

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 11 07 2006 in the State of RI
(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 2006 through 10 18 2006

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 John McConnell, Jr.
Signature of Treasurer Electronically Filed by John McConnell, Jr. Date 04 03 2007

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)

Page 2

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	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		110469.32
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	556761.89									
(c) Total Receipts (from Line 19)	433683.45	2356087.14								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	990445.34	2466556.46								
7. Total Disbursements (from Line 31)	572129.28	2048240.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	418316.06	418316.06								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	5249.87									
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

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	131420.00	410620.00
(i) Itemized (use Schedule A)	21103.00	23328.00
(ii) Unitemized	152523.00	433948.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	50000.00	108500.00
(c) Other Political Committees (such as PACs)	202523.00	542448.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	225000.00	1697311.82
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)	737.69	12065.41
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)	5422.76	104261.91
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	5422.76	104261.91
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	433683.45	2356087.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	428260.69	2251825.23

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	58877.55	93037.90
(ii) Non-Federal Share.....	10025.66	116945.03
(b) Other Federal Operating Expenditures.....	50383.33	252148.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	119286.54	462130.97
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).....	21430.98	117681.35
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.....	3000.00	3600.00
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	428411.76	1464828.08
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	428411.76	1464828.08
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	572129.28	2048240.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	562103.62	1931295.37

DETAILED SUMMARY PAGE
of Disbursements

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)	202523.00	542448.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	202523.00	542448.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	109260.88	345185.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	737.69	12065.41
38. Net Operating Expenditures (subtract Line 37 from Line 36)	108523.19	333120.53

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) A. Denise Aiken		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 87 Baywood Street		Transaction ID: SA11A1.9610	
City State Zip Code Warwick RI 02886		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed Occupation Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Andy Andujar		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 174 Harold Street		Transaction ID: SA11A1.9845	
City State Zip Code Providence RI 02908		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer City of Providence Occupation Mayoral Advance			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Sarah Atkins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 240 Hopkins Lane		Transaction ID: SA11A1.9719	
City State Zip Code Owning Mills MD 21117		Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker Occupation Homemaker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional) ▶	10550.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Full Name (Last, First, Middle Initial)
Samuel Babbitt

Mailing Address 81 Benefit Street

City State Zip Code
Providence RI 02904

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.9427

Amount of Each Receipt this Period
500.00

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

Mailing Address 82 Laurel Avenue

City State Zip Code
Providence RI 02906

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

Name of Employer Butler Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.9605

Amount of Each Receipt this Period
700.00

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

Mailing Address 14 Stevens Road

City State Zip Code
Cranston RI 02920

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

Name of Employer Gencorp Insurance Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.9429

Amount of Each Receipt this Period
7000.00

SUBTOTAL of Receipts This Page (optional)	▶	8200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Full Name (Last, First, Middle Initial)
Edward Berlin

Mailing Address 1313 14th Street N

City State Zip Code
Arlington VA 22209

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

Name of Employer Swidlow, Berlin, Sheriff
Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.9402

Amount of Each Receipt this Period
2500.00

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

Mailing Address PO Box 99

City State Zip Code
Sharon VT 05065

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

Name of Employer Self-employed
Occupation Entrepreneur

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.9395

Amount of Each Receipt this Period
5000.00

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

Mailing Address 343 Knight Street

City State Zip Code
Woonsocket RI 02895

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

Name of Employer Self-employed
Occupation Travel Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.9876

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	7800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Cheryl Bock

Mailing Address 210 Tomahawk Trail

City Cranston State RI Zip Code 02921

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.9441

Amount of Each Receipt this Period
100.00

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

Mailing Address 730 Kingstown Road

City South Kingstown State RI Zip Code 02879

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

Name of Employer Self-employed Occupation Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.9497

Amount of Each Receipt this Period
3000.00

In-kind - field office re-
nt

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

Mailing Address 8 Strawberry Drive

City Barrington State RI Zip Code 02806

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

Name of Employer Cicciilene for Mayor Occupation Campaign Staffer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.9462

