

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
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** 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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 10 01 2009 through 10 31 2009

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 William Lynch

Signature of Treasurer Electronically Filed by William Lynch Date 11 20 2009

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 **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3XN**

The loan on Schedule C has no interest rate and no determined due date.

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Rhode Island Democratic State Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		26331.27
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	49220.75									
(c) Total Receipts (from Line 19)	15572.22	205839.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64792.97	232170.99								
7. Total Disbursements (from Line 31)	17618.15	184996.17								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47174.82	47174.82								
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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	10000.00
(ii) Unitemized	50.00	475.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	50.00	10475.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	50.00	11475.00
12. Transfers From Affiliated/Other Party Committees	8220.00	59019.48
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	4834.18
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)	7302.22	130511.06
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	7302.22	130511.06
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15572.22	205839.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8270.00	75328.66

DETAILED SUMMARY PAGE

of Disbursements

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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.....	621.28	20646.49
(ii) Non-Federal Share.....	3520.49	117490.53
(b) Other Federal Operating Expenditures.....	3245.00	29358.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7386.77	167495.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	250.00
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	225.87
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	10231.38	17024.86
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	10231.38	17024.86
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	17618.15	184996.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14097.66	67505.64

DETAILED SUMMARY PAGE
of Disbursements

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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)	50.00	11475.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50.00	11475.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3866.28	50004.91
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	4834.18
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3866.28	45170.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 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

A.

Full Name (Last, First, Middle Initial) Democratic National Committee		Date of Receipt MM / DD / YYYY 10 / 13 / 2009
Mailing Address 430 South Capitol St. SE		Transaction ID: SA12.16255
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 ▼ 53860.00	

B.

Full Name (Last, First, Middle Initial) Democratic National Committee		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
Mailing Address 430 South Capitol St. SE		Transaction ID: SA12.16212
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	Transfer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 58860.00	

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)

PAGE 8 / 22

<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

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.16256

Date of Disbursement

10 / 13 / 2009

Amount of Each Disbursement this Period

3220.00

SUBTOTAL of Disbursements 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 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

A.	Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island	Transaction ID: SB30B.16232
	Mailing Address PO Box 1057	Date of Disbursement 10 / 12 / 2009
	City Providence State RI Zip Code 02901	Amount of Each Disbursement this Period 235.58
	Purpose of Disbursement Employee Health Insurance	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Division of Taxation	Transaction ID: SB30B.16231
	Mailing Address One Capitol Hill	Date of Disbursement 10 / 12 / 2009
	City Providence State RI Zip Code 02908	Amount of Each Disbursement this Period 447.68
	Purpose of Disbursement State Withholding Taxes	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Timothy Grilo	Transaction ID: SB30B.16226
	Mailing Address 481 Charles Street	Date of Disbursement 10 / 15 / 2009
	City Providence State RI Zip Code 02904	Amount of Each Disbursement this Period 1849.08
	Purpose of Disbursement Net wages	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2532.34
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)

PAGE 10 / 22

<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

A.	Full Name (Last, First, Middle Initial) Timothy Grilo	Transaction ID: SB30B.16227 Date of Disbursement 10 / 30 / 2009
	Mailing Address 481 Charles Street	
	City Providence State RI Zip Code 02904	Amount of Each Disbursement this Period 1849.08
	Purpose of Disbursement Net wages	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Raymond J Sullivan, Jr.	Transaction ID: SB30B.16228 Date of Disbursement 10 / 15 / 2009
	Mailing Address 2 Cornell Court	
	City Coventry State RI Zip Code 02816	Amount of Each Disbursement this Period 1429.87
	Purpose of Disbursement Net wages	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Raymond J Sullivan, Jr.	Transaction ID: SB30B.16229 Date of Disbursement 10 / 30 / 2009
	Mailing Address 2 Cornell Court	
	City Coventry State RI Zip Code 02816	Amount of Each Disbursement this Period 1429.87
	Purpose of Disbursement Net wages	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4708.82

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)

PAGE 11 / 22

<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

A.

