Dr

City Falls Church State VA Zip Code 22042-3909

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

Name of Employer Georgetown University Occupation Assoc. VP for Federal Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2015

Transaction ID : C10118116

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 44 Orchard Ave

City Providence State RI Zip Code 02906-5418

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

Name of Employer Fuller Box Co., Inc. Occupation Executice

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : C10117808

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 17 OF 125

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 41 Bear Hill Rd

City State Zip Code
 Seekonk MA 02771-2810

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

Name of Employer Occupation
 Galvin & Associates Accountant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 20 2015

Transaction ID : C10112411

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Gary Glassman

Mailing Address 601 Elmgrove Ave

City State Zip Code
 Providence RI 02906-3540

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

Name of Employer Occupation
 Providence Pictures Film/TV Producer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 13 2015

Transaction ID : C10119167

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 24 Burnside St

City State Zip Code
 Providence RI 02905-2204

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

Name of Employer Occupation
 City of Providence Teller

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 02 2015

Transaction ID : C10093053

Amount of Each Receipt this Period
 350.00

Memo Item

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

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

1100.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Jeffrey M. Grybowski

Mailing Address 5 Westgate Road

City Cumberland State RI Zip Code 02864

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

Name of Employer Deepwater Wind Occupation Chief Administrative Officer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : C10112412

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
James W. Hackett Esq.

Mailing Address 70 Elmgrove Ave

City Providence State RI Zip Code 02906-4135

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119411

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 247 Wayland Ave
Apt 1

City Providence State RI Zip Code 02906-4540

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

Name of Employer Shechtman Halperin Savage LLP Occupation attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2015

Transaction ID : C10117452

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 19 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 36656 Highway 1

City Monterey State CA Zip Code 93940-9723

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

Name of Employer HR&A, Inc. Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119378

Amount of Each Receipt this Period
 _____ 750.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Edward O. Handy III

Mailing Address 10 Fox Run

City East Greenwich State RI Zip Code 02818-1645

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

Name of Employer The Washington Trust Company Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119177

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

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

Mailing Address 375 Lloyd Ave

City Providence State RI Zip Code 02906

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119420

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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 20 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Michael Horan Esq.

Mailing Address 125 Pitman St
Apt 1B

City Providence State RI Zip Code 02906

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

Name of Employer Law Office of Michael Horan Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : C10120795

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 46 Ladyslipper Ln

City Florence State MA Zip Code 01062-9735

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

Name of Employer n/a Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : C10121025

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Stephen R. Hourahan

Mailing Address 15 University Ave

City Providence State RI Zip Code 02906-4121

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

Name of Employer Governor Lincoln Chafee Occupation Sr Advisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119419

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

3950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Constance A. Howes

Mailing Address 253 Freeman Pkwy

City Providence State RI Zip Code 02906-5740

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

Name of Employer Women & Infants Hospital Occupation Healthcare administrator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2015

Transaction ID : C10118251

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 8 Paterson St

City Providence State RI Zip Code 02906-5502

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119427

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 205 W 57th St Apt 10AA

City New York State NY Zip Code 10019-2119

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

Name of Employer Self-employed Occupation Actor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : C10121664

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Jill Jaffe

Mailing Address 205 W 57th St
Apt 10AA

City New York State NY Zip Code 10019-2119

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

Name of Employer Self-employed Occupation Decorator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : C10121665

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Eric Johnson

Mailing Address 3525 Turtle Creek Blvd
Apt 11A

City Dallas State TX Zip Code 75219-5513

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

Name of Employer Self Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : C10109177

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Patrick T. Jones Esq.

Mailing Address 21 Custom House Street

City Boston State MA Zip Code 02110-3507

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

Name of Employer Cooley Manion Jones LLP Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : C10120934

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1750.00

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

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FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 23 OF 125

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Linda Kaboolian
 Mailing Address 23 Highland St
 City State Zip Code
 Cambridge MA 02138-2209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harvard University Faculty
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 23 2015
Transaction ID : C10115919
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Robert Keast
 Mailing Address 2125 14th St NW
 Apt 813
 City State Zip Code
 Washington DC 20009-8014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Keast & Company Consultant
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 15 2015
Transaction ID : C10119461
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Patrick Kennedy
 Mailing Address 2001 Bayshore Avenue
 City State Zip Code
 Brigantine NJ 08203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Next Chapter LLC public speaker
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 31 2015
Transaction ID : C10122292
 Amount of Each Receipt this Period
 2000.00
 Memo Item

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Linda J. Kushner

Mailing Address 560 Lloyd Ave

City Providence State RI Zip Code 02906-5427

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

Name of Employer N/A Occupation N/A

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015

Transaction ID : C10109137

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 1711 Riggs PI NW
Apt 3

City Washington State DC Zip Code 20009

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

Name of Employer One Campaignb Occupation Government Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : C10106280

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 6601 N. 65th St

City Paradise Valley State AZ Zip Code 85253

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : C10119976

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

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 25 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 106 E 85th St
Apt 8N

City New York State NY Zip Code 10028-0982

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

Name of Employer Latham & Watkins LLP Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : C10119375

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 50 Stimson Ave

City Providence State RI Zip Code 02906-3218

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

Name of Employer Self Occupation Artist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : C10092865

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 73 Duncan Ave

City Providence State RI Zip Code 02906-1814

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

Name of Employer Kentucky Fried Chicken Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : C10119418

Amount of Each Receipt this Period
500.00

Memo Item

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 26 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Jocelyn H. Lowe

Mailing Address 2346 South Queen St

City State Zip Code
Arlington VA 22202

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

Name of Employer Occupation
21st Century Group Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119284

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Cathy Lund

Mailing Address 225 Adelaide Ave

City State Zip Code
Providence RI 02907-1832

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

Name of Employer Occupation
City Kitty Veterinary Care for Cats veterinarian

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10121667

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address PO Box 319

City State Zip Code
Bristol RI 02809-0319

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

Name of Employer Occupation
self business consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : C10119965

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 27 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 130 Fox Run

City East Greenwich State RI Zip Code 02818-5100

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

Name of Employer The Washington Trust Company Occupation Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2015

Transaction ID : C10118250

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Matthew T. Marcello III

Mailing Address 560 Fruit Hill Avenue

City North Providence State RI Zip Code 02911

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

Name of Employer Hinckley Allen & Snyder LLP Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119410

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Gary D. Marinosci

Mailing Address 55 Longmeadow Dr

City East Greenwich State RI Zip Code 02818-1390

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

Name of Employer Liberty Title & Escrow Company Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : C10105424

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

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

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

_____ 1000.00

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

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

FOR LINE NUMBER: PAGE 28 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Christopher J. Marsella

Mailing Address 188 Benefit St

City Providence State RI Zip Code 02903-1359

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

Name of Employer Marsella Development Occupation Real Estate Development

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015

Transaction ID : C10121029

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Thomas J. McAndrew Esq.

Mailing Address 6 Wingate Rd

City Providence State RI Zip Code 02906-4910

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

Name of Employer Law Offices of Thomas J. McAndrew Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2015

Transaction ID : C10118175

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Richard M. McAuliffe Jr.

Mailing Address 80 Fox Run

City East Greenwich State RI Zip Code 02818-1645

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

Name of Employer The Mayforth Group Occupation Government Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10121789

Amount of Each Receipt this Period
 _____ 1500.00

Memo Item

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

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

_____ 2750.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 125
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 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Benjamin M. McGuire

Mailing Address 508 Columbus Ave
Apt 5

City Boston State MA Zip Code 02118-3166

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

Name of Employer Greenberg Traurig Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : C10121431

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Marianne F. Monte

Mailing Address 67 Dryden Ave

City Pawtucket State RI Zip Code 02860-5720

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

Name of Employer Shawmut Design and construction Occupation CPO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10121680

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 311 Freeman Pkwy

City Providence State RI Zip Code 02906-5738

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2015

Transaction ID : C10117456

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
John S. Nichols Jr.