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	▶	3300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) A. Lindsey Brickle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 8 Strawberry Drive		Transaction ID: SA11A1.9463
City State Zip Code Barrington RI 02806	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cicciliine for Mayor	Occupation Campaign Staffer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Joseph Burchfield		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 11 Quail Ridge Road		Transaction ID: SA11A1.9863
City State Zip Code North Providence RI 02904	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Coastway	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Maryellen Castro		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 20 Sandpiper Road		Transaction ID: SA11A1.9886
City State Zip Code Tiverton RI 02878	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross Blue Shield	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 117
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Vincenzo Cordone		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 75 Diamond Hill Road		Transaction ID: SA11A1.9882	
City Bradford	State RI	Zip Code 02808	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. Thomas DePetrillo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 65 Peaked Rock Road		Transaction ID: SA11A1.9708	
City Narragansett	State RI	Zip Code 02882	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Providence Capital		Occupation Investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Thomas DePetrillo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 65 Peaked Rock Road		Transaction ID: SA11A1.9710	
City Narragansett	State RI	Zip Code 02882	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Providence Capital		Occupation Investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2900.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Richard Dugan Mailing Address 21 Pinewood Drive City North Providence State RI Zip Code 02904 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6 Transaction ID: SA11A1.9706 Amount of Each Receipt this Period 1000.00
Name of Employer Dugan and Associates Occupation Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) James Duncan Mailing Address 55 Central Street City Narragansett State RI Zip Code 02882 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6 Transaction ID: SA11A1.9903 Amount of Each Receipt this Period 1000.00
Name of Employer Not employed Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Janice Ewing Mailing Address 265 Laurel Avenue City Providence State RI Zip Code 02906 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.9884 Amount of Each Receipt this Period 400.00
Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	▶	2400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 117
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Joyce Faraone

Mailing Address 15 Windrose Circle

City Exeter State RI Zip Code 02822

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

Name of Employer Self-employed Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.9794

Amount of Each Receipt this Period
700.00

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

Mailing Address 576 Metacom Avenue

City Bristol State RI Zip Code 02809

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

Name of Employer Appraisal Rhode Island Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1820.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.9495

Amount of Each Receipt this Period
1820.00

In-kind -field office rent

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

Mailing Address 199 Calla Street

City Providence State RI Zip Code 02905

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

Name of Employer City of Providence Occupation Community Outreach

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.9847

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	2770.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Full Name (Last, First, Middle Initial)
Marcia Lipkind Hirsch

Mailing Address 21 Glen Avenue

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.9907

Amount of Each Receipt this Period
300.00

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

Mailing Address 106 E 85th Street

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
KMA Music Musician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.9393

Amount of Each Receipt this Period
10000.00

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

Mailing Address 12 4th Street

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
Blue Cross Blue Shield CSR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.9727

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	10600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 117						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A. Full Name (Last, First, Middle Initial)
Teresa Lindsay

Mailing Address 322 Duck Pond Road

City State Zip Code
Locus Valley NY 11560

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.9715

Amount of Each Receipt this Period
10000.00

B. Full Name (Last, First, Middle Initial)
Joanne Lomas-Neira

Mailing Address 3 Watercross Court

City State Zip Code
Coventry RI 02816

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

Name of Employer Occupation
Lifespan Researcher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.9425

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Sara Shea McConnell

Mailing Address 750 Elmgrove Avenue

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.9533

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional)	▶	20300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Full Name (Last, First, Middle Initial)
Laurie McKenna-Therrien

Mailing Address 44 DeKalb Street

City Cranston State RI Zip Code 02910

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

Name of Employer Providence School Department
Occupation Teacher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.9896

Amount of Each Receipt this Period
300.00

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

Mailing Address 867 Drift Road

City Westport State MA Zip Code 02790

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

Name of Employer Mikel Inc
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.9880

Amount of Each Receipt this Period
900.00

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

Mailing Address 5 Ocean Lawn Lane

City Newport State RI Zip Code 02840

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

Name of Employer Retired
Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.9867

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Full Name (Last, First, Middle Initial)
Charles Moran

Mailing Address 38 Riverside Drive

City State Zip Code
Tiverton RI 02878

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.9831

Amount of Each Receipt this Period
300.00

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

Mailing Address PO Box 958

City State Zip Code
Chepachet RI 02814

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

Name of Employer Providence Fire Department Occupation Firefighter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.9898

Amount of Each Receipt this Period
300.00

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

Mailing Address PO Box 1042

City State Zip Code
East Greenwich RI 02818

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

Name of Employer Not employed Occupation None

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.9900

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dorothy Mullen

Mailing Address PO Box 1042

City East Greenwich State RI Zip Code 02818

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

Name of Employer Not employed Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	6

Transaction ID: SA11A1.9902

Amount of Each Receipt this Period
100.00

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

Mailing Address 71 Saint Johns Place

City New Canaan State CT Zip Code 06840

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

Name of Employer Comfort Systems USA Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	6

Transaction ID: SA11A1.9585

Amount of Each Receipt this Period
1000.00

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

Mailing Address 394 Pawtucket Avenue

City Pawtucket State RI Zip Code 02860

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

Name of Employer Self-employed Occupation Barber

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	6

Transaction ID: SA11A1.9421

Amount of Each Receipt this Period
900.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Full Name (Last, First, Middle Initial)
Joseph Muschiano

