

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.
Rhode Island Democratic State Committee

ADDRESS (number and street)
 Check if different than previously reported. (ACC) RI

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) 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 (12S)
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 / / through / /

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 / /

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="19795.82"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="24973.63"/> | <input type="text" value="30584.28"/> |
| (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="44769.45"/> | <input type="text" value="60533.09"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="13044.44"/> | <input type="text" value="28808.08"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="31725.01"/> | <input type="text" value="31725.01"/> |
| 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

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)..... | 5000.00 | 5004.80 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 5000.00 | 5004.80 |
| 12. Transfers From Affiliated/Other Party Committees..... | 8220.00 | 11440.00 |
| 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.)..... | 0.00 | 181.27 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 11753.63 | 13958.21 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 11753.63 | 13958.21 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 24973.63 | 30584.28 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 13220.00 | 16626.07 |

DETAILED SUMMARY PAGE
of Disbursements

| 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 | 926.97 | 2704.69 |
| (ii) Non-Federal Share..... | 3487.18 | 10173.83 |
| (b) Other Federal Operating Expenditures | 8630.29 | 15929.56 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 13044.44 | 28808.08 |
| 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)) .. | 13044.44 | 28808.08 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 9557.26 | 18634.25 |

DETAILED SUMMARY PAGE
of Disbursements

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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) | 5000.00 | 5004.80 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 5000.00 | 5004.80 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 9557.26 | 18634.25 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 9557.26 | 18634.25 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN

Transaction ID :

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

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 18
(check only one)

| | | | | | | | | |
|------------------------------|------------------------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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

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

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

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00431601

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 06 / 2014

Transaction ID : SA11C.21608

Amount of Each Receipt this Period
5000.00

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).....▶ | 5000.00 |
| TOTAL This Period (last page this line number only).....▶ | 5000.00 |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 18 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Democratic National Committee
Full Name (Last, First, Middle Initial)
Mailing Address 430 South Capitol St. SE
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C** C00010603
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 8220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 24 / 2014
Transaction ID : SA12.21609
Amount of Each Receipt this Period
5000.00
Transfer

B. Democratic National Committee
Full Name (Last, First, Middle Initial)
Mailing Address 430 South Capitol St. SE
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C** C00010603
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 11440.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 28 / 2014
Transaction ID : SA12.21626
Amount of Each Receipt this Period
3220.00
In-kind - Voter File Access

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).....▶ | 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 |

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

Full Name (Last, First, Middle Initial)

A. Blue Cross Blue Shield of Rhode Island

Mailing Address PO Box 1057

City Providence State RI Zip Code 02901

Purpose of Disbursement
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
02 / 14 / 2014

Transaction ID : SB21B.21619

Amount of Each Disbursement this Period

3036.97

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
02 / 14 / 2014

Transaction ID : SB21B.21620

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
02 / 28 / 2014

Transaction ID : SB21B.21627

Amount of Each Disbursement this Period

3220.00

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

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

7740.37

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. United States Treasury

Mailing Address PO Box 660351

City Dallas State TX Zip Code 75266

Purpose of Disbursement
Federal Unemployment Tax

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 03 / 2014

Transaction ID : SB21B.21623

Amount of Each Disbursement this Period

155.61

Full Name (Last, First, Middle Initial)

B. 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

M M / D D / Y Y Y Y Y Y
02 / 18 / 2014

Transaction ID : SB21B.21622

Amount of Each Disbursement this Period

656.19

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

M M / D D / Y Y 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)..... ▶

811.80

8552.17

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 12 OF 18 |
| | 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 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 02 / 05 / 2014 | 5066.98 |

BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|---------|
| i) Total Administrative | 5066.98 |
| Transaction ID : H3.21624 | |
| 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) | |
| 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 RI Democratic Non-federal Account | DATE OF RECEIPT MM / DD / YYYY 02 / 28 / 2014 | TOTAL AMOUNT TRANSFERRED 6686.65 |
|--|---|-------------------------------------|

BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|---------|
| i) Total Administrative | 6686.65 |
| Transaction ID : H3.21625 | |
| 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) | 11753.63 |
| 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)..... | 11753.63 |

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) 151 Broadway Associates Mailing Address 151 Broadway | | Transaction ID : H4.21610 | | 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 Providence State RI Zip Code 02903 | | Purpose of Disbursement: Rent and utilities | | Allocated Activity or Event Year-To-Date 9114.37 | |
| Activity or Event Identifier: Administrative | | Category/Type | | Date 02 / 14 / 2014 | |
| FEDERAL SHARE | | + NONFEDERAL SHARE | | = TOTAL AMOUNT | |
| 136.50 | | 513.50 | | 650.00 | |