Mailing Address 90 Congdon St

City Providence State RI Zip Code 02906-1413

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

Name of Employer Quantifacts Inc. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2015

Transaction ID : C10118174

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mildred T. Nichols

Mailing Address 56 Fosdyke St

City Providence State RI Zip Code 02906-3505

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119413

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Gordon F.B. Ondis

Mailing Address 11 Whalen Dr

City Lincoln State RI Zip Code 02865-3804

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

Name of Employer Hedco Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 10 / 2015

Transaction ID : C10109193

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 330 Lloyd Ave.

City Providence State RI Zip Code 02906-4212

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

Name of Employer Orenstein Real Estate Service Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119417

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
John J. Partridge Esq.

Mailing Address 9 John St

City Providence State RI Zip Code 02906-1007

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

Name of Employer Partridge Snow & Hahn Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : C10105423

Amount of Each Receipt this Period
400.00

Memo Item

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

Mailing Address 4112 Military Rd NW

City Washington State DC Zip Code 20015-2930

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

Name of Employer The Paxton Group, LLC Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2015

Transaction ID : C10120868

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1150.00

**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 32 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Glenn Prescod

Mailing Address 2 Meadow Rd

City Lincoln State RI Zip Code 02865-4566

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

Name of Employer: Glenn SPrescod, MD Inc Occupation: Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 29 / 2015

Transaction ID : C10121028

Amount of Each Receipt this Period: 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
James Procaccianti

Mailing Address 16 Dean Ridge Dr.

City Cranston State RI Zip Code 02920-3601

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

Name of Employer: The Procaccianti Group Occupation: President & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 12 / 16 / 2015

Transaction ID : C10119514

Amount of Each Receipt this Period: 2700.00

Memo Item

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

Mailing Address 1855 Irving St., NW

City Washington State DC Zip Code 20010

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

Name of Employer: Overseas Private Investment Corporatio Occupation: Vice President, Office of External Aff

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 12 / 23 / 2015

Transaction ID : C10120823

Amount of Each Receipt this Period: 500.00

Memo Item

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

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

4200.00

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

Use separate schedule(s)
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 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Isabel O'Donnell Rao

Mailing Address 22 Bowen St

City Providence State RI Zip Code 02903-1211

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

Name of Employer Retired Occupation Philanthropist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : C10105419

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 500 Warren Ave

City East Providence State RI Zip Code 02914-3800

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2015

Transaction ID : C10093072

Amount of Each Receipt this Period
350.00

Memo Item

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

Mailing Address 3846 Macomb St NW

City Washington State DC Zip Code 20016-3703

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

Name of Employer Palmetto Group Occupation consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2015

Transaction ID : C10119534

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1100.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 146 Carr St

City Providence State RI Zip Code 02905-1314

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

Name of Employer Self-Employed Occupation Artist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : C10120793

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Navyn Salem

Mailing Address 41 Nayatt Rd

City Barrington State RI Zip Code 02806-3317

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

Name of Employer Self-employed Occupation non-profit

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : C10105420

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 165 Brown Street

City Providence State RI Zip Code 02906

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

Name of Employer Self-Employed Occupation Rental real estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119416

Amount of Each Receipt this Period
500.00

Memo Item

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

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

3000.00

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

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FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 35 OF 125

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Howard E. Schulman

Mailing Address 145 Prospect St

City Providence State RI Zip Code 02906-1436

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

Name of Employer Medical Associates of Rhode Island Occupation general internist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119422

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1836 Vernon St NW

City Washington State DC Zip Code 20009-1217

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

Name of Employer The Sheridan Group Occupation President and CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119335

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 20 Humboldt Ave

City Providence State RI Zip Code 02906-4107

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119412

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 36 OF 125

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Lawrence A. Siff
 Mailing Address 533 Dudley Rd
 City State Zip Code
 Newton MA 02459-2800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Neptune Advisors LLC Managing Director
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 17 / 2015
Transaction ID : C10111010
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Rosalyn Sinclair
 Mailing Address 144 Westminster St
 City State Zip Code
 Providence RI 02903-2216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Philanthropist
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 28 / 2015
Transaction ID : C10120992
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Paul Smith
 Mailing Address 1499 Massachusetts Ave NW
 Apt 1216
 City State Zip Code
 Washington DC 20005-2866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Jenner & Block LLP law
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 21 / 2015
Transaction ID : C10105447
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

1750.00

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

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

FOR LINE NUMBER: PAGE 37 OF 125
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 199 Ocean Lane Dr

City State Zip Code
Key Biscayne FL 33149-1400

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

Name of Employer Occupation
Wand Partners Finance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : C10115790

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Robert E. Struck Jr.

Mailing Address 7 McMillen Way

City State Zip Code
Narragansett RI 02882

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

Name of Employer Occupation
Self employed Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : C10115791

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Shivan S. Subramaniam

Mailing Address 155 Grotto Ave

City State Zip Code
Providence RI 02906-5720

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

Name of Employer Occupation
FM Global Insurance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : C10106396

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

3000.00

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

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 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Donald R. Sweitzer

Mailing Address 250 Major Potter Rd

City: Warwick State: RI Zip Code: 02886-9547

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

Name of Employer: GTECH Occupation: Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : C10122288

Amount of Each Receipt this Period: 700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Donald R. Sweitzer

Mailing Address 250 Major Potter Rd

City: Warwick State: RI Zip Code: 02886-9547

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

Name of Employer: GTECH Occupation: Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : C10122289

Amount of Each Receipt this Period: 300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Sheri L. Sweitzer

Mailing Address 250 Major Potter Rd

City: Warwick State: RI Zip Code: 02886-9547

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

Name of Employer: Homemaker Occupation: Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : C10122290

Amount of Each Receipt this Period: 1000.00

Memo Item

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Jeffrey M. Taylor

Mailing Address 111 Wayland Ave.

City Providence State RI Zip Code 02906-4371

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

Name of Employer The Mayforth Group Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10121791

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Joshua Teverow

Mailing Address 55 Pine St

City Providence State RI Zip Code 02903-2841

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

Name of Employer Joshua Teverow, Esquire, Ltd. Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10121681

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Aleta Tiseault Ondis

Mailing Address 761 Great Rd

City Lincoln State RI Zip Code 02865

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2015

Transaction ID : C10109192

Amount of Each Receipt this Period
 1000.00

Memo Item

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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 40 OF 125

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Alison Townsed

Mailing Address 63 Alfred Down Road

City Barrington State RI Zip Code 02806

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

Name of Employer retired Occupation none

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119424

Amount of Each Receipt this Period
1950.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Alison Townsed

Mailing Address 63 Alfred Down Road

City Barrington State RI Zip Code 02806

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

Name of Employer retired Occupation none

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119425

Amount of Each Receipt this Period
750.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Charles C. Townsend III

Mailing Address 63 Alfred Drown Rd

City Barrington State RI Zip Code 02806-1854

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

Name of Employer Aloha Partners Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119423

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

5400.00

**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 41 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Chad A. Verdi

Mailing Address 100 Pheasant Dr

City East Greenwich State RI Zip Code 02818-1348

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

Name of Employer Self Occupation Producer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10121688

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Andrew M. Wallerstein

Mailing Address Avalon Trust
125 Lincoln Ave., Suite 301

City Santa Fe State NM Zip Code 87501-2060

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

Name of Employer Avalon Trust Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : C10105427

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Christine Melecki West

Mailing Address 24 Messer St

City Providence State RI Zip Code 02909-2006

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

Name of Employer KITE Architects Occupation Architect

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015

Transaction ID : C10119092

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 42 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Katherine Wineberg

Mailing Address 354 Beavertail Rd

City Jamestown State RI Zip Code 02835

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

Name of Employer none Occupation registered nurse

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10121673

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

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

Mailing Address 240 Cole Avenue

City Providence State RI Zip Code 02906

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : C10119978

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

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

Mailing Address 49 Progress

City Pawtucket State RI Zip Code 02860

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2015

Transaction ID : C10106411A

Amount of Each Receipt this Period
 _____ 25.00

Memo Item

* Earmarked Contribution: See Below

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

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

_____ 625.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **11547.00** _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 25 / 2015

Transaction ID : C10106411AB

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

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address **49 Progress**

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

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

Name of Employer _____ Occupation _____
Not employed Not employed

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **325.00** _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : C10117962A

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

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **11547.00** _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 29 / 2015

Transaction ID : C10117962AB

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

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **25.00** _____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 49 Progress

City Pawtucket State RI Zip Code 02860

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015

Transaction ID : C10121445A

Amount of Each Receipt this Period
 _____ 25.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **11547.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2015

Transaction ID : C10121445AB

Amount of Each Receipt this Period
 _____ 25.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 215 forge road

City North Kingstown State RI Zip Code 02852

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

Name of Employer none Occupation self employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10122326A

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

* Earmarked Contribution: See Below

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

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

_____ 275.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ _____ _____ **11547.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C10122326AB

Amount of Each Receipt this Period
 _____ _____ _____ _____ **250.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
William G. Brody Esq.