Mailing Address 394 Pawtucket Avenue

City Pawtucket State RI Zip Code 02860

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

Name of Employer Self-employed Occupation Barber

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.9422

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Mary O'Rourke

Mailing Address 150 Midway Street

City Cranston State RI Zip Code 02920

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

Name of Employer ASFT Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.9687

Amount of Each Receipt this Period
400.00

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

Mailing Address PO Box 518

City The Plains State VA Zip Code 20198

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.9713

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional)	▶	10600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) A. Nina Pande		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 182 Adelaide Avenue		Transaction ID: SA11A1.9717
City State Zip Code Providence RI 02907	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Nickerson Community Center	Occupation Director of Social Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Rosamaria Preparata		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 80 Hartshorn Road		Transaction ID: SA11A1.9725
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Brown University	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. James Price		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 1172 Park Avenue		Transaction ID: SA11A1.9390
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Price & Marshall	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional) ▶	10700.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 21 / 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Marcia S Riesman

Mailing Address 245 Waterman Street

City State Zip Code
Providence RI 02906

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

Name of Employer Retired Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.9525

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dennis J Roberts, II

Mailing Address 40 Westminster Street

City State Zip Code
Providence RI 02903

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

Name of Employer Self-employed Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.9430

Amount of Each Receipt this Period
1000.00

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

Mailing Address 250 Blackstone Avenue

City State Zip Code
Warwick RI 02889

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

Name of Employer Women's Care Inc Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.9723

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Full Name (Last, First, Middle Initial)
Laura Love Rose

Mailing Address 25 Penrose Avenue

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
Field & Rose Owner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.9392

Amount of Each Receipt this Period
200.00

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

Mailing Address 600 Park Avenue

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Arthur Sackler Foundation President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2900.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.9583

Amount of Each Receipt this Period
2900.00

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

Mailing Address 2929 N Street NW

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation
Summit Foundation Partner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.9404

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	8100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 117
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John R Sasso		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address 350 North Street		Transaction ID: SA11A1.9603	
City State Zip Code Boston MA 02113	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Advanced Strategies	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Harold Schofield		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 9 Atlantic Avenue		Transaction ID: SA11A1.9711	
City State Zip Code Narragansett RI 02882	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Schofield Imaging Associa- tes	Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Jacinta Souza		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 140 Wentworth Avenue		Transaction ID: SA11A1.9892	
City State Zip Code Cranston RI 02905	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	1300.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 117
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Caroline Stouffer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 490 Carrs Pond Road		Transaction ID: SA11A1.9529	
City State Zip Code East Greenwich RI 02818		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Caroline Stouffer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 490 Carrs Pond Road		Transaction ID: SA11A1.9531	
City State Zip Code East Greenwich RI 02818		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Caroline Stouffer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 490 Carrs Pond Road		Transaction ID: SA11A1.10024	
City State Zip Code East Greenwich RI 02818		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 117
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John Struck		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 10 Aragon Avenue		Transaction ID: SA11A1.9909	
City State Zip Code Coral Gables FL 33134	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wand Partners Inc	Occupation Investment Banking		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Katrina Therien		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 14 Willerval Avenue		Transaction ID: SA11A1.9894	
City State Zip Code North Smithfield RI 02896	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. William Vareika		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 212 Bellevue Avenue		Transaction ID: SA11A1.9911	
City State Zip Code Newport RI 02840	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed	Occupation Art Dealer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3900.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Judith Warren		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 125 Hartshorn Road		Transaction ID: SA11A1.9905	
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 800.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) B. Daniel Waugh		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 106 Elmgrove Avenue		Transaction ID: SA11A1.9526	
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Tillinghast Licht	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Daniel Waugh		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 106 Elmgrove Avenue		Transaction ID: SA11A1.9527	
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Tillinghast Licht	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Miriam Weizenbaum		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 199 North Main Street		Transaction ID: SA11A1.9888	
City State Zip Code Providence RI 02903		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer DeLuca & Weizenbaum Occupation Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Charles Whitehouse		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 25240 Rey de Copas Lane		Transaction ID: SA11A1.9721	
City State Zip Code Malibu CA 90265		Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Summit Center Occupation Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) C. Lucy Winton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address 126 W 11th Street		Transaction ID: SA11A1.9599	
City State Zip Code New York NY 10011		Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed Occupation Painter			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional) ▶	14000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 28 / 117	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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)
Sarah Winton

Mailing Address 700 S 2nd Street

City State Zip Code
Minneapolis MN 55401

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.9601

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	131420.00

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

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

FOR LINE NUMBER: PAGE 29 / 117
(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