Full Name (Last, First, Middle Initial)
United States Treasury

Mailing Address PO Box 660351

City State Zip Code
Dallas TX 75266

Purpose of Disbursement
Payroll tax deposit

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB30B.16230

Date of Disbursement

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

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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 13 / 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 32 ELMGROVE AVENUE	
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 RI Democratic Non-federal Account	DATE OF RECEIPT M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 9	TOTAL AMOUNT TRANSFERRED 7302.22
--	---	-------------------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	7302.22	Transaction ID: H3.16237
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)	7302.22
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)	7302.22

**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) A T & T Mobility			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 536216			Allocated Activity or Event Year-To-Date 134141.47	
City Atlanta	State GA	Zip Code 30353	Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>	
Purpose of Disbursement: Cell phone service			Transaction ID: H4.16213	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.93		124.29		146.22

B. 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 134298.47	
City Newark	State NJ	Zip Code 07101	Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>	
Purpose of Disbursement: Monthly modem and cable			Transaction ID: H4.16214	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.55		133.45		157.00

C. 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 135298.47	
City Rumford	State RI	Zip Code 02916	Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>	
Purpose of Disbursement: Accounting Services-non employee			Transaction ID: H4.16215	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
150.00		850.00		1000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
195.48		1107.74		1303.22

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) Department of Employment & Training			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 One Capitol Hill			Allocated Activity or Event Year-To-Date 136262.19		
City Providence	State RI	Zip Code 02908	Date MM / DD / YYYY 10 / 12 / 2009		
Purpose of Disbursement: State unemployment taxes			Transaction ID: H4.16216		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
144.56		819.16		963.72

B. 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 136307.46		
City Hartford	State CT	Zip Code 06150	Date MM / DD / YYYY 10 / 12 / 2009		
Purpose of Disbursement: Copier maintenance fees			Transaction ID: H4.16219		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.79		38.48		45.27

C. 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 137107.46		
City Pawtucket	State RI	Zip Code 02860	Date MM / DD / YYYY 10 / 12 / 2009		
Purpose of Disbursement: October rent and electricity			Transaction ID: H4.16221		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
120.00		680.00		800.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
271.35		1537.64		1808.99

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) 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 137346.17		
City	State	Zip Code	Date <input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>		
Albany	NY	12250			
Purpose of Disbursement: Telephone service			Transaction ID: H4.16223		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35.81		202.90		238.71

B. 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 137569.17		
City	State	Zip Code	Date <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>		
Hartford	CT	06150			
Purpose of Disbursement: Copier Lease			Transaction ID: H4.16217		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.45		189.55		223.00

C. Full Name (Last, First, Middle Initial) The Arrangement			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 340 Warren Avenue			Allocated Activity or Event Year-To-Date 137615.17		
City	State	Zip Code	Date <input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>		
East Providence	RI	02914			
Purpose of Disbursement: Sympathy Bouquet			Transaction ID: H4.16222		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.90		39.10		46.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
76.16		431.55		507.71

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) American Express			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 300 South Riverside Plaza			Allocated Activity or Event Year-To-Date 137823.85		
City	State	Zip Code	Date <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>		
Chicago	IL	60606			
Purpose of Disbursement: Credit Card Payment			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.16238		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.30		177.38		208.68

B. Full Name (Last, First, Middle Initial) XO Cafe			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 125 North Main Street			Allocated Activity or Event Year-To-Date 0.00		
City	State	Zip Code	Date <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>		
Providence	RI	02903			
Purpose of Disbursement: Meeting 9/21/09			Category/ Type		
Activity or Event Identifier: Administrative [MEMO ITEM]			Transaction ID: H4.16240		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.72		60.73		71.45

C. Full Name (Last, First, Middle Initial) Westin Hotel			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 One West Exchange Street			Allocated Activity or Event Year-To-Date 0.00		
City	State	Zip Code	Date <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>		
Providence	RI	02903			
Purpose of Disbursement: Meeting 9/25/09			Category/ Type		
Activity or Event Identifier: Administrative [MEMO ITEM]			Transaction ID: H4.16241		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.65		66.03		77.68