Mailing Address **20 Marywood Lane**

City **Cumberland** State **RI** Zip Code **02864**

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

Name of Employer **ProvPort Inc.** Occupation **Attorney**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ _____ _____ _____ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C10122332A

Amount of Each Receipt this Period
 _____ _____ _____ _____ **500.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ _____ _____ _____ **11547.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C10122332AB

Amount of Each Receipt this Period
 _____ _____ _____ _____ **500.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ _____ _____ _____ **500.00**

_____ _____ _____ _____

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

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

FOR LINE NUMBER: PAGE 46 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 18 Nelson Street

City Providence State RI Zip Code 02908

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10122331A

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
11547.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10122331AB

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 47 Nayatt Rd

City Barrington State RI Zip Code 02806-3317

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

Name of Employer retired Occupation career consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : C10122298A

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 47 OF 125
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **11547.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C10122298AB

Amount of Each Receipt this Period
 _____ **100.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address **270 Benefit Street**

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

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

Name of Employer **Not employed** Occupation **Not employed**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 25 / 2015

Transaction ID : C10106413A

Amount of Each Receipt this Period
 _____ **250.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **11547.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 25 / 2015

Transaction ID : C10106413AB

Amount of Each Receipt this Period
 _____ **250.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **250.00**

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

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

FOR LINE NUMBER: PAGE 48 OF 125
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Alan Feeney

Mailing Address 255 Promenade Street #245

City Providence State RI Zip Code 02908

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

Name of Employer Feeney Law Group Occupation Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **305.00**

Date of Receipt **11 / 05 / 2015**

Transaction ID : C10111045A

Amount of Each Receipt this Period **50.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **11547.00**

Date of Receipt **11 / 08 / 2015**

Transaction ID : C10111045AB

Amount of Each Receipt this Period **50.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 300 Saw Mill Lane

City Wyckoff State NJ Zip Code 07481

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

Name of Employer Gordon Law Firm, P.C. Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : C10122329A

Amount of Each Receipt this Period **500.00**

Memo Item

* Earmarked Contribution: See Below

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 49 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
11547.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : C10122329AB

Amount of Each Receipt this Period

500.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address **65 Congdon St**

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

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

Name of Employer **Not employed** Occupation **Not employed**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : C10111042A

Amount of Each Receipt this Period

250.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
11547.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : C10111042AB

Amount of Each Receipt this Period

250.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 8 Paterson St

City Providence State RI Zip Code 02906-5502

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **525.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2015

Transaction ID : C10106410A

Amount of Each Receipt this Period
 _____ 25.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **11547.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2015

Transaction ID : C10106410AB

Amount of Each Receipt this Period
 _____ 25.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 10 Johnson Road

City Foster State RI Zip Code 02825

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

Name of Employer Self Occupation Self-employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2015

Transaction ID : C10117469A

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

* Earmarked Contribution: See Below

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

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

_____ 275.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **11547.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 22 / 2015

Transaction ID : C10117469AB

Amount of Each Receipt this Period
 _____ **250.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address **254 Wayland Ave Apt 1**

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

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

Name of Employer **Not employed** Occupation **Not employed**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : C10122316A

Amount of Each Receipt this Period
 _____ **750.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **11547.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C10122316AB

Amount of Each Receipt this Period
 _____ **750.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **750.00**

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

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

FOR LINE NUMBER: PAGE 52 OF 125
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 63 Manning street

City State Zip Code
providence RI 02906

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

Name of Employer Occupation
Residential Properties Ltd real estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2015

Transaction ID : C10111025A

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
11547.00

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

Transaction ID : C10111025AB

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 63 Manning street

City State Zip Code
providence RI 02906

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

Name of Employer Occupation
Residential Properties Ltd real estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : C10118183A

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 53 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **11547.00** _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 06 / 2015

Transaction ID : C10118183AB

Amount of Each Receipt this Period
 _____ **100.00** _____

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Leslie Long

Mailing Address **33 Arnold St.**

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

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

Name of Employer **worklifetogether.com** Occupation **career coach/psychotherapist**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **250.00** _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : C10107326A

Amount of Each Receipt this Period
 _____ **50.00** _____

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **11547.00** _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 01 / 2015

Transaction ID : C10107326AB

Amount of Each Receipt this Period
 _____ **50.00** _____

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **50.00** _____

_____ _____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Leslie Long

Mailing Address 33 Arnold St.

City Providence State RI Zip Code 02906

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

Name of Employer worklifetogether.com Occupation career coach/psychotherapaist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : C10107335A

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **11547.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2015

Transaction ID : C10107335AB

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 33 Arnold St.

City Providence State RI Zip Code 02906

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

Name of Employer worklifetogether.com Occupation career coach/psychotherapaist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2015

Transaction ID : C10117971A

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

* Earmarked Contribution: See Below

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

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

_____ 100.00

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

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

FOR LINE NUMBER: PAGE 55 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **11547.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 29 / 2015

Transaction ID : C10117971AB

Amount of Each Receipt this Period
 _____ **50.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Leslie Long

Mailing Address **33 Arnold St.**

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

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

Name of Employer **worklifetogether.com** Occupation
career coach/psychotherapist

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : C10122295A

Amount of Each Receipt this Period
 _____ **50.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **11547.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C10122295AB

Amount of Each Receipt this Period
 _____ **50.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **50.00**

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

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

FOR LINE NUMBER: PAGE 56 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Terrance S. Martiesian

Mailing Address 159 Elmgrove Avenue

City Providence State RI Zip Code 02906

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10122327A

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
11547.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10122327AB

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 15 Rose Ct

City Providence State RI Zip Code 02906-4636

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

Name of Employer none Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : C10122314A

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

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

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

750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 57 OF 125	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) ACTBLUE		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 382110		Transaction ID : C10122314AB
City Cambridge	State MA	Zip Code 02238-2110
FEC ID number of contributing federal political committee. C C00401224	Amount of Each Receipt this Period 500.00	
Name of Employer	Occupation Conduit total listed in Agg. field	<input checked="" type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 11547.00	Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial) Linda H. Newton		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 18 / 2015
Mailing Address 45 Larch Street		Transaction ID : C10117468A
City Providence	State RI	Zip Code 02906
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer Not employed	Occupation Not employed	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial) ACTBLUE		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 22 / 2015
Mailing Address PO Box 382110		Transaction ID : C10117468AB
City Cambridge	State MA	Zip Code 02238-2110
FEC ID number of contributing federal political committee. C C00401224	Amount of Each Receipt this Period 25.00	
Name of Employer	Occupation Conduit total listed in Agg. field	<input checked="" type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 11547.00	Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	25.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 58 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Randy Olen Esq.

Mailing Address 60 Fales Avenue

City State Zip Code
Barrington RI 02806

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

Name of Employer self Occupation attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : C10092945A

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
11547.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 04 / 2015

Transaction ID : C10092945AB

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 45 Hazard Ave

City State Zip Code
Providence RI 02906

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

Name of Employer self Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2015

Transaction ID : C10121456A

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
11547.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2015

Transaction ID : C10121456AB

Amount of Each Receipt this Period

250.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Mal A. Salvadore Esq.

