

A. Form/Schedule : **F3XN**
Transaction ID :

The loan on Schedule C has no determined due date and no interest rate. No employees worked more than 25% on federal campaigns.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Rhode Island Democratic State Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 38161.84 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 25833.14 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 18231.63 | 74091.31 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 44064.77 | 112253.15 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 11596.01 | 79784.39 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 32468.76 | 32468.76 | | | | | | | | |
| 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) | 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Rhode Island Democratic State Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| 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) | 0.00 | 4500.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 0.00 | 4500.00 |
| 12. Transfers From Affiliated/Other Party Committees | 8220.00 | 39414.67 |
| 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.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 10011.63 | 30176.64 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 10011.63 | 30176.64 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 18231.63 | 74091.31 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 8220.00 | 43914.67 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 1247.39 | 5624.59 |
| (ii) Non-Federal Share..... | 7068.62 | 32076.68 |
| (b) Other Federal Operating Expenditures..... | 3280.00 | 19870.13 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 11596.01 | 57571.40 |
| 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 Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (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) Shared 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 | 22212.99 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 22212.99 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 11596.01 | 79784.39 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 4527.39 | 47707.71 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 19

| 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) | 0.00 | 4500.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0.00 | 4500.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 4527.39 | 25494.72 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 4527.39 | 25494.72 |

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

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

FOR LINE NUMBER: PAGE 7 / 19
(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. Full Name (Last, First, Middle Initial)
DNC Services Corp

Mailing Address 430 S. 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 ▼

Date of Receipt: 06 / 30 / 2010
Transaction ID: SA11AI.16566
 Amount of Each Receipt this Period: 912.95
 RI Party Victory Fund Uni-temized
[MEMO ITEM]

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

Mailing Address 10 Exchange CT Apt 603

City Pawtucket State RI Zip Code 02860-2263

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

Name of Employer Occupation
Nathan Littauer Hosp Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: 05 / 12 / 2010
Transaction ID: SA11AI.16565
 Amount of Each Receipt this Period: 190.00
 RI Party Victory Fund
[MEMO ITEM]

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

Mailing Address 430 S CAPITOL ST SE

City WASHINGTON State DC Zip Code 20003

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: 06 / 30 / 2010
Transaction ID: SA11AI.16562
 Amount of Each Receipt this Period: 1050.00
 Dollars for Democrats
[MEMO ITEM]

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 / 19 |
| | (check only one) |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> | <input type="checkbox"/> 15 |
| <input type="checkbox"/> | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <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

A.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Democratic National Committee | | Date of Receipt MM / DD / YYYY 06 / 09 / 2010 |
| Mailing Address 430 South Capitol St. SE | | Transaction ID: SA12.16559 |
| City Washington | State DC | Zip Code 20003 |
| FEC ID number of contributing federal political committee. C C00010603 | | Amount of Each Receipt this Period 3220.00 |
| Name of Employer | Occupation | In-kind - Voter File Access |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 34320.00 | |

B.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Democratic National Committee | | Date of Receipt MM / DD / YYYY 06 / 18 / 2010 |
| Mailing Address 430 South Capitol St. SE | | Transaction ID: SA12.16531 |
| City Washington | State DC | Zip Code 20003 |
| FEC ID number of contributing federal political committee. C C00010603 | | Amount of Each Receipt this Period 5000.00 |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 39320.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 8220.00 |
| TOTAL This Period (last page this line number only) | 8220.00 |

**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

A.

Full Name (Last, First, Middle Initial)
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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.16560

Date of Disbursement

06 / 09 / 2010

Amount of Each Disbursement this Period

3220.00

B.

Full Name (Last, First, Middle Initial)
E-Online Data

Mailing Address 280 Fore Street

City Portland State ME Zip Code 04101

Purpose of Disbursement
Credit card fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.16544

Date of Disbursement

06 / 02 / 2010

Amount of Each Disbursement this Period

15.00

SUBTOTAL of Disbursements This Page (optional)

3235.00

TOTAL This Period (last page this line number only)

3235.00

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF 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:
 Primary
 General
 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 1 2, D D 3 1, Y Y Y Y 1 9 8 8
 Date Due: _____ Interest Rate: _____ % (apr)
 Secured: Yes No

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

| | |
|---|--------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: _____ |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: _____ |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: _____ |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: _____ |

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional) | 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 11 / 19 | |
| | 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 32 ELMGROVE AVENUE | | | | | | |
| <table border="0"> <tr> <td>City</td> <td>State</td> <td>ZIP Code</td> </tr> <tr> <td>PROVIDENCE</td> <td>RI</td> <td>02906</td> </tr> </table> | | City | State | ZIP Code | PROVIDENCE | RI |
| City | State | ZIP Code | | | | |
| PROVIDENCE | RI | 02906 | | | | |

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

| | |
|--|---------|
| 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 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 | M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 0 | 4460.07 |

