

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

Rhode Island Democratic State Committee

ADDRESS (number and street) P.O. Box 6004

Check if different than previously reported. (ACC) Providence RI 02940

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00136200 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On:
Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
General (30G)
Runoff (30R)
Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 01 2015 through 04 30 2015

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

Type or Print Name of Treasurer Jeffrey Padwa

Signature of Treasurer Jeffrey Padwa [Electronically Filed] Date 05 19 2015

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Rhode Island Democratic State Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		23625.83
(b) Cash on Hand at Beginning of Reporting Period.....	12887.65	
(c) Total Receipts (from Line 19)	22378.75	101863.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	35266.40	125489.34
7. Total Disbursements (from Line 31).....	15679.47	105902.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	19586.93	19586.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	5254.47	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	26381.33	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 06/2004)

Write or Type Committee Name

Rhode Island Democratic State Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	5000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2000.00	7000.00
12. Transfers From Affiliated/Other Party Committees.....	8859.37	31019.37
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	1953.69
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1656.93
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	11519.38	60233.52
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	11519.38	60233.52
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	22378.75	101863.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10859.37	41629.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	2201.63	17018.70
(ii) Non-Federal Share.....	5661.38	43324.48
(b) Other Federal Operating Expenditures	8016.46	36263.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15879.47	96607.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	-200.00	9295.40
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	-200.00	9295.40
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15679.47	105902.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10018.09	62577.93

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2000.00	7000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2000.00	7000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	10218.09	53282.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1953.69
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	10218.09	51328.84

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

Form/Schedule: F3XN
Transaction ID :

The Loan on Schedule C has no interest rate and no determined due date. No employees worked more than 25% on a federal campaign. Transfers from joint fundraisers are distributed on a different schedule than schedule memo A.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)
A. BGR PAC

Mailing Address **601 THIRTEENTH STREET, NW
ELEVENTH FLOOR SOUTH**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00359588**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2015

Transaction ID : SA11C.23729

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)
B. MCGUIREWOODS LLP

Mailing Address **ONE JAMES CENTER
901 E. CARY STREET**

City **RICHMOND** State **VA** Zip Code **23219**

FEC ID number of contributing federal political committee. **C C00225342**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2015

Transaction ID : SA11C.23727

Amount of Each Receipt this Period

1000.00

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

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) ▼

Aggregate Year-to-Date ▼ _____

Date of Receipt

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

Amount of Each Receipt this Period

--

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Rhode Island Democratic State Committee

A. Democratic National Committee

Full Name (Last, First, Middle Initial)
Mailing Address 430 South Capitol St. SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
27428.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2015

Transaction ID : SA12.23724

Amount of Each Receipt this Period
5268.00

Transfer

B. Democratic National Committee

Full Name (Last, First, Middle Initial)
Mailing Address 430 South Capitol St. SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30648.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : SA12.23725

Amount of Each Receipt this Period
3220.00

In-kind - Voter File Access

C. Democratic National Committee/Federal State Party Acct

Full Name (Last, First, Middle Initial)
Mailing Address 430 South Capitol St., S.E.

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
371.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : SA12.23742

Amount of Each Receipt this Period
371.37

Victory Fund Transfer

SUBTOTAL of Receipts This Page (optional).....	8859.37
TOTAL This Period (last page this line number only).....	8859.37

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Blue Cross Blue Shield of Rhode Island

Mailing Address PO Box 1057

City Providence State RI Zip Code 02901

Purpose of Disbursement
Employee Health Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2015

Transaction ID : **SB21B.23731**

Amount of Each Disbursement this Period

2852.16

Full Name (Last, First, Middle Initial)

B. Democratic National Committee

Mailing Address 430 South Capitol St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-kind - Voter File Access

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : **SB21B.23726**

Amount of Each Disbursement this Period

3220.00

Full Name (Last, First, Middle Initial)

C. Division of Taxation

Mailing Address One Capitol Hill

City Providence State RI Zip Code 02908

Purpose of Disbursement
State Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : **SB21B.23733**

Amount of Each Disbursement this Period

61.24

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

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

6133.40

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Ann Gooding

Mailing Address 265 Narragansett Bay Avenue

City Warwick State RI Zip Code 02889

Purpose of Disbursement
Net Wages

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : SB21B.23739

Amount of Each Disbursement this Period

596.18

Full Name (Last, First, Middle Initial)

B. Anne Pease

Mailing Address 75 Signal Way

City East Greenwich State RI Zip Code 02818

Purpose of Disbursement
Net Wages

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : SB21B.23732

Amount of Each Disbursement this Period

987.62

Full Name (Last, First, Middle Initial)

C. United States Treasury

Mailing Address PO Box 660351

City Dallas State TX Zip Code 75266

Purpose of Disbursement
Federal Payroll Tax Deposit

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : SB21B.23740

Amount of Each Disbursement this Period

299.26

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

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

1883.06

8016.46

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Kevin Decarvalho

Mailing Address 875 Lonsdale Ave.