Mailing Address **400 Reservoir Avenue**

City **Providence** State **RI** Zip Code **02907**

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

Name of Employer **Law Offices of Mal A. Salvadore, Ltd.** Occupation **Lawyer**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

Transaction ID : C10122323A

Amount of Each Receipt this Period

100.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
11547.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

Transaction ID : C10122323AB

Amount of Each Receipt this Period

100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

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 60 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Roxie N. Sgouros

Mailing Address 100 Exchange Street #804

City Providence State RI Zip Code 02903

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015

Transaction ID : C10106406A

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **11547.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2015

Transaction ID : C10106406AB

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Roxie N. Sgouros

Mailing Address 100 Exchange Street #804

City Providence State RI Zip Code 02903

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2015

Transaction ID : C10106418A

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

* Earmarked Contribution: See Below

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

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

_____ 150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
11547.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		25		2015

Transaction ID : C10106418AB

Amount of Each Receipt this Period

_____	_____	_____	_____	_____
				100.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Roxie N. Sgouros

Mailing Address **100 Exchange Street #804**

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

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

Name of Employer **Not employed** Occupation **Not employed**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		22		2015

Transaction ID : C10117513A

Amount of Each Receipt this Period

_____	_____	_____	_____	_____
				50.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
11547.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		22		2015

Transaction ID : C10117513AB

Amount of Each Receipt this Period

_____	_____	_____	_____	_____
				50.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____	_____	_____	_____	_____
				50.00
_____	_____	_____	_____	_____

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

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

FOR LINE NUMBER: PAGE 62 OF 125
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Roxie N. Sgouros

Mailing Address 100 Exchange Street #804

City Providence State RI Zip Code 02903

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt **11 / 25 / 2015**

Transaction ID : C10117965A

Amount of Each Receipt this Period **100.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **11547.00**

Date of Receipt **11 / 29 / 2015**

Transaction ID : C10117965AB

Amount of Each Receipt this Period **100.00**

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Roxie N. Sgouros

Mailing Address 100 Exchange Street #804

City Providence State RI Zip Code 02903

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt **12 / 22 / 2015**

Transaction ID : C10121442A

Amount of Each Receipt this Period **50.00**

Memo Item

* Earmarked Contribution: See Below

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

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
11547.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2015

Transaction ID : C10121442AB

Amount of Each Receipt this Period

_____	_____	_____	_____	_____
				50.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Roxie N. Sgouros

Mailing Address **100 Exchange Street #804**

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

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

Name of Employer **Not employed** Occupation **Not employed**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		25		2015

Transaction ID : C10121448A

Amount of Each Receipt this Period

_____	_____	_____	_____	_____
				100.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
11547.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2015

Transaction ID : C10121448AB

Amount of Each Receipt this Period

_____	_____	_____	_____	_____
				100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____	_____	_____	_____	_____
				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 64 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Ronald Shear

Mailing Address 1112 Park Avenue

City State Zip Code
New York NY 10128-1235

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

Name of Employer Occupation
Compo Investment Partners Single Family Office

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : C10092941A

Amount of Each Receipt this Period
900.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
11547.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 04 / 2015

Transaction ID : C10092941AB

Amount of Each Receipt this Period
900.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 1112 Park Avenue

City State Zip Code
New York NY 10128-1235

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

Name of Employer Occupation
Compo Investment Partners Single Family Office

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : C10123414A

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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 65 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **11547.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 04 / 2015

Transaction ID : C10123414AB

Amount of Each Receipt this Period
 _____ **100.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Patricia Smith

Mailing Address **59 Governor Bradford Dr.**

City **Barrington** State **RI** Zip Code **02806**

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

Name of Employer **Roger Williams University** Occupation **adjunct professor**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 26 / 2015

Transaction ID : C10107322A

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

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **11547.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 01 / 2015

Transaction ID : C10107322AB

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

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **25.00**

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

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

FOR LINE NUMBER: PAGE 66 OF 125
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Patricia Smith

Mailing Address 59 Governor Bradford Dr.

City State Zip Code
Barrington RI 02806

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

Name of Employer Occupation
Roger Williams University adjunct professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2015

Transaction ID : C10117967A

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
11547.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2015

Transaction ID : C10117967AB

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 59 Governor Bradford Dr.

City State Zip Code
Barrington RI 02806

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

Name of Employer Occupation
Roger Williams University adjunct professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2015

Transaction ID : C10121450A

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

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

50.00

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

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

FOR LINE NUMBER: PAGE 67 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **11547.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 27 / 2015

Transaction ID : C10121450AB

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

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address **10 Acacia Road**

City **Bristol** State **RI** Zip Code **02809**

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

Name of Employer **Capitol City Group** Occupation **Attorney**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C10122336A

Amount of Each Receipt this Period
 _____ **700.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **11547.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C10122336AB

Amount of Each Receipt this Period
 _____ **700.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 10 Acacia Road

City Bristol State RI Zip Code 02809

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

Name of Employer Capitol City Group Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10124173A

Amount of Each Receipt this Period
300.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
11547.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10124173AB

Amount of Each Receipt this Period
300.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 240 Cole Avenue

City Providence State RI Zip Code 02906

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10122330A

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

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

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

350.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 69 OF 125
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address **PO Box 382110**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
11547.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : C10122330AB

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Memo Item

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

0.00

89395.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 125			
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
AFLAC PAC

Mailing Address **Worldwide Headquarters**
1932 WYNNNTON ROAD

City **Columbus** State **GA** Zip Code **31999-0001**

FEC ID number of contributing federal political committee. **C C00034157**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 09 / 2015

Transaction ID : C10109196

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL

Mailing Address **1625 L St NW**

City **Washington** State **DC** Zip Code **20036-5665**

FEC ID number of contributing federal political committee. **C C00011114**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : C10119515

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
American Federation of Teachers

Mailing Address **555 NEW JERSEY AVENUE, NW**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00028860**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : C10119572

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 125
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Mailing Address 220 Leigh Farm Rd
Palladian 1

City State Zip Code
Durham NC 27707-8110

FEC ID number of contributing federal political committee. **C C00077321**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015

Transaction ID : C10109195

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
American Medical Association PAC

Mailing Address 25 Massachusetts Ave NW
Ste 600

City State Zip Code
Washington DC 20001-7400

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119428

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN NURSES ASSOCIATION PAC

Mailing Address 8515 Georgia Ave
Ste 400

City State Zip Code
Silver Spring MD 20910-3492

FEC ID number of contributing federal political committee. **C C00017525**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2015

Transaction ID : C10111011

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 125
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ATU Cope Special Holding

Mailing Address 5025 Wisconsin Ave NW

City Washington State DC Zip Code 20016-4113

FEC ID number of contributing federal political committee. **C** C00032995

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119435

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BEND THE ARC JEWISH ACTION, INC. PAC

Mailing Address 1825 K STREET NW
STE. 210

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00573253

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : C10117379

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Bricklayers and Allied Craftworkers PAC

Mailing Address 620 F STREET, NW
SUITE 900

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00003632

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10122291

Amount of Each Receipt this Period
 2500.00

Memo Item

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 125
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Build PAC National Association of Home Builders

Mailing Address 1201 15th St NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C0000901**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : C10119982

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Carpenters' Legislative Improvement Committee

Mailing Address 101 Constitution Ave NW

City Washington State DC Zip Code 20001-2153

FEC ID number of contributing federal political committee. **C C00001016**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : C10119434

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
COX ENTERPRISES PAC (COXPAC) INC.