BREAKDOWN OF TRANSFER RECEIVED

| | | |
|---|---------|--------------------------|
| i) Total Administrative | 4460.07 | Transaction ID: H3.16557 |
| ii) Generic Voter Drive | | Transaction ID: |
| iii) Exempt Activities | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | | |
| v) Direct Candidate Support (List of Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred For Direct Candidate Support | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | Transaction ID: |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

**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 | M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0 | 5551.56 |

BREAKDOWN OF TRANSFER RECEIVED

| | | |
|---|---------|--------------------------|
| i) Total Administrative | 5551.56 | Transaction ID: H3.16558 |
| ii) Generic Voter Drive | | Transaction ID: |
| iii) Exempt Activities | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | | |
| v) Direct Candidate Support (List of Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred For Direct Candidate Support | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | Transaction ID: |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|----------|
| TOTAL This Period (Administrative) | 10011.63 |
| 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) | 10011.63 |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

| | | | | | |
|---|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Cox Communications | | | Type of Allocated Activity: <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 29542.26 | | |
| City Newark | State NJ | Zip Code 07101 | Date <input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Monthly modem and cable | | | Transaction ID: H4.16533 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 23.55 | | 133.45 | | 157.00 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Susann Della Rosa | | | Type of Allocated Activity: <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 30477.26 | | |
| City Rumford | State RI | Zip Code 02916 | Date <input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Accounting Services-non employee | | | Transaction ID: H4.16534 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 140.25 | | 794.75 | | 935.00 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) IKON Office Solutions | | | Type of Allocated Activity: <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 30069 | | | Allocated Activity or Event Year-To-Date 30700.26 | | |
| City Hartford | State CT | Zip Code 06150 | Date <input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Copier Lease | | | Transaction ID: H4.16536 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 33.45 | | 189.55 | | 223.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 197.25 | | 1117.75 | | 1315.00 |

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

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Pui O | | | Type of Allocated Activity: <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 249 Roosevelt Avenue | | | Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">31500.26</div> | | |
| City Pawtucket | State RI | Zip Code 02860 | Date 06 / 13 / 2010 Transaction ID: H4.16539 | | |
| Purpose of Disbursement: June rent & electricity | | Category/ Type | | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|--|---|--|---|--|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <div style="border: 1px solid black; padding: 2px;">120.00</div> | | <div style="border: 1px solid black; padding: 2px;">680.00</div> | | <div style="border: 1px solid black; padding: 2px;">800.00</div> |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Secretary of State | | | Type of Allocated Activity: <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 100 North Main Street | | | Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">31520.26</div> | | |
| City Providence | State RI | Zip Code 02903 | Date 06 / 13 / 2010 Transaction ID: H4.16540 | | |
| Purpose of Disbursement: Annual Corporation Fee | | Category/ Type | | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|--|---|---|---|---|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <div style="border: 1px solid black; padding: 2px;">3.00</div> | | <div style="border: 1px solid black; padding: 2px;">17.00</div> | | <div style="border: 1px solid black; padding: 2px;">20.00</div> |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Secretary of State | | | Type of Allocated Activity: <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 100 North Main Street | | | Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">31530.26</div> | | |
| City Providence | State RI | Zip Code 02903 | Date 06 / 13 / 2010 Transaction ID: H4.16541 | | |
| Purpose of Disbursement: Registered Agent Fee | | Category/ Type | | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|--|---|--|---|---|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <div style="border: 1px solid black; padding: 2px;">1.50</div> | | <div style="border: 1px solid black; padding: 2px;">8.50</div> | | <div style="border: 1px solid black; padding: 2px;">10.00</div> |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|--|---|--|---|--|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <div style="border: 1px solid black; padding: 2px;">124.50</div> | | <div style="border: 1px solid black; padding: 2px;">705.50</div> | | <div style="border: 1px solid black; padding: 2px;">830.00</div> |

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

| | | |
|--|--|--|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| <div style="border: 1px solid black; padding: 2px;"></div> | <div style="border: 1px solid black; padding: 2px;"></div> | <div style="border: 1px solid black; padding: 2px;"></div> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

| | | | | |
|--|-------------------|--|---|--|
| A. Full Name (Last, First, Middle Initial) Verizon | | | Type of Allocated Activity: <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 1100 | | | Allocated Activity or Event Year-To-Date 31770.74 | |
| City State Zip Code Albany NY 12250 | Category/ Type | | Date M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 1 0 | |
| Purpose of Disbursement: Telephone service | | | Transaction ID: H4.16542 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 36.07 | | 204.41 | | 240.48 |

| | | | | |
|---|-------------------|--|---|--|
| B. Full Name (Last, First, Middle Initial) Capital One Bank | | | Type of Allocated Activity: <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 71083 | | | Allocated Activity or Event Year-To-Date 31843.97 | |
| City State Zip Code Charlotte NC 28272 | Category/ Type | | Date M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 1 0 | |
| Purpose of Disbursement: Credit card payment | | | Transaction ID: H4.16553 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 10.98 | | 62.25 | | 73.23 |

| | | | | |
|--|-------------------|--|---|--|
| C. Full Name (Last, First, Middle Initial) Home Depot | | | Type of Allocated Activity: <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 387 Charles Street | | | Allocated Activity or Event Year-To-Date 0.00 | |
| City State Zip Code Providence RI 02908 | Category/ Type | | Date M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 1 0 | |
| Purpose of Disbursement: Office supplies | | | Transaction ID: H4.16555 | |
| Activity or Event Identifier: Administrative [MEMO ITEM] | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1.08 | | 6.15 | | 7.23 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 47.05 | | 266.66 | | 313.71 |