Full Name (Last, First, Middle Initial)
A. AMERICAN FEDERATION OF TEACHERS AFL-CIO COMMITTEE ON POLITICAL EDUCATION
 Mailing Address 555 New Jersey Avenue NW
 City State Zip Code
 Washington DC 20001
 FEC ID number of contributing federal political committee. **C** C00028860
 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
 1 0 / 1 6 / 2 0 0 6
Transaction ID: SA11C.9534
 Amount of Each Receipt this Period
 5000.00

Full Name (Last, First, Middle Initial)
B. Association Trial Lawyers of America PAC
 Mailing Address 1050 - 31st Street, NW
 City State Zip Code
 Washington DC 20007
 FEC ID number of contributing federal political committee. **C**
 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
 1 0 / 1 6 / 2 0 0 6
Transaction ID: SA11C.9528
 Amount of Each Receipt this Period
 5000.00

Full Name (Last, First, Middle Initial)
C. Bea Lanzi Campaign Committee
 Mailing Address 70 Scituate Farms Drive
 City State Zip Code
 Cranston RI 02921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 4 / 2 0 0 6
Transaction ID: SA11C.9797
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional) ► **10100.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 30 / 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ciccone for Senator
Mailing Address 15 Mercy Street
City Providence State RI Zip Code 02909
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6
Transaction ID: SA11C.9799
Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Committee to Elect Amy Rice
Mailing Address 1151 Aquidneck Avenue
City Middletown State RI Zip Code 02842
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6
Transaction ID: SA11C.9811
Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Fogarty for Rhode Island
Mailing Address PO Box 1624
City Providence State RI Zip Code 02903
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6
Transaction ID: SA11C.9519
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2100.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 117
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Friends of A. Ralph Mollis

Mailing Address 5 Modesta Street

City State Zip Code
North Providence RI 02904

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11C.9824

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
Friends of Anastasia Williams

Mailing Address 32 Hammond Street

City State Zip Code
Providence RI 02909

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: SA11C.9807

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Friends of Charlene Lima

Mailing Address 455 Laurel Hill Avenue

City State Zip Code
Cranston RI 02920

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: SA11C.9801

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 117
	<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

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

Full Name (Last, First, Middle Initial) A. Friends of Christopher Maselli		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 32 Golden View Drive		Transaction ID: SA11C.9815	
City State Zip Code Johnston RI 02919	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Friends of Helen Taylor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 905 Church Avenue		Transaction ID: SA11C.9826	
City State Zip Code Warwick RI 02889	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) C. Friends of Jim Jahnz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5 Samuel Stephens Drive		Transaction ID: SA11C.9813	
City State Zip Code Lincoln RI 02865	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 117
	(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	

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

A. Full Name (Last, First, Middle Initial) Friends of John Lanni Mailing Address 111 Woodview Drive City State Zip Code Cranston RI 02920 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6 Transaction ID: SA11C.9803 Amount of Each Receipt this Period 200.00
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B. Full Name (Last, First, Middle Initial) Friends of Richard Aubin Mailing Address 15 Park Avenue City State Zip Code Harrisville RI 02830 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6 Transaction ID: SA11C.9819 Amount of Each Receipt this Period 200.00
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C. Full Name (Last, First, Middle Initial) Friends of Richard Kells Mailing Address 10 Mary Hopkins Road City State Zip Code North Scituate RI 02857 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6 Transaction ID: SA11C.9795 Amount of Each Receipt this Period 100.00
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 117
	(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	

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

A. Full Name (Last, First, Middle Initial)
IFPTE Local 400 PAC

Mailing Address PO Box 10313

City State Zip Code
Cranston RI 02910

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11C.9523

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Mailing Address 1750 NEW YORK NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C70003108

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
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11C.9514

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
International Longshoremen's Association

Mailing Address 17 Battery Place

City State Zip Code
New York NY 10004

FEC ID number of contributing federal political committee. **C** C00158576

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
1 0 / 0 4 / 2 0 0 6

Transaction ID: SA11C.9504

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 117
	<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	

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

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17 STREET NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C70001037

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
1 0 / 0 4 / 2 0 0 6

Transaction ID: SA11C.9512

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Machinists Non-Partisan Political League

Mailing Address 9000 Machinist PL

City State Zip Code
Upper Marlboro MD 20772

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

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
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11C.9510

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Montalbano for Senate

Mailing Address 959 Mineral Spring Avenue

City State Zip Code
North Providence RI 02904

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11C.9820

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 117
	<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	