Mailing Address 975 F STREET, NW
SUITE 300

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00477653**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : C10120822

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 125
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
CVS/CAREMARK CORPORATION EMPLOYEES PAC

Mailing Address 1275 PENNSYLVANIA AVENUE, NW
SUITE 700

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00384818

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : C10121434

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
FMR LLC POLITICAL ACTION COMMITTEE (FIDELITY PAC)

Mailing Address 245 SUMMER STREET

City BOSTON State MA Zip Code 02210

FEC ID number of contributing federal political committee. **C** C00380550

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : C10120824

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Friends of Greg Amore

Mailing Address 73 Plymouth Rd

City East Providence State RI Zip Code 02914

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : C10105422

Amount of Each Receipt this Period
200.00

Memo Item

Comprised of Federally Permissible Funds

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

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

2200.00

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

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

FOR LINE NUMBER: PAGE 75 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Friends of Lauren Carson

Mailing Address 11 Willow St

City Newport State RI Zip Code 02840

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **35.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 03 / 2015

Transaction ID : C10092364

Amount of Each Receipt this Period
35.00

Memo Item

Comprised of Federally Permissible Funds

B. Full Name (Last, First, Middle Initial)
Friends of Sandra Cano

Mailing Address 302 Pullen Ave

City Pawtucket State RI Zip Code 02861

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **35.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 03 / 2015

Transaction ID : C10092363

Amount of Each Receipt this Period
35.00

Memo Item

Comprised of Federally Permissible Funds

C. Full Name (Last, First, Middle Initial)
Friends of Stephen Archambault

Mailing Address 195 Whipple Rd

City Smithfield State RI Zip Code 02917

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 03 / 2015

Transaction ID : C10092360

Amount of Each Receipt this Period
100.00

Memo Item

Comprised of Federally Permissible Funds

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

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

170.00

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

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

FOR LINE NUMBER: PAGE 76 OF 125
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Human Rights Campaign PAC

Mailing Address 1640 Rhode Island Ave NW

City Washington State DC Zip Code 20036-3200

FEC ID number of contributing federal political committee. **C C00235853**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015

Transaction ID : C10109194

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
INT'L. ASSOCIATION OF BRIDGE, STRUCTURAL, ORNAMENT

Mailing Address 1750 New York Ave NW
Ste 400

City Washington State DC Zip Code 20006-5315

FEC ID number of contributing federal political committee. **C C00027359**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : C10118019

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 SEVENTH ST, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00027342**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C10123062

Amount of Each Receipt this Period
 5000.00

Memo Item

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

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

6500.00

**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 77 OF 125
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
JOINT ACTION COMMITTEE FOR POLITICAL AFFAIRS

Mailing Address PO Box 105

City Highland Park State IL Zip Code 60035-0105

FEC ID number of contributing federal political committee. **C C00139659**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : C10119981

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

Mailing Address 905 16TH ST., N.W.
SECOND FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00007922**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : C10105426

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

Mailing Address 905 16TH ST., N.W.
SECOND FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00007922**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : C10120797

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 78 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
LIBERTY MUTUAL INSURANCE COMPANY - PAC

Mailing Address 175 BERKELEY STREET

City State Zip Code
BOSTON MA 02117

FEC ID number of contributing federal political committee. **C C00171843**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : C10105425

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MACHINISTS NON PARTISAN POL LEAGUE OF THE INT'L AS

Mailing Address 9000 Machinists Pl
9000 Machinists Place

City State Zip Code
Upper Marlboro MD 20772-2675

FEC ID number of contributing federal political committee. **C C00002469**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : C10106278

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Marriott International Inc. Political Action Committee

Mailing Address 10400 FERNWOOD ROAD

City State Zip Code
BETHESDA MD 20817

FEC ID number of contributing federal political committee. **C C00284810**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : C10106281

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 125
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
National Association of Broadcasters PAC

Mailing Address 1771 N St NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00009985**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C10119285

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF LETTER CARRIERS

Mailing Address 100 INDIANA AVE., N. W.

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00023580**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : C10120933

Amount of Each Receipt this Period
 1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
National Cable & Telecommunications PAC

Mailing Address 25 MASSACHUSETTS AVENUE, NW #100

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00010082**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : C10117386

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 125
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
NATIONAL MUSIC PUBLISHERS' ASSOCIATION, INC. POLITICAL ACTION COMMITTEE (NMPAC)

Mailing Address 975 F STREET, NW
SUITE 375

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00412619

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : C10119979

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NEA FUND FOR CHILDREN AND PUBLIC EDUCATION

Mailing Address 1201 16TH STREET NW STE 420

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C10123061

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NIXON PEABODY LLP FEDERAL PAC

Mailing Address 1100 CLINTON SQUARE

City ROCHESTER State NY Zip Code 14604

FEC ID number of contributing federal political committee. **C** C00404178

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 23 / 2015

Transaction ID : C10120796

Amount of Each Receipt this Period
500.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 81 OF 125
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Oceans PAC

Mailing Address 700 13TH STREET, NW
SUITE 600

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00431601**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 30 2015

Transaction ID : C10121436

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Painters and Allied Trades

Mailing Address 7234 Parkway Dr
Hanover

City State Zip Code
Hanover MD 21076-1307

FEC ID number of contributing federal political committee. **C C00000885**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 18 2015

Transaction ID : C10119911

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PLUMBERS AND PIPEFITTERS LOCAL UNION 51 POLITICAL ACTION COMMITTEE

Mailing Address 11 HEMINGWAY DRIVE

City State Zip Code
EAST PROVIDENCE RI 02915

FEC ID number of contributing federal political committee. **C C00329326**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 20 2015

Transaction ID : C10112413

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

7500.00

**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 82 OF 125
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 Wilson Blvd
Ste 1500

City Arlington State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : C10117977

Amount of Each Receipt this Period
 3000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION C

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

FEC ID number of contributing federal political committee. **C C00004036**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : C10118020

Amount of Each Receipt this Period
 5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
The Goldman Sachs, Inc. Political Action Committee

Mailing Address 101 Constitution Ave NW
Ste 1000E

City Washington State DC Zip Code 20001-2171

FEC ID number of contributing federal political committee. **C C00350744**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : C10117385

Amount of Each Receipt this Period
 1500.00

Memo Item

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

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

9500.00

**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 83 OF 125
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNI

Mailing Address 1775 K St NW

City Washington State DC Zip Code 20006-1228

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : C10112414

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
UNITED TRANSPORTATION UNION POLITICAL ACTION COMMI

Mailing Address 24950 Country Club Blvd Ste 340

City North Olmsted State OH Zip Code 44070-5333

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : C10117387

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

7500.00

73870.00

**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 84 OF 125			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 63.81
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 8.94
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 30.90
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	103.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 125			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. ActBlue			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 14 Arrow St			Amount of Each Disbursement this Period 23.16
City Cambridge	State MA	Zip Code 02138-5106	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D516586
State:	District:		

Full Name (Last, First, Middle Initial) B. ActBlue			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2015
Mailing Address 14 Arrow St			Amount of Each Disbursement this Period 35.56
City Cambridge	State MA	Zip Code 02138-5106	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D516759
State:	District:		

Full Name (Last, First, Middle Initial) C. ActBlue			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2015
Mailing Address 14 Arrow St			Amount of Each Disbursement this Period 0.68
City Cambridge	State MA	Zip Code 02138-5106	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D517838
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	59.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 86 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 25.77
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D517889
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 12.54
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D517964
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 9.84
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D517986
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	48.15
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 87 OF 125			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 6.46
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D518187
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 8.26
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D518269
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 25.15
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D518314
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	39.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 205.89
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D518436
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Blue State Digital		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 101 Avenue of the Americas, FI 12		Amount of Each Disbursement this Period 450.00
City New York	State NY	
Zip Code 10013	Purpose of Disbursement Digital Advertising	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D518355
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Blue State Digital		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 101 Avenue of the Americas, FI 12		Amount of Each Disbursement this Period 754.92
City New York	State NY	
Zip Code 10013	Purpose of Disbursement Digital Advertising	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D517756
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1410.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 89 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Brown Faculty Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 1 Magee St		Amount of Each Disbursement this Period 104.68
City Providence	State RI	Zip Code 02912-9014
Purpose of Disbursement Meals	Category/Type 002	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : D517755	

Full Name (Last, First, Middle Initial) B. Cafe GTech		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 10 Memorial Blvd		Amount of Each Disbursement this Period 646.92
City Providence	State RI	Zip Code 02903
Purpose of Disbursement Fundraising - Catering	Category/Type 003	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : D517753	

Full Name (Last, First, Middle Initial) c. CFO Compliance		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address One Park Row, 5th Floor		Amount of Each Disbursement this Period 4542.57
City Providence	State RI	Zip Code 02903
Purpose of Disbursement Compliance Consulting	Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : D517750	