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.30		177.38		208.68

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) Aspire Restaurant			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 311 Westminster Street			Allocated Activity or Event Year-To-Date [0.00]	
City	State	Zip Code	Category/ Type []	
Providence	RI	02903		
Purpose of Disbursement: Meeting			Date M M / D D / Y Y Y Y [1 0 / 0 6 / 2 0 0 9]	
Activity or Event Identifier: Administrative [MEMO ITEM]			Transaction ID: H4.16242	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[4.95]		[28.05]		[33.00]

B. Full Name (Last, First, Middle Initial) McCormick & Schmick			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 Dorrance Street			Allocated Activity or Event Year-To-Date [0.00]	
City	State	Zip Code	Category/ Type []	
Providence	RI	02903		
Purpose of Disbursement: Meeting			Date M M / D D / Y Y Y Y [1 0 / 1 0 / 2 0 0 9]	
Activity or Event Identifier: Administrative [MEMO ITEM]			Transaction ID: H4.16243	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[3.98]		[22.57]		[26.55]

C. Full Name (Last, First, Middle Initial) Card Services			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 13337			Allocated Activity or Event Year-To-Date [138137.02]	
City	State	Zip Code	Category/ Type []	
Philadelphia	PA	19101		
Purpose of Disbursement: Credit Card Payment			Date M M / D D / Y Y Y Y [1 0 / 2 9 / 2 0 0 9]	
Activity or Event Identifier: Administrative			Transaction ID: H4.16239	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[46.99]		[266.18]		[313.17]

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[46.99]		[266.18]		[313.17]

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) Staples			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 551 North Main Street			Allocated Activity or Event Year-To-Date 0.00																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> Transaction ID: H4.16245			M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	0	9
M	M	/				D	D	/	Y	Y	Y	Y													
1	0	/	2	9	/	2	0	0	9																
Providence	RI	02906																							
Purpose of Disbursement: Office supplies			Category/ Type																						
Activity or Event Identifier: Administrative [MEMO ITEM]																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.67		49.10		57.77

B. Full Name (Last, First, Middle Initial) TIVO Store			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 2160 Gold Street			Allocated Activity or Event Year-To-Date 0.00																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> Transaction ID: H4.16246			M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	0	9
M	M	/				D	D	/	Y	Y	Y	Y													
1	0	/	2	9	/	2	0	0	9																
Alviso	CA	95002																							
Purpose of Disbursement: TIVO fees			Category/ Type																						
Activity or Event Identifier: Administrative [MEMO ITEM]																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.89		22.01		25.90

C. Full Name (Last, First, Middle Initial) DemocracyinAction.org			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 1700 Connecticut Avenue NW			Allocated Activity or Event Year-To-Date 0.00																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> Transaction ID: H4.16247			M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	0	9
M	M	/				D	D	/	Y	Y	Y	Y													
1	0	/	2	9	/	2	0	0	9																
Washington	DC	20009																							
Purpose of Disbursement: Training fee			Category/ Type																						
Activity or Event Identifier: Administrative [MEMO ITEM]																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.50		8.50		10.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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)
Postmaster

Mailing Address
Turnkey Station

City State Zip Code
Providence RI 02940

Purpose of Disbursement:
Office stamps

Category/
Type

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 10 / 29 / 2009

Transaction ID: H4.16249

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
6.60 + 37.40 = 44.00

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

Mailing Address
1601 Trapelo Road

City State Zip Code
Waltham MA 02451

Purpose of Disbursement:
E Mail List

Category/
Type

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 10 / 08 / 2009

Transaction ID: H4.16250

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
5.25 + 29.75 = 35.00

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

Mailing Address
551 North Main Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement:
Office supplies

Category/
Type

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 10 / 08 / 2009

Transaction ID: H4.16251

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
2.33 + 13.17 = 15.50

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
0.00 + 0.00 = 0.00

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)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial)
Tricom Computer Systems

Mailing Address
453 West Shore Road

City	State	Zip Code
Warwick	RI	02889

Purpose of Disbursement:
Computer repairs

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:
Administrative

Date 10 / 06 / 2009

[MEMO ITEM]

Transaction ID: H4.16252

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 18.75		<input type="text"/> 106.25		<input type="text"/> 125.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 0.00		<input type="text"/> 0.00		<input type="text"/> 0.00

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
<input type="text"/> 621.28	<input type="text"/> 3520.49	<input type="text"/> 4141.77