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

Full Name (Last, First, Middle Initial) A. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATAC)		Date of Receipt
Mailing Address 1325 Massachusetts Ave. NW		M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 6
City State Zip Code Washington DC 20005	Transaction ID: SA11C.9508	
FEC ID number of contributing federal political committee. C C00238725	Amount of Each Receipt this Period 5000.00	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. OCEAN STATE POLITICAL ACTION COMMITTEE (OSPAC)		Date of Receipt
Mailing Address 33 ELMCROFT AVENUE		M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 6
City State Zip Code PROVIDENCE RI 02908	Transaction ID: SA11C.9822	
FEC ID number of contributing federal political committee. C C00397067	Amount of Each Receipt this Period 1600.00	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Portsmouth Democratic Town Committee		Date of Receipt
Mailing Address 81 Freeborn Street		M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
City State Zip Code Portsmouth RI 02871	Transaction ID: SA11C.9809	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	6700.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 37 / 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Providence PAC
 Mailing Address 750 Elmgrove Avenue
 City State Zip Code
 Providence ID 02906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 3 / 2 0 0 6
Transaction ID: SA11C.9521
 Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
U.B.C. New England Council of Carpenters
 Mailing Address P.O. Box 562
 City State Zip Code
 Norwalk CT 06852
 FEC ID number of contributing federal political committee. **C**
 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
 1 0 / 1 0 / 2 0 0 6
Transaction ID: SA11C.9511
 Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
United Nurses Allied Professional PAC
 Mailing Address 375 Branch Avenue
 City State Zip Code
 Providence RI 02904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 2 / 2 0 0 6
Transaction ID: SA11C.9517
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	5000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 117
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<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. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 South Capitol St. SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: SA12.9493

Amount of Each Receipt this Period
200000.00

B. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 South Capitol St. SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 6

Transaction ID: SA12.9494

Amount of Each Receipt this Period
25000.00

SUBTOTAL of Receipts This Page (optional)	▶	225000.00
TOTAL This Period (last page this line number only)	▶	225000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 117
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input checked="" 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. Full Name (Last, First, Middle Initial)
New England Regional Council of Carpenters

Mailing Address 803 Summer Street

City State Zip Code
South Boston MA 02127

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	2	/	2	0	0	6

Transaction ID: SA15.9502

Amount of Each Receipt this Period
700.00

Voter file match purchase

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	700.00

**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. Advantage Payroll		Transaction ID: SB21B.9170	
Mailing Address 90 Jefferson Boulevard		Date of Disbursement 10 / 15 / 2006	
City Warwick	State RI	Zip Code 02888	Amount of Each Disbursement this Period 109.00
Purpose of Disbursement Payroll service		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB21B.9317	
Mailing Address 300 South Riverside Plaza		Date of Disbursement 10 / 13 / 2006	
City Chicago	State IL	Zip Code 60606	Amount of Each Disbursement this Period 134.94
Purpose of Disbursement Credit card payment		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Avis Rent a Car		Transaction ID: SB21B.9375	
Mailing Address 2000 Post Road		Date of Disbursement 10 / 16 / 2006	
City Warwick	State RI	Zip Code 02888	Amount of Each Disbursement this Period 433.92
Purpose of Disbursement Car rental		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	677.86
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Benny's		Transaction ID: SB21B.9166 Date of Disbursement 10 / 04 / 2006
Mailing Address 66 Branch Avenue		Amount of Each Disbursement this Period 165.74
City Providence	State RI	
Zip Code 02904		
Purpose of Disbursement Office supplies		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Benny's		Transaction ID: SB21B.9171 Date of Disbursement 10 / 06 / 2006
Mailing Address 66 Branch Avenue		Amount of Each Disbursement this Period 256.30
City Providence	State RI	
Zip Code 02904		
Purpose of Disbursement Office supplies		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Benny's		Transaction ID: SB21B.9172 Date of Disbursement 10 / 12 / 2006
Mailing Address 66 Branch Avenue		Amount of Each Disbursement this Period 21.39
City Providence	State RI	
Zip Code 02904		
Purpose of Disbursement Office supplies		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	443.43
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Benny's		Transaction ID: SB21B.9173 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 66 Branch Avenue		Amount of Each Disbursement this Period 122.85
City Providence State RI Zip Code 02904		
Purpose of Disbursement Office supplies 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) ▼	

Full Name (Last, First, Middle Initial) B. BJ's Wholesale Club		Transaction ID: SB21B.9350 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 287 Washington Avenue		Amount of Each Disbursement this Period 136.37
City Attleboro State MA Zip Code 02703		
Purpose of Disbursement Office supplies 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) ▼	

Full Name (Last, First, Middle Initial) C. Gabriel Bluestone		Transaction ID: SB21B.9303 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 86 South Angell Street		Amount of Each Disbursement this Period 15.00
City Providence State RI Zip Code 02906		
Purpose of Disbursement Reimburse parking 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) ▶	274.22
TOTAL This Period (last page this line number only) ▶	(Empty box)