SUBTOTAL of Disbursements This Page (optional).....	5294.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 90 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Roberta Cicilline-DiMezza		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 119 High Street		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Memo Item
City Bristol	State RI	
Zip Code 02809	Purpose of Disbursement Payroll	Transaction ID : D517711
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Roberta Cicilline-DiMezza		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 119 High Street		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Memo Item
City Bristol	State RI	
Zip Code 02809	Purpose of Disbursement Payroll	Transaction ID : D517712
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Roberta Cicilline-DiMezza		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 119 High Street		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Memo Item
City Bristol	State RI	
Zip Code 02809	Purpose of Disbursement Payroll	Transaction ID : D518351
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 125			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Cogens Printing Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 1 Virginia Ave			Amount of Each Disbursement this Period 476.15
City Providence	State RI	Zip Code 02905-4427	
Purpose of Disbursement Fundraising - Printing		Candidate Name	Memo Item <input type="checkbox"/>
Category/Type 003			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D517747
State:	District:		

Full Name (Last, First, Middle Initial) B. Digital Turf			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 27 Clear Brook Xing			Amount of Each Disbursement this Period 1000.00
City Kennebunk	State ME	Zip Code 04043-6303	
Purpose of Disbursement Web Expenses		Candidate Name	Memo Item <input type="checkbox"/>
Category/Type 001			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D517744
State:	District:		

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 5565 Glenridge Connector NE			Amount of Each Disbursement this Period 565.54
City Atlanta	State GA	Zip Code 30342	
Purpose of Disbursement Credit Card Processing Fee		Candidate Name	Memo Item <input type="checkbox"/>
Category/Type 001			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D517731
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	2041.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 125			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 280.96
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D517732
State: District:		

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 27.67
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D517734
State: District:		

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 634.71
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D517735
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	943.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 125			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 463.98
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D517738
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 30.85
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D517741
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 23.05
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D518352
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	517.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 94 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 68.62
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D518353
State: District:		

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 332.28
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D518354
State: District:		

Full Name (Last, First, Middle Initial) c. Ms. Amy Gabarra		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 62 Bellman Ave		Amount of Each Disbursement this Period 3000.00
City Warwick State RI Zip Code 02889	Purpose of Disbursement Fundraising Consultant	
Candidate Name	Category/Type 003	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D517762
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3400.90
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 95 OF 125			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Ms. Amy Gabarra		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address 62 Bellman Ave		Amount of Each Disbursement this Period 121.75
City Warwick	State RI	
Zip Code 02889	Purpose of Disbursement Reimbursement - Office Supplies & Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D517765
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jephry Floral Studio		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 432 Broadway		Amount of Each Disbursement this Period 98.98
City Providence	State RI	
Zip Code 02909-1622	Purpose of Disbursement Gifts	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D518360
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. JS Designs RI		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 295 Kenyon Ave		Amount of Each Disbursement this Period 585.00
City Wakefield	State RI	
Zip Code 02879	Purpose of Disbursement Graphic Design	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D517729
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	805.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 125			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Marvin Lopez			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015		
Mailing Address 19 Dresser St			Amount of Each Disbursement this Period 500.00		
City Providence	State RI	Zip Code 02909	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : D517728		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Mothership Strategies			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015		
Mailing Address 2413 20th St, NW #4			Amount of Each Disbursement this Period 3366.00		
City Washington	State DC	Zip Code 20009	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fundraising Consultant		Category/ Type 003	Transaction ID : D517724		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Mothership Strategies			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015		
Mailing Address 2413 20th St, NW #4			Amount of Each Disbursement this Period 1000.00		
City Washington	State DC	Zip Code 20009	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fundraising Consultants		Category/ Type 003	Transaction ID : D517727		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	4866.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 97 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Newport Festa Italiana			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015	
Mailing Address P.O Box 3663			Amount of Each Disbursement this Period 150.00	
City Newport	State RI	Zip Code 02840	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Advertising		Category/ Type		
Candidate Name		Transaction ID : D518350		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc.			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015	
Mailing Address 1101 15th St, NW Suite 500			Amount of Each Disbursement this Period 3450.00	
City Washington	State DC	Zip Code 20005	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Database		Category/ Type		
Candidate Name		Transaction ID : D517718		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Regine Printing			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015	
Mailing Address 208 Laurel Hill Ave			Amount of Each Disbursement this Period 490.06	
City Providence	State RI	Zip Code 02909-4517	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising - Printing		Category/ Type 003		
Candidate Name		Transaction ID : D517714		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4090.06
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 98 OF 125			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Rolla Group LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 1132 6th Street, NW #2			Amount of Each Disbursement this Period 10500.00
City Washington	State DC	Zip Code 20001-1639	
Purpose of Disbursement Fundraising Consultant		Candidate Name	Memo Item <input type="checkbox"/>
Category/Type 003			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D517704
State: District:			

Full Name (Last, First, Middle Initial) B. The Frost Group			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 3422 Porter St NW			Amount of Each Disbursement this Period 10617.20
City Washington	State DC	Zip Code 20016-3126	
Purpose of Disbursement Fundraising Consultant		Candidate Name	Memo Item <input type="checkbox"/>
Category/Type 003			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D517687
State: District:			

Full Name (Last, First, Middle Initial) c. The Frost Group			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 3422 Porter St NW			Amount of Each Disbursement this Period 3535.26
City Washington	State DC	Zip Code 20016-3126	
Purpose of Disbursement Fundraising Consultant		Candidate Name	Memo Item <input type="checkbox"/>
Category/Type 003			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D517698
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	24652.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 99 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial)
A. Twelve Acres

Mailing Address 445 Douglas Pike

City Smithfield State RI Zip Code 02917

Purpose of Disbursement Catering - Fundraising Category/Type 003

Candidate Name

Office Sought: House Senate President Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 10 / 21 / 2015

Amount of Each Disbursement this Period 6761.23

Memo Item

Transaction ID : D517685

Full Name (Last, First, Middle Initial)
B. Twenty-First Century Group, Inc.

Mailing Address 434 New Jersey Ave, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Catering - Fundraising Category/Type 003

Candidate Name

Office Sought: House Senate President Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 10 / 07 / 2015

Amount of Each Disbursement this Period 1125.00

Memo Item

Transaction ID : D517684

Full Name (Last, First, Middle Initial)
C. Twenty-First Century Group, Inc.

Mailing Address 434 New Jersey Ave, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Catering- Fundraising Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 12 / 07 / 2015

Amount of Each Disbursement this Period 1500.00

Memo Item

Transaction ID : D518356

SUBTOTAL of Disbursements This Page (optional)..... 9386.23

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 100 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Verizon		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 310.32
City Albany	State NY Zip Code 12250-0001	
Purpose of Disbursement Mobile Phone	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D517682
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. VFW-RI		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 1 Capitol HI Attn Robin		Amount of Each Disbursement this Period 200.00
City Providence	State RI Zip Code 02908-5816	
Purpose of Disbursement Advertising	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D517681
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. WNRI		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 786 Diamond Hill Rd		Amount of Each Disbursement this Period 199.00
City Woonsocket	State RI Zip Code 02895	
Purpose of Disbursement Advertising	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D518359
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	709.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 1073.82
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D516907
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T Corporation		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 30 E St SW		Amount of Each Disbursement this Period 316.92
City Washington	State DC	
Zip Code 20024-3224	Purpose of Disbursement Mobile Phones	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D517778
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T Corporation		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 30 E St SW		Amount of Each Disbursement this Period 2.92
City Washington	State DC	
Zip Code 20024-3224	Purpose of Disbursement Mobile Phone	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D517779
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1073.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Hostway.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 100 N Riverside Plz Ste 800		Amount of Each Disbursement this Period 36.95
City Chicago State IL Zip Code 60606-1564	Purpose of Disbursement Web Expense	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : D517774
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Paperless Post		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 120 5th Ave		Amount of Each Disbursement this Period 130.00
City New York State NY Zip Code 10011	Purpose of Disbursement Postage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D517775
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 37.39
City Providence State RI Zip Code 02904-5701	Purpose of Disbursement Gasoline	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	Transaction ID : D517772
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 125			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Shell Oil			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015		
Mailing Address 691 N Main St			Amount of Each Disbursement this Period 40.08		
City Providence	State RI	Zip Code 02904-5701	<input type="checkbox"/> Memo Item Transaction ID : D517783		
Purpose of Disbursement Gasoline		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Speedway			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015		
Mailing Address 1215 No. Main Street			Amount of Each Disbursement this Period 30.00		
City Providence	State RI	Zip Code 02904	<input checked="" type="checkbox"/> Memo Item Transaction ID : D517782		
Purpose of Disbursement Gasoline		Category/ Type 002			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Speedway			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015		
Mailing Address 1215 No. Main Street			Amount of Each Disbursement this Period 38.00		
City Providence	State RI	Zip Code 02904	<input checked="" type="checkbox"/> Memo Item Transaction ID : D517773		
Purpose of Disbursement Gasoline		Category/ Type 002			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Speedway			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 1215 No. Main Street			Amount of Each Disbursement this Period 36.47	
City Providence	State RI	Zip Code 02904	Category/ Type 002	
Purpose of Disbursement Gasoline				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D517771	
State: District:				

