

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

2. FEC IDENTIFICATION NUMBER C C00136200 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (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), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2014 through 01 / 31 / 2014

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 02 / 20 / 2014

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**

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="2014"/>	<input type="text" value="29948.81"/>	<input type="text" value="29948.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="29948.81"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5610.65"/>	<input type="text" value="5610.65"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="35559.46"/>	<input type="text" value="35559.46"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15763.64"/>	<input type="text" value="15763.64"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19795.82"/>	<input type="text" value="19795.82"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="5254.47"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	4.80	4.80
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4.80	4.80
12. Transfers From Affiliated/Other Party Committees.....	3220.00	3220.00
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	181.27	181.27
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	2204.58	2204.58
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	2204.58	2204.58
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5610.65	5610.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3406.07	3406.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	1777.72	1777.72
(ii) Non-Federal Share.....	6686.65	6686.65
(b) Other Federal Operating Expenditures	7299.27	7299.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15763.64	15763.64
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	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15763.64	15763.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9076.99	9076.99

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)	4.80	4.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4.80	4.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	9076.99	9076.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	9076.99	9076.99

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

Form/Schedule: F3XA

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.

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: PAGE 7 OF 22
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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. Jennifer Hills

Mailing Address 118 Uncas Street

City Warwick State RI Zip Code 02889

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

Name of Employer W & Associates Occupation Legal Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2014

Transaction ID : SA11AI.21604

Amount of Each Receipt this Period
 5.00

[MEMO ITEM]

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

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

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

FOR LINE NUMBER: PAGE 8 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. ACTBLUE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 382110
 City State Zip Code
 Cambridge MA 02238
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 09 / 2014
Transaction ID : SA11C.21571
 Amount of Each Receipt this Period
 4.80
 Transfer

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) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	4.80
TOTAL This Period (last page this line number only).....▶	4.80

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

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

FOR LINE NUMBER: PAGE 9 OF 22
(check only one)

<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
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Democratic National Committee

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 ▼
3220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : SA12.21601

Amount of Each Receipt this Period
3220.00

In-kind - Voter File Access

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	3220.00
TOTAL This Period (last page this line number only).....▶	3220.00

**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

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. Blue Cross Blue Shield of Rhode Island

Mailing Address PO Box 1057

City Providence State RI Zip Code 02901

Purpose of Disbursement
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
01 / 12 / 2014

Transaction ID : **SB21B.21583**

Amount of Each Disbursement this Period

1861.56

Full Name (Last, First, Middle Initial)

B. Jonathan Boucher

Mailing Address 23 Perkins Street

City Warwick State RI Zip Code 02886

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
01 / 15 / 2014

Transaction ID : **SB21B.21584**

Amount of Each Disbursement this Period

1483.40

Full Name (Last, First, Middle Initial)

C. 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
01 / 31 / 2014

Transaction ID : **SB21B.21602**

Amount of Each Disbursement this Period

3220.00

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

6564.96

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

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

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. United States Treasury

Mailing Address PO Box 660351

City Dallas State TX Zip Code 75266

Purpose of Disbursement
Federal Withholding 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
01 / 15 / 2014

Transaction ID : SB21B.21586

Amount of Each Disbursement this Period

656.19

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

656.19

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

7221.15

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 22
	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 H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

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

Transaction ID : H1.21606

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %
 Nonfederal %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

**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 01 / 10 / 2014	2204.58

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	2204.58
Transaction ID : H3.21600	
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)	2204.58
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).....	2204.58

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) Cox Communications		Transaction ID : H4.21574	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 P.O. Box 39			Allocated Activity or Event Year-To-Date 68.05	
City Newark	State NJ	Zip Code 07101	Date 01 / 12 / 2014	
Purpose of Disbursement: Cable Service		Category/ Type	Date 01 / 12 / 2014	
Activity or Event Identifier: Administrative			Date 01 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
14.29			53.76	68.05

B. Full Name (Last, First, Middle Initial) Susann Della Rosa		Transaction ID : H4.21575	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 2118.05	
City Rumford	State RI	Zip Code 02916	Date 01 / 12 / 2014	
Purpose of Disbursement: Accounting Services - Non employee		Category/ Type	Date 01 / 12 / 2014	
Activity or Event Identifier: Administrative			Date 01 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
430.50			1619.50	2050.00

C. Full Name (Last, First, Middle Initial) Division of Taxation		Transaction ID : H4.21577	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 2196.17	
City Providence	State RI	Zip Code 02908	Date 01 / 12 / 2014	
Purpose of Disbursement: State payroll taxes		Category/ Type	Date 01 / 12 / 2014	
Activity or Event Identifier: Administrative			Date 01 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
16.41			61.71	78.12

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
461.20		1734.97		2196.17

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

Form A: Postmaster, Transaction ID: H4.21579. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

Form B: Verizon, Transaction ID: H4.21581. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

Form C: 151 Broadway Associates, Transaction ID: H4.21588. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (256.07), NONFEDERAL SHARE (963.33), TOTAL AMOUNT (1219.40).