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. Paul Bonibuto		Transaction ID: SB21B.9498 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 6
Mailing Address 730 Kingstown Road		Amount of Each Disbursement this Period 3000.00
City South Kingstown State RI Zip Code 02879	Purpose of Disbursement In-kind - field office rent	
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) ▼	

Full Name (Last, First, Middle Initial) B. Angela Botticella		Transaction ID: SB21B.9301 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 18 Phillipsburg		Amount of Each Disbursement this Period 16.00
City Irvine State CA Zip Code 92620	Purpose of Disbursement Reimburse parking	
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) ▼	

Full Name (Last, First, Middle Initial) C. Adam Brand		Transaction ID: SB21B.9304 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 704 Crooked Creek Drive		Amount of Each Disbursement this Period 232.60
City Rockville State MD Zip Code 20850	Purpose of Disbursement Reimburse Travel	
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) ▶	3248.60
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)

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<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. Southwest Airlines		Transaction ID: SB21B.9304.0 Date of Disbursement 10 / 15 / 2006	
Mailing Address Theodore Francis Green Airport		Amount of Each Disbursement this Period 232.60	
City Warwick State RI Zip Code 02886	[MEMO ITEM]		
Purpose of Disbursement Airfare 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) ▼
Full Name (Last, First, Middle Initial) B. Brett Broesder			

Full Name (Last, First, Middle Initial) B. Brett Broesder		Transaction ID: SB21B.9307 Date of Disbursement 10 / 10 / 2006	
Mailing Address 1 Trenton Street		Amount of Each Disbursement this Period 26.90	
City Providence State RI Zip Code 02906	Category/Type		
Purpose of Disbursement Reimburse office supplies Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Full Name (Last, First, Middle Initial) C. Dylan Brown
Mailing Address 20 Avondale Road			

Full Name (Last, First, Middle Initial) C. Dylan Brown		Transaction ID: SB21B.9323 Date of Disbursement 10 / 13 / 2006	
Mailing Address 20 Avondale Road		Amount of Each Disbursement this Period 400.00	
City Westerly State RI Zip Code 02891	Category/Type		
Purpose of Disbursement Field office rent Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			SUBTOTAL of Disbursements This Page (optional) ▶
TOTAL This Period (last page this line number only) ▶			

SUBTOTAL of Disbursements This Page (optional) ▶	426.90
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)

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<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. Citizens Bank		Transaction ID: SB21B.9198 Date of Disbursement 10 / 03 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
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) ▼		

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: SB21B.9363 Date of Disbursement 10 / 03 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 12.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Bank fee	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
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) ▼		

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: SB21B.9199 Date of Disbursement 10 / 05 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
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) ▶	48.00
TOTAL This Period (last page this line number only) ▶	48.00

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)

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<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. Citizens Bank		Transaction ID: SB21B.9200 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00
City Providence State RI Zip Code 02903		
Purpose of Disbursement Wire fee 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) ▼	

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: SB21B.9201 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00
City Providence State RI Zip Code 02903		
Purpose of Disbursement Wire fee 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) ▼	

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: SB21B.9202 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00
City Providence State RI Zip Code 02903		
Purpose of Disbursement Wire fee 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) ▶	54.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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. Citizens Bank		Transaction ID: SB21B.9203	
Mailing Address One Citizens Plaza		Date of Disbursement 10 / 11 / 2006	
City Providence	State RI	Zip Code 02903	Amount of Each Disbursement this Period 18.00
Purpose of Disbursement Wire fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: SB21B.9204	
Mailing Address One Citizens Plaza		Date of Disbursement 10 / 12 / 2006	
City Providence	State RI	Zip Code 02903	Amount of Each Disbursement this Period 18.00
Purpose of Disbursement Wire fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: SB21B.9205	
Mailing Address One Citizens Plaza		Date of Disbursement 10 / 16 / 2006	
City Providence	State RI	Zip Code 02903	Amount of Each Disbursement this Period 18.00
Purpose of Disbursement Wire fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	54.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Citizens Bank		Transaction ID: SB21B.9371	
Mailing Address One Citizens Plaza		Date of Disbursement 10 / 17 / 2006	
City Providence	State RI	Zip Code 02903	Amount of Each Disbursement this Period 18.00
Purpose of Disbursement Wire fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: SB21B.9206	
Mailing Address One Citizens Plaza		Date of Disbursement 10 / 18 / 2006	
City Providence	State RI	Zip Code 02903	Amount of Each Disbursement this Period 18.00
Purpose of Disbursement Wire fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. COMP USA		Transaction ID: SB21B.9183	
Mailing Address PO Box 200670		Date of Disbursement 10 / 02 / 2006	
City Dallas	State TX	Zip Code 75320	Amount of Each Disbursement this Period 121.77
Purpose of Disbursement Computer equipment		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	157.77
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)