Full Name (Last, First, Middle Initial) B. Uber Technologies			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 182 Howard Street, Suite 8			Amount of Each Disbursement this Period 29.30	
City San Francisco	State CA	Zip Code 94105	Category/ Type 002	
Purpose of Disbursement Taxi Service				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D517780	
State: District:				

Full Name (Last, First, Middle Initial) c. Uber Technologies			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 182 Howard Street, Suite 8			Amount of Each Disbursement this Period 15.98	
City San Francisco	State CA	Zip Code 94105	Category/ Type 002	
Purpose of Disbursement Taxi Service				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D517781	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 100 Hartford Ave

City Providence State RI Zip Code 02909-3323

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 10 / 21 / 2015

Amount of Each Disbursement this Period: 20.48

Memo Item

Transaction ID : D517786

Full Name (Last, First, Middle Initial)
B. American Express

Mailing Address 2965 W Corporate Lakes Blvd

City Weston State FL Zip Code 33331-3626

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 11 / 13 / 2015

Amount of Each Disbursement this Period: 2071.53

Memo Item

Transaction ID : D517769

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

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement Train Fare

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 11 / 13 / 2015

Amount of Each Disbursement this Period: 307.00

Memo Item

Transaction ID : D517799

SUBTOTAL of Disbursements This Page (optional)..... 2071.53

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 125			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 600 North Point Parkway		Amount of Each Disbursement this Period 31.46
City Alpharetta	State GA	
Purpose of Disbursement Mobile Phones	Zip Code 30022	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 600 North Point Parkway		Amount of Each Disbursement this Period 163.69
City Alpharetta	State GA	
Purpose of Disbursement Mobile Phones	Zip Code 30022	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Cumberland Farms		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 751 Hope Street		Amount of Each Disbursement this Period 40.77
City Providence	State RI	
Purpose of Disbursement Gasoline	Zip Code 02906	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Hostway.com		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 100 N Riverside Plz Ste 800		Amount of Each Disbursement this Period 36.95
City Chicago	State IL Zip Code 60606-1564	
Purpose of Disbursement Web Expense	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : D517805
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Providence Biltmore		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 11 Dorrance St		Amount of Each Disbursement this Period 516.71
City Providence	State RI Zip Code 02903-1734	
Purpose of Disbursement Meals	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : D517789
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Red Stripe		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 465 Angell St		Amount of Each Disbursement this Period 156.00
City Providence	State RI Zip Code 02906	
Purpose of Disbursement Meals	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : D517809
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 002	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 39.83
City Providence	State RI	
Zip Code 02904-5701	Purpose of Disbursement Gasoline	<input checked="" type="checkbox"/> Memo Item Transaction ID : D517806
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 40.02
City Providence	State RI	
Zip Code 02904-5701	Purpose of Disbursement Gasoline	<input checked="" type="checkbox"/> Memo Item Transaction ID : D517808
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 38.81
City Providence	State RI	
Zip Code 02904-5701	Purpose of Disbursement Gasoline	<input checked="" type="checkbox"/> Memo Item Transaction ID : D517800
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 40.93
City Providence	State RI Zip Code 02904-5701	
Purpose of Disbursement Gasoline	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D517801
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sonoma Restaurant		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 223 Pennsylvania Ave SE		Amount of Each Disbursement this Period 35.70
City Washington	State DC Zip Code 20003-1107	
Purpose of Disbursement Meals	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D517797
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Uber Technologies		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 10.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi Service	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D517816
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. We The Pizza

Full Name (Last, First, Middle Initial)
Mailing Address 305 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Meals
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 13 / 2015

Amount of Each Disbursement this Period: 74.10

Memo Item

Transaction ID : D517794

B. We The Pizza

Full Name (Last, First, Middle Initial)
Mailing Address 305 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Meals
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 13 / 2015

Amount of Each Disbursement this Period: 116.00

Memo Item

Transaction ID : D517795

C. American Express

Full Name (Last, First, Middle Initial)
Mailing Address 2965 W Corporate Lakes Blvd

City Weston State FL Zip Code 33331-3626

Purpose of Disbursement Credit Card Payment
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 23 / 2015

Amount of Each Disbursement this Period: 3446.14

Memo Item

Transaction ID : D518270

SUBTOTAL of Disbursements This Page (optional) 3446.14

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. American Cancer Society		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 931 Jefferson Blvd Ste 3004		Amount of Each Disbursement this Period -1000.00
City Warwick	State RI	Zip Code 02886
Purpose of Disbursement Refund of accidental overpayment	Category/ Type	
Candidate Name	Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D518307
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 601 North Point Parkway		Amount of Each Disbursement this Period 31.46
City Alpharetta	State GA	Zip Code 30022
Purpose of Disbursement Mobile Phones	Category/ Type 001	
Candidate Name	Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D518304
State: District:		

Full Name (Last, First, Middle Initial) c. Bistro Bis Restaurant		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 15 E Street, NW		Amount of Each Disbursement this Period 244.71
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Fundraising - Catering	Category/ Type 003	
Candidate Name	Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D518301
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Cumberland Farms		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 751 Hope Street		Amount of Each Disbursement this Period 30.24
City Providence	State RI Zip Code 02906	
Purpose of Disbursement Gasoline	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D518306
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Cumberland Farms		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 751 Hope Street		Amount of Each Disbursement this Period 30.00
City Providence	State RI Zip Code 02906	
Purpose of Disbursement Gasoline	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D518296
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Expedia		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 3150 139th Avenue SE		Amount of Each Disbursement this Period 78.10
City Bellevue	State WA Zip Code 98005	
Purpose of Disbursement Airfare	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D518271
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Expedia		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 3150 139th Avenue SE		Amount of Each Disbursement this Period 158.10
City Bellevue State WA Zip Code 98005	Purpose of Disbursement Airfare	
Candidate Name	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D518272
State: District:		

Full Name (Last, First, Middle Initial) B. Hostway.com		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 100 N Riverside Plz Ste 800		Amount of Each Disbursement this Period 36.95
City Chicago State IL Zip Code 60606-1564	Purpose of Disbursement Web Expense	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D518293
State: District:		

Full Name (Last, First, Middle Initial) c. Paperless Post		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 120 5th Ave		Amount of Each Disbursement this Period 220.00
City New York State NY Zip Code 10011	Purpose of Disbursement Postage	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D518302
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial)

A. Paperless Post

Mailing Address 120 5th Ave

City New York State NY Zip Code 10011

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 23 / 2015

Amount of Each Disbursement this Period: 225.25

Memo Item

Transaction ID : D518279

Full Name (Last, First, Middle Initial)

B. Paperless Post

Mailing Address 120 5th Ave

City New York State NY Zip Code 10011

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 23 / 2015

Amount of Each Disbursement this Period: 90.66

Memo Item

Transaction ID : D518280

Full Name (Last, First, Middle Initial)