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

Summary table for total: 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) Providence Newspaper Guild		Transaction ID : H4.21589		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 270 Westminster Street				Allocated Activity or Event Year-To-Date 4265.57	
City Providence	State RI	Zip Code 02903		Date 01 / 12 / 2014	
Purpose of Disbursement: Dinner Tickets and ad		Category/ Type			
Activity or Event Identifier: Administrative					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
178.50			671.50		850.00

B. Full Name (Last, First, Middle Initial) David Caprio		Transaction ID : H4.21590		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 Center Place				Allocated Activity or Event Year-To-Date 5324.45	
City Providence	State RI	Zip Code 02903		Date 01 / 12 / 2014	
Purpose of Disbursement: Reimbursement		Category/ Type			
Activity or Event Identifier: Administrative					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
222.36			836.52		1058.88

C. Full Name (Last, First, Middle Initial) Hilton New Orleans Riverside		Transaction ID : H4.21593		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 Two Poydras Street				Allocated Activity or Event Year-To-Date 0.00	
City New Orleans	State LA	Zip Code 70130		Date 11 / 24 / 2013	
Purpose of Disbursement: Lodging		Category/ Type			
Activity or Event Identifier: Administrative [MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
115.45			434.30		549.75

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
400.86		1508.02		1908.88

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

Form A: NGP Van, Transaction ID: H4.21594. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Voter File Enhancement), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (11/12/2013), and a summary table showing Federal Share (68.92), NonFederal Share (259.28), and Total Amount (328.20).

Form B: Drago's Seafood Restaurant, Transaction ID: H4.21595. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Meals), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (11/21/2013), and a summary table showing Federal Share (9.48), NonFederal Share (35.67), and Total Amount (45.15).

Form C: Arnaud's Restaurant, Transaction ID: H4.21597. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Meals), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (11/22/2013), and a summary table showing Federal Share (28.51), NonFederal Share (107.27), and Total Amount (135.78).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (0.00) + NONFEDERAL SHARE (0.00) = TOTAL AMOUNT (0.00)

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

Summary table for total: 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 : H4.21592 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 _____ 5429.79	
City State Zip Code Columbus OH 43210	Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Credit Card Payment	<input type="text"/>	Allocated Activity or Event Year-To-Date _____	
Activity or Event Identifier: Administrative	Category/ Type	Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="22.34"/>	<input type="text" value="83.00"/>	<input type="text" value="105.34"/>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.21599 Clear		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 State Zip Code Palatine IL 60065	Date <input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>		
Purpose of Disbursement: Internet Access	<input type="text"/>	Allocated Activity or Event Year-To-Date _____	
Activity or Event Identifier: Administrative [MEMO ITEM]	Category/ Type	Date <input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="22.34"/>	<input type="text" value="83.00"/>	<input type="text" value="105.34"/>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.21587 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 _____ 5607.62	
City State Zip Code Dallas TX 75266	Date <input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: FUTA tax deposit	<input type="text"/>	Allocated Activity or Event Year-To-Date _____	
Activity or Event Identifier: Administrative	Category/ Type	Date <input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="37.34"/>	<input type="text" value="140.49"/>	<input type="text" value="177.83"/>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="59.68"/>		<input type="text" value="223.49"/>		<input type="text" value="283.17"/>

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) Transaction ID : H4.21580 United States Treasury Mailing Address PO Box 660351		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	
City State Zip Code Dallas TX 75266	Allocated Activity or Event Year-To-Date 6263.81		
Purpose of Disbursement: Payroll tax deposit	Category/ Type	Date MM / DD / YYYY 01 / 15 / 2014	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
137.80 + 518.39 = 656.19			

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.21576 Department of Employment & Training Mailing Address One Capitol Hill		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	
City State Zip Code Providence RI 02908	Allocated Activity or Event Year-To-Date 6403.81		
Purpose of Disbursement: State Unemployment Taxes	Category/ Type	Date MM / DD / YYYY 01 / 28 / 2014	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
29.40 + 110.60 = 140.00			

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.21578 Extra Space Storage Mailing Address 1640 Hartford Avenue		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	
City State Zip Code Johnston RI 02919	Allocated Activity or Event Year-To-Date 6610.81		
Purpose of Disbursement: Storage rental	Category/ Type	Date MM / DD / YYYY 01 / 28 / 2014	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
43.47 + 163.53 = 207.00			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.67		792.52		1003.19

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 : H4.21582
Verizon
Mailing Address P.O. Box 1100
City Albany State NY Zip Code 12250
Purpose of Disbursement: Telephone Service
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date: 6980.97
Date: 01 / 28 / 2014
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
77.73 + 292.43 = 370.16

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.21573
Jonathan Boucher
Mailing Address 23 Perkins Street
City Warwick State RI Zip Code 02886
Purpose of Disbursement: Net wages
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date: 8464.37
Date: 01 / 30 / 2014
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
311.51 + 1171.89 = 1483.40

C. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Allocated Activity or Event: Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date:
Date:
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
389.24		1464.32		1853.56

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
1777.72	6686.65	8464.37