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<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. Computer Telephone, Inc.		Transaction ID: SB21B.9167 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 60 Alhambra Road		Amount of Each Disbursement this Period 642.00
City Warwick State RI Zip Code 02886	Purpose of Disbursement Telephone system 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) ▼	

Full Name (Last, First, Middle Initial) B. Copernicus Analytics		Transaction ID: SB21B.9297 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 1522 U Street, NW		Amount of Each Disbursement this Period 17500.00
City Washington State DC Zip Code 20009	Purpose of Disbursement Data Analytics and Modeling 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) ▼	

Full Name (Last, First, Middle Initial) C. Cox Communications		Transaction ID: SB21B.9175 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 39		Amount of Each Disbursement this Period 111.00
City Newark State NJ Zip Code 07101	Purpose of Disbursement Internet service 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) ▶	18253.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Crimson Imaging Supplies, LLC		Transaction ID: SB21B.9168 Date of Disbursement 10 / 03 / 2006	
Mailing Address 4011 Pacific Coast Highway		Amount of Each Disbursement this Period 522.03	
City Torrance State CA Zip Code 90505	Purpose of Disbursement Office supplies 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) ▼		

Full Name (Last, First, Middle Initial) B. Jeffrey Dickson		Transaction ID: SB21B.9305 Date of Disbursement 10 / 10 / 2006	
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 8.99	
City No Providence State RI Zip Code 02911	Purpose of Disbursement Reimburse office supplies 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) ▼		

Full Name (Last, First, Middle Initial) C. Dr A C Cleaning		Transaction ID: SB21B.9176 Date of Disbursement 10 / 17 / 2006	
Mailing Address 41 Goldsmith Avenue		Amount of Each Disbursement this Period 200.00	
City East Providence State RI Zip Code 02914	Purpose of Disbursement Office maintenance 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) ▶	731.02
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Lacy Dwyer		Transaction ID: SB21B.9169 Date of Disbursement 10 / 09 / 2006	
Mailing Address 47 Wyndham Hill		Amount of Each Disbursement this Period 83.49	
City Middletown State RI Zip Code 02842	Purpose of Disbursement Reimburse office supplies 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) ▼		

Full Name (Last, First, Middle Initial) B. Jonathan Engel		Transaction ID: SB21B.9306 Date of Disbursement 10 / 10 / 2006	
Mailing Address 45 Junip Road		Amount of Each Disbursement this Period 13.90	
City Belmont State MA Zip Code 02478	Purpose of Disbursement Reimburse office supplies 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) ▼		

Full Name (Last, First, Middle Initial) C. FedexKinkos		Transaction ID: SB21B.9324 Date of Disbursement 10 / 15 / 2006	
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 82.59	
City Providence State RI Zip Code 02906	Purpose of Disbursement Office supplies 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) ▶	179.98
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)

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<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. Friend of Polisena		Transaction ID: SB21B.9361 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 52 Lakeshore Drive		Amount of Each Disbursement this Period 750.00
City Johnston State RI Zip Code 02919	Purpose of Disbursement Field office rent 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) ▼	

Full Name (Last, First, Middle Initial) B. Douglas Gablinske		Transaction ID: SB21B.9496 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 6
Mailing Address 576 Metacom Avenue		Amount of Each Disbursement this Period 1820.00
City Bristol State RI Zip Code 02809	Purpose of Disbursement In-kind -field office rent 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) ▼	

Full Name (Last, First, Middle Initial) C. Grassroots Solutions		Transaction ID: SB21B.9298 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 2929 University Ave. SE		Amount of Each Disbursement this Period 12500.00
City Minneapolis State MN Zip Code 55414	Purpose of Disbursement Field Consulting 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) ▶	15070.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Home Depot		Transaction ID: SB21B.9174 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 387 Charles Street		Amount of Each Disbursement this Period 21.76
City Providence State RI Zip Code 02908	Category/ Type	
Purpose of Disbursement Office supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Home Depot		Transaction ID: SB21B.9184 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 387 Charles Street		Amount of Each Disbursement this Period 22.67
City Providence State RI Zip Code 02908	Category/ Type	
Purpose of Disbursement Office supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Steven LaForm		Transaction ID: SB21B.9177 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 28 Broadway		Amount of Each Disbursement this Period 1000.00
City Newport State RI Zip Code 02840	Category/ Type	
Purpose of Disbursement Outreach office rent		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1044.43
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Lexisnexis		Transaction ID: SB21B.9178 Date of Disbursement 10 / 17 / 2006
Mailing Address PO Box 7247-7090		Amount of Each Disbursement this Period 150.00
City Philadelphia	State PA Zip Code 19170	
Purpose of Disbursement Subscription		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. National Grid		Transaction ID: SB21B.9180 Date of Disbursement 10 / 09 / 2006
Mailing Address Processing Center		Amount of Each Disbursement this Period 114.96
City Woburn	State MA Zip Code 01807	
Purpose of Disbursement Electricity		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. National Grid		Transaction ID: SB21B.9179 Date of Disbursement 10 / 17 / 2006
Mailing Address Processing Center		Amount of Each Disbursement this Period 1167.46
City Woburn	State MA Zip Code 01807	
Purpose of Disbursement Electricity		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1432.42
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)