C. Paperless Post

Mailing Address 120 5th Ave

City New York State NY Zip Code 10011

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 23 / 2015

Amount of Each Disbursement this Period: 126.57

Memo Item

Transaction ID : D518281

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 125			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. Paperless Post		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> </tr> <tr> <td>12 / 23 / 2015</td> <td></td> </tr> </table>		M M / D D / Y Y Y Y		12 / 23 / 2015							
M M / D D / Y Y Y Y													
12 / 23 / 2015													
Mailing Address 120 5th Ave		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10011</td> </tr> </table>		City	State	Zip Code	New York	NY	10011	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> <td></td> </tr> <tr> <td>148.12</td> <td></td> </tr> </table>		Amount of Each Disbursement this Period		148.12	
City	State	Zip Code											
New York	NY	10011											
Amount of Each Disbursement this Period													
148.12													
Purpose of Disbursement Postage		<input checked="" type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : D518282											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016											
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Paperless Post		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> </tr> <tr> <td>12 / 23 / 2015</td> <td></td> </tr> </table>		M M / D D / Y Y Y Y		12 / 23 / 2015							
M M / D D / Y Y Y Y													
12 / 23 / 2015													
Mailing Address 120 5th Ave		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10011</td> </tr> </table>		City	State	Zip Code	New York	NY	10011	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> <td></td> </tr> <tr> <td>203.50</td> <td></td> </tr> </table>		Amount of Each Disbursement this Period		203.50	
City	State	Zip Code											
New York	NY	10011											
Amount of Each Disbursement this Period													
203.50													
Purpose of Disbursement Postage		<input checked="" type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : D518283											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016											
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. Paperless Post		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> </tr> <tr> <td>12 / 23 / 2015</td> <td></td> </tr> </table>		M M / D D / Y Y Y Y		12 / 23 / 2015							
M M / D D / Y Y Y Y													
12 / 23 / 2015													
Mailing Address 120 5th Ave		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10011</td> </tr> </table>		City	State	Zip Code	New York	NY	10011	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> <td></td> </tr> <tr> <td>118.15</td> <td></td> </tr> </table>		Amount of Each Disbursement this Period		118.15	
City	State	Zip Code											
New York	NY	10011											
Amount of Each Disbursement this Period													
118.15													
Purpose of Disbursement Postage		<input checked="" type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : D518284											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016											
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 25.00
City Providence	State RI	
Zip Code 02904-5701	Purpose of Disbursement Gasoline	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D518295
State: District:		

Full Name (Last, First, Middle Initial) B. Speedway		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 1215 No. Main Street		Amount of Each Disbursement this Period 36.16
City Providence	State RI	
Zip Code 02904	Purpose of Disbursement Gasoline	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D518291
State: District:		

Full Name (Last, First, Middle Initial) c. Speedway		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 1215 No. Main Street		Amount of Each Disbursement this Period 25.00
City Providence	State RI	
Zip Code 02904	Purpose of Disbursement Gasoline	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D518278
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Uber Technologies		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 31.37
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Taxi Service 002 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D518276
State: District:		

Full Name (Last, First, Middle Initial) B. Uber Technologies		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 15.15
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Taxi Service 002 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D518277
State: District:		

Full Name (Last, First, Middle Initial) c. Uber Technologies		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 29.30
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Taxi Service 002 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D518288
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Uber Technologies			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015	
Mailing Address 182 Howard Street, Suite 8			Amount of Each Disbursement this Period 8.11	
City San Francisco	State CA	Zip Code 94105	<input checked="" type="checkbox"/> Memo Item Transaction ID : D518289	
Purpose of Disbursement Taxi Service		002 Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Uber Technologies			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015	
Mailing Address 182 Howard Street, Suite 8			Amount of Each Disbursement this Period 28.95	
City San Francisco	State CA	Zip Code 94105	<input checked="" type="checkbox"/> Memo Item Transaction ID : D518290	
Purpose of Disbursement Taxi Service		002 Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. United Airlines			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015	
Mailing Address PO Box 66100			Amount of Each Disbursement this Period 154.70	
City Chicago	State IL	Zip Code 60666-0100	<input checked="" type="checkbox"/> Memo Item Transaction ID : D518287	
Purpose of Disbursement Airfare		002 Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 125	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. USPS			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015	
Mailing Address 100 Hartford Ave			Amount of Each Disbursement this Period 1625.85	
City Providence	State RI	Zip Code 02909-3323	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : D518285	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item	
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item	
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	65861.15

**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 120 OF 125	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 5000.00
City Weston State FL Zip Code 33331-3626	Purpose of Disbursement Credit Card Payment	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D516908
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Cmte		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003-4024	Purpose of Disbursement Unlimited Transfer	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D516909
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 5000.00
City Weston State FL Zip Code 33331-3626	Purpose of Disbursement Credit Card Payment	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D517839
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	10000.00
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 121 OF 125
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Cmte		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20003-4024	Purpose of Disbursement Unlimited Transfer	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D517841
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 5000.00
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D518361
State: District:		

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Cmte		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2015
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20003-4024	Purpose of Disbursement Unlimited Transfer	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D518362
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	15000.00

**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 122 OF 125	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Community Angels		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address		Amount of Each Disbursement this Period 500.00
City	State Zip Code	
Purpose of Disbursement Donation	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D518358

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 4000.00
City	State Zip Code	
Purpose of Disbursement Credit Card Payment	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D517840

Full Name (Last, First, Middle Initial) C. BRAD ASHFORD FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address PO BOX 24023		Amount of Each Disbursement this Period 1000.00
City	State Zip Code	
Purpose of Disbursement Contribution	Candidate Name BRAD ASHFORD	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: NE District: 02	Category/Type	Transaction ID : D517843

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 123 OF 125			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. FRIENDS OF CHERI BUSTOS		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 1050 17TH ST NW STE 590		Amount of Each Disbursement this Period 1000.00 <input checked="" type="checkbox"/> Memo Item Transaction ID : D517842
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement Contribution	
Candidate Name CHERI BUSTOS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 17		

Full Name (Last, First, Middle Initial) B. JULIA BROWNLEY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address PO BOX 2018		Amount of Each Disbursement this Period 1000.00 <input checked="" type="checkbox"/> Memo Item Transaction ID : D517845
City THOUSAND OAKS State CA Zip Code 91358	Purpose of Disbursement Contribution	
Candidate Name JULIA BROWNLEY	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 26		

Full Name (Last, First, Middle Initial) C. PETE AGUILAR FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address PO BOX 10954		Amount of Each Disbursement this Period 1000.00 <input checked="" type="checkbox"/> Memo Item Transaction ID : D517844
City SAN BERNARDINO State CA Zip Code 92423	Purpose of Disbursement Contribution	
Candidate Name PETE AGUILAR	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 31		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 125
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 1000.00
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D518363
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address PO BOX 50084		Amount of Each Disbursement this Period 1000.00
City FORT WORTH	State TX	
Zip Code 76105	Purpose of Disbursement Contribution	<input checked="" type="checkbox"/> Memo Item
Candidate Name MARC ALLISON MR. VEASEY	Category/ Type	Transaction ID : D518366
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 1200.00
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D518364
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2200.00
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 125 OF 125			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Friends of John Carney			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015		
Mailing Address PO Box 1776			Amount of Each Disbursement this Period 1200.00		
City Wilmington	State DE	Zip Code 19899	Category/ Type		
Purpose of Disbursement Nonfederal Contribution					
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought:	Disbursement For: 2016				
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : D518365			
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)				
<input type="checkbox"/> President					
State: District:					

Full Name (Last, First, Middle Initial) B. American Express			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015		
Mailing Address 2965 W Corporate Lakes Blvd			Amount of Each Disbursement this Period 1150.00		
City Weston	State FL	Zip Code 33331-3626	Category/ Type		
Purpose of Disbursement Credit Card Payment, See Below					
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought:	Disbursement For: 2016				
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : D518482			
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)				
<input type="checkbox"/> President					
State: District:					

Full Name (Last, First, Middle Initial) c. American Cancer Society			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015		
Mailing Address 931 Jefferson Blvd Ste 3004			Amount of Each Disbursement this Period 1150.00		
City Warwick	State RI	Zip Code 02886	Category/ Type 012		
Purpose of Disbursement Donation					
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought:	Disbursement For: 2016				
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : D517784			
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)				
<input type="checkbox"/> President					
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	7850.00