City Central Falls State RI Zip Code 02863

Purpose of Disbursement
State Dated Check

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : SB30B.23723

Amount of Each Disbursement this Period

-50.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Fatima Ghulam

Mailing Address 34 Erastus St.

City Providence State RI Zip Code 02909

Purpose of Disbursement
State Dated Check

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : SB30B.23721

Amount of Each Disbursement this Period

-100.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Drew Madden

Mailing Address 166 Valley St.

City Providence State RI Zip Code 02909

Purpose of Disbursement
State Dated Check

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : SB30B.23722

Amount of Each Disbursement this Period

-50.00

Category/
Type

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

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

-200.00

-200.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Rhode Island Democratic State Committee** Transaction ID : **SC/9.5183**

LOAN SOURCE Full Name (Last, First, Middle Initial) Licht 88 Committee	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 350 Cole Avenue	
City Providence State RI ZIP Code 02906	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5249.87	0.00	5249.87

TERMS

Date Incurred: M M / D D / Y Y Y Y Y Y / /

Date Due: M M / D D / Y Y Y Y Y Y

Interest Rate: % (apr)

Secured: Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ▶	5249.87
TOTALS This Period (last page in this line only)..... ▶	5249.87

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 20
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SHELDON II WHITEHOUSE	Nature of Debt (Purpose): Coordinated expenditures overage
Mailing Address PO BOX 40280	
City State Zip Code PROVIDENCE RI 02940	

Outstanding Balance Beginning This Period 4.60	Transaction ID : SD9.14176	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

1) SUBTOTALS This Period This Page (optional)..... ▶	4.60
2) TOTALS This Period (last page this line number only)..... ▶	4.60
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	5249.87
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	5254.47

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BrushFire Strategies	Nature of Debt (Purpose): Generic GOTV Phone Calls
Mailing Address 3000 K Street NW	
City State Zip Code Washington DC 20007	

Outstanding Balance Beginning This Period <input type="text" value="26381.33"/>	Transaction ID : SD10.23509	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="26381.33"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="26381.33"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="26381.33"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="26381.33"/>

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Rhode Island Democratic State Committee

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RI Democratic Non-federal Account	MM / DD / YYYY 04 / 30 / 2015	11519.38

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	11519.38
Transaction ID : H3.23741	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	11519.38
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred).....	11519.38

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.23709 Susann Della Rosa		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 60 Don Avenue		Allocated Activity or Event Year-To-Date 54430.17	
City State Zip Code Rumford RI 02916	Category/ Type	Date <input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>	
Purpose of Disbursement: Accounting Services - non employee		Allocated Activity or Event Year-To-Date 54430.17	
Activity or Event Identifier: Administrative		Date <input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
546.00 + 1404.00 = 1950.00			

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.23710 RICOH USA, Inc.		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Five Dedrick Place		Allocated Activity or Event Year-To-Date 54441.08	
City State Zip Code West Caldwell NJ 07006	Category/ Type	Date <input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>	
Purpose of Disbursement: Copy Machine Maintenance		Allocated Activity or Event Year-To-Date 54441.08	
Activity or Event Identifier: Administrative		Date <input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
3.06 + 7.85 = 10.91			

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.23711 CitiBusiness Card		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 182564		Allocated Activity or Event Year-To-Date 54496.07	
City State Zip Code Columbus OH 43210	Category/ Type	Date <input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>	
Purpose of Disbursement: Credit Card Payment		Allocated Activity or Event Year-To-Date 54496.07	
Activity or Event Identifier: Administrative		Date <input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
15.40 + 39.59 = 54.99			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
564.46		1451.44		2015.90

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) Clear		Transaction ID : H4.23743	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Dept CH 14365			Allocated Activity or Event Year-To-Date 0.00	
City Palatine	State IL	Zip Code 60065	Date 03 / 21 / 2015	
Purpose of Disbursement: Internet Access		Category/ Type	Date	
Activity or Event Identifier: Administrative [MEMO ITEM]				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
15.40			39.59	54.99

B. Full Name (Last, First, Middle Initial) National Grid		Transaction ID : H4.23712	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Processing Center			Allocated Activity or Event Year-To-Date 54610.87	
City Woburn	State MA	Zip Code 01807	Date 04 / 13 / 2015	
Purpose of Disbursement: Electricity		Category/ Type	Date	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
32.14			82.66	114.80