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

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

| | | | | | |
|---|-------|----------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Postmaster | | | Type of Allocated Activity: <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 0.00 | | |
| City | State | Zip Code | Category/ Type | | |
| Providence | RI | 02940 | | | |
| Purpose of Disbursement: Office postage | | | Date <input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2010"/> | | |
| Activity or Event Identifier: Administrative [MEMO ITEM] | | | Transaction ID: H4.16556 | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 9.90 | | 56.10 | | 66.00 |

| | | | | | |
|--|-------|----------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Christina Morra | | | Type of Allocated Activity: <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 344 Williams Street | | | Allocated Activity or Event Year-To-Date 33051.93 | | |
| City | State | Zip Code | Category/ Type | | |
| Providence | RI | 02906 | | | |
| Purpose of Disbursement: Net wages | | | Date <input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: H4.16547 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 181.19 | | 1026.77 | | 1207.96 |

| | | | | | |
|---|-------|----------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island | | | Type of Allocated Activity: <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 1057 | | | Allocated Activity or Event Year-To-Date 33704.71 | | |
| City | State | Zip Code | Category/ Type | | |
| Providence | RI | 02901 | | | |
| Purpose of Disbursement: Health Insurance | | | Date <input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2010"/> | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: H4.16532 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 97.92 | | 554.86 | | 652.78 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 279.11 | | 1581.63 | | 1860.74 |

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

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

| | | | | |
|--|-------------|-------------------|---|--|
| A. Full Name (Last, First, Middle Initial) IKON Office Solutions | | | Type of Allocated Activity: <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 30069 | | | Allocated Activity or Event Year-To-Date 33927.71 | |
| City Hartford | State CT | Zip Code 06150 | Date M M / D D / Y Y Y Y 06 / 21 / 2010 Transaction ID: H4.16537 | |
| Purpose of Disbursement: Copier Lease | | | | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 33.45 | | 189.55 | | 223.00 |

| | | | | |
|--|-------------|-------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Providence Biltmore | | | Type of Allocated Activity: <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 Kennedy Plaza | | | Allocated Activity or Event Year-To-Date 36061.31 | |
| City Providence | State RI | Zip Code 02903 | Date M M / D D / Y Y Y Y 06 / 21 / 2010 Transaction ID: H4.16538 | |
| Purpose of Disbursement: Party Convention rental and food | | | | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 320.04 | | 1813.56 | | 2133.60 |

| | | | | |
|---|-------------|-------------------|---|--|
| C. Full Name (Last, First, Middle Initial) A T & T Universal Card | | | Type of Allocated Activity: <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 8214 | | | Allocated Activity or Event Year-To-Date 36193.31 | |
| City So. Hackensack | State NJ | Zip Code 07606 | Date M M / D D / Y Y Y Y 06 / 27 / 2010 Transaction ID: H4.16546 | |
| Purpose of Disbursement: Credit Card Payment | | | | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 19.80 | | 112.20 | | 132.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 373.29 | | 2115.31 | | 2488.60 |

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

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

| | | | | | |
|---|-------|----------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Postmaster | | | Type of Allocated Activity: <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 0.00 | | |
| City | State | Zip Code | Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Providence | RI | 02940 | Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Purpose of Disbursement: Office postage | | | Transaction ID: H4.16550 | | |
| Activity or Event Identifier: Administrative [MEMO ITEM] | | | Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | | Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 19.80 | | 112.20 | | 132.00 |

| | | | | | |
|--|-------|----------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Signature of Sounds | | | Type of Allocated Activity: <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 11 Jastram Street | | | Allocated Activity or Event Year-To-Date 36493.31 | | |
| City | State | Zip Code | Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Providence | RI | 02908 | Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Purpose of Disbursement: Convention Entertainment | | | Transaction ID: H4.16551 | | |
| Activity or Event Identifier: Administrative | | | Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | | Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 45.00 | | 255.00 | | 300.00 |

| | | | | | |
|---|-------|----------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Christina Morra | | | Type of Allocated Activity: <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 344 Williams Street | | | Allocated Activity or Event Year-To-Date 37701.27 | | |
| City | State | Zip Code | Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Providence | RI | 02906 | Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Purpose of Disbursement: Net wages | | | Transaction ID: H4.16549 | | |
| Activity or Event Identifier: Administrative | | | Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | | Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 181.19 | | 1026.77 | | 1207.96 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 226.19 | | 1281.77 | | 1507.96 |

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

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| 1247.39 | | 7068.62 | | 8316.01 |