| | | | | | |
|--|--|---|--|--|--|
| B. Full Name (Last, First, Middle Initial) CitiBusiness Card Mailing Address PO Box 182564 | | Transaction ID : H4.21612 | | 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 Columbus State OH Zip Code 43210 | | Purpose of Disbursement: Credit Card Payment | | Allocated Activity or Event Year-To-Date 9224.71 | |
| Activity or Event Identifier: Administrative | | Category/Type | | Date 02 / 14 / 2014 | |
| FEDERAL SHARE | | + NONFEDERAL SHARE | | = TOTAL AMOUNT | |
| 23.17 | | 87.17 | | 110.34 | |

| | | | | | |
|--|--|---|--|--|--|
| C. Full Name (Last, First, Middle Initial) Clear Mailing Address Dept CH 14365 | | Transaction ID : H4.21628 | | 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 Palatine State IL Zip Code 60065 | | Purpose of Disbursement: Internet Access | | Allocated Activity or Event Year-To-Date 0.00 | |
| Activity or Event Identifier: Administrative [MEMO ITEM] | | Category/Type | | Date 01 / 21 / 2014 | |
| FEDERAL SHARE | | + NONFEDERAL SHARE | | = TOTAL AMOUNT | |
| 23.17 | | 87.17 | | 110.34 | |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 159.67 | | 600.67 | | 760.34 |

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 : H4.21613 Cox Communications | | 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 _____ 9292.76 | |
| City State Zip Code Newark NJ 07101 | Date <input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> | | |
| Purpose of Disbursement: Cable Service | <input type="text"/> | Allocated Activity or Event Year-To-Date _____ 9292.76 | |
| Activity or Event Identifier: Administrative | | Date <input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> | |
| FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT | | | |
| _____ 14.29 | | _____ 53.76 | |
| | | _____ 68.05 | |

| | | | |
|--|--|--|--|
| B. Full Name (Last, First, Middle Initial) Transaction ID : H4.21616 Division of Taxation | | 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 _____ 9370.88 | |
| City State Zip Code Providence RI 02908 | Date <input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> | | |
| Purpose of Disbursement: State payroll taxes | <input type="text"/> | Allocated Activity or Event Year-To-Date _____ 9370.88 | |
| Activity or Event Identifier: Administrative | | Date <input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> | |
| FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT | | | |
| _____ 16.41 | | _____ 61.71 | |
| | | _____ 78.12 | |

| | | | |
|---|--|--|--|
| C. Full Name (Last, First, Middle Initial) Transaction ID : H4.21617 Intrepid Web Solutions, LLC | | 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 7227 | | Allocated Activity or Event Year-To-Date _____ 9820.88 | |
| City State Zip Code Lowell MA 01852 | Date <input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> | | |
| Purpose of Disbursement: Website Hosting | <input type="text"/> | Allocated Activity or Event Year-To-Date _____ 9820.88 | |
| Activity or Event Identifier: Administrative | | Date <input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> | |
| FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT | | | |
| _____ 94.50 | | _____ 355.50 | |
| | | _____ 450.00 | |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| _____ 125.20 | | _____ 470.97 | | _____ 596.17 |

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

| | | | |
|--|-------------------|--|--|
| A. Full Name (Last, First, Middle Initial) Transaction ID : H4.21618 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 10477.07 | |
| City State Zip Code Dallas TX 75266 | Category/ Type | Date MM / DD / YYYY 02 / 18 / 2014 | |
| Purpose of Disbursement: Payroll tax deposit | | | |
| 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 : H4.21614 Cox Communications | | 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 10545.12 | |
| City State Zip Code Newark NJ 07101 | Category/ Type | Date MM / DD / YYYY 02 / 25 / 2014 | |
| Purpose of Disbursement: Cable Service | | | |
| Activity or Event Identifier: Administrative | | | |
| FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT | | | |
| 14.29 + 53.76 = 68.05 | | | |

| | | | |
|---|-------------------|--|--|
| C. Full Name (Last, First, Middle Initial) Transaction ID : H4.21615 Susann Della Rosa | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 60 Don Avenue | | Allocated Activity or Event Year-To-Date 11395.12 | |
| City State Zip Code Rumford RI 02916 | Category/ Type | Date MM / DD / YYYY 02 / 25 / 2014 | |
| Purpose of Disbursement: Accounting Services - Non employee | | | |
| Activity or Event Identifier: Administrative | | | |
| FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT | | | |
| 178.50 + 671.50 = 850.00 | | | |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 330.59 | | 1243.65 | | 1574.24 |

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 |
| [Empty] | [Empty] | [Empty] |

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 : H4.21611**
Jonathan Boucher
Mailing Address 23 Perkins Street
City Warwick State RI Zip Code 02886
Purpose of Disbursement: Net wages
Activity or Event Identifier: **Administrative**
Category/Type
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: 12878.52
Date: 02 / 28 / 2014

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 311.51 | | 1171.89 | | 1483.40 |

B. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Category/Type
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 |
| | | | | |

C. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Category/Type
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 |
| 311.51 | | 1171.89 | | 1483.40 |

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 |
| 926.97 | | 3487.18 | | 4414.15 |