C. Full Name (Last, First, Middle Initial) Imperial Court of Rhode Island		Transaction ID : H4.23737	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 6583			Allocated Activity or Event Year-To-Date 54860.87	
City Providence	State RI	Zip Code 02940	Date 04 / 13 / 2015	
Purpose of Disbursement: Sponsorship		Category/ Type	Date	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
70.00			180.00	250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
102.14		262.66		364.80

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.23736 United States Treasury		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 660351		Allocated Activity or Event Year-To-Date 55160.13	
City State Zip Code Dallas TX 75266	Date <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>		
Purpose of Disbursement: Federal Payroll Tax Deposit	Category/Type		
Activity or Event Identifier: Administrative	Date <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
83.79 + 215.47 = 299.26			

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.23713 30 Kennedy Partners		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 30 Kennedy Plaza		Allocated Activity or Event Year-To-Date 55760.13	
City State Zip Code Providence RI 02903	Date <input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>		
Purpose of Disbursement: Rent	Category/Type		
Activity or Event Identifier: Administrative	Date <input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
168.00 + 432.00 = 600.00			

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.23714 Postmaster		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Turnkey Station		Allocated Activity or Event Year-To-Date 55907.13	
City State Zip Code Providence RI 02940	Date <input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>		
Purpose of Disbursement: Committee Postage	Category/Type		
Activity or Event Identifier: Administrative	Date <input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
41.16 + 105.84 = 147.00			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
292.95		753.31		1046.26

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.23715 Beacon Mutual Insurance		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address One Beacon Centre				
City State Zip Code Warwick RI 02886				
Purpose of Disbursement: Workers Compensation Insurance Premium	<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 57001.13		
Activity or Event Identifier: Administrative	Category/ Type	Date <input type="text"/> 04 / <input type="text"/> 30 / <input type="text"/> 2015		
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 306.32		<input type="text"/> 787.68		<input type="text"/> 1094.00

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.23716 NACCP Providence		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Po Box 5767				
City State Zip Code Providence RI 02903				
Purpose of Disbursement: Sponsorship	<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 57501.13		
Activity or Event Identifier: Administrative	Category/ Type	Date <input type="text"/> 04 / <input type="text"/> 30 / <input type="text"/> 2015		
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 140.00		<input type="text"/> 360.00		<input type="text"/> 500.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.23717 Department of Employment & Training		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address One Capitol Hill				
City State Zip Code Providence RI 02908				
Purpose of Disbursement: State Unemployment Taxes	<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 58084.46		
Activity or Event Identifier: Administrative	Category/ Type	Date <input type="text"/> 04 / <input type="text"/> 30 / <input type="text"/> 2015		
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 163.33		<input type="text"/> 420.00		<input type="text"/> 583.33

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 609.65		<input type="text"/> 1567.68		<input type="text"/> 2177.33

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) Anne Pease		Transaction ID : H4.23718	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 75 Signal Way			Allocated Activity or Event Year-To-Date 59072.08	
City East Greenwich	State RI	Zip Code 02818	Date 04 / 30 / 2015	
Purpose of Disbursement: Net Wages		Category/ Type	Date	
Activity or Event Identifier: Administrative			Date	
FEDERAL SHARE		+	NONFEDERAL SHARE	
276.53			711.09	
		=	TOTAL AMOUNT	
			987.62	

B. Full Name (Last, First, Middle Initial) Division of Taxation		Transaction ID : H4.23719	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address One Capitol Hill			Allocated Activity or Event Year-To-Date 59150.81	
City Providence	State RI	Zip Code 02908	Date 04 / 30 / 2015	
Purpose of Disbursement: State Payroll Taxes		Category/ Type	Date	
Activity or Event Identifier: Administrative			Date	
FEDERAL SHARE		+	NONFEDERAL SHARE	
22.04			56.69	
		=	TOTAL AMOUNT	
			78.73	

C. Full Name (Last, First, Middle Initial) Ann Gooding		Transaction ID : H4.23734	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 265 Narragansett Bay Avenue			Allocated Activity or Event Year-To-Date 60343.18	
City Warwick	State RI	Zip Code 02889	Date 04 / 30 / 2015	
Purpose of Disbursement: Net Wages		Category/ Type	Date	
Activity or Event Identifier: Administrative			Date	
FEDERAL SHARE		+	NONFEDERAL SHARE	
333.86			858.51	
		=	TOTAL AMOUNT	
			1192.37	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
632.43		1626.29		2258.72

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
2201.63	5661.38	7863.01