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<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. Papa Johns Restaurant		Transaction ID: SB21B.9300
Mailing Address 1160 Post Road		Date of Disbursement 10 / 06 / 2006
City Warwick	State RI	Zip Code 02888
Purpose of Disbursement Refreshments	Amount of Each Disbursement this Period 300.64	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Pay Pal Inc		Transaction ID: SB21B.9913
Mailing Address 2211 North First Street		Date of Disbursement 10 / 15 / 2006
City San Jose	State CA	Zip Code 95131
Purpose of Disbursement Credit card fees	Amount of Each Disbursement this Period 219.29	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Poland Spring		Transaction ID: SB21B.9181
Mailing Address PO Box 856192		Date of Disbursement 10 / 17 / 2006
City Louisville	State KY	Zip Code 40285
Purpose of Disbursement Office refreshments	Amount of Each Disbursement this Period 292.27	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	812.20
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)

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<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. Quality Rental		Transaction ID: SB21B.9492 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 390 Walcott Street		Amount of Each Disbursement this Period 149.80
City Pawtucket State RI Zip Code 02861	Purpose of Disbursement Equipment rental 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) ▼

Full Name (Last, First, Middle Initial) B. Quality Rental		Transaction ID: SB21B.10025 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 390 Walcott Street		Amount of Each Disbursement this Period 50.00
City Pawtucket State RI Zip Code 02861	Purpose of Disbursement Rental deposit 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) ▼

Full Name (Last, First, Middle Initial) C. Shein Management		Transaction ID: SB21B.9182 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 845 North Main Street		Amount of Each Disbursement this Period 2500.00
City Providence State RI Zip Code 02904	Purpose of Disbursement Office rent 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) ▶	2699.80
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Anisa Somani		Transaction ID: SB21B.9302 Date of Disbursement 10 / 17 / 2006	
Mailing Address 24 South Court Street		Amount of Each Disbursement this Period 7.00	
City Providence State RI Zip Code 02906	Purpose of Disbursement Reimburse parking	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) ▼		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: SB21B.9185 Date of Disbursement 10 / 03 / 2006	
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 244.13	
City Providence State RI Zip Code 02906	Purpose of Disbursement Office supplies	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) ▼		

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: SB21B.9186 Date of Disbursement 10 / 10 / 2006	
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 29.92	
City Providence State RI Zip Code 02906	Purpose of Disbursement Office supplies	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) ▶	281.05
TOTAL This Period (last page this line number only) ▶	(Empty box)

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. Staples		Transaction ID: SB21B.9187 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 39.04
City Providence State RI Zip Code 02906		
Purpose of Disbursement Office supplies 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) ▼	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: SB21B.9188 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 29.08
City Providence State RI Zip Code 02906		
Purpose of Disbursement Office supplies 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) ▼	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: SB21B.9189 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 12.29
City Providence State RI Zip Code 02906		
Purpose of Disbursement Office supplies 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) ▶	80.41
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)

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<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. Staples		Transaction ID: SB21B.9190 Date of Disbursement 10 / 18 / 2006	
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 238.63	
City Providence State RI Zip Code 02906	Purpose of Disbursement Office supplies 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) ▼		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: SB21B.9191 Date of Disbursement 10 / 18 / 2006	
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 290.25	
City Providence State RI Zip Code 02906	Purpose of Disbursement Office supplies 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) ▼		

Full Name (Last, First, Middle Initial) C. Stop & Shop		Transaction ID: SB21B.9192 Date of Disbursement 10 / 11 / 2006	
Mailing Address 333 West River		Amount of Each Disbursement this Period 24.02	
City Providence State RI Zip Code 02904	Purpose of Disbursement Refreshments 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) ▶	552.90
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)

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<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. Verizon		Transaction ID: SB21B.9194 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address P.O. 1		Amount of Each Disbursement this Period 380.08
City Worcester State MA Zip Code 01654	Purpose of Disbursement Telephone service 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) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: SB21B.9193 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address P.O. 1		Amount of Each Disbursement this Period 1255.57
City Worcester State MA Zip Code 01654	Purpose of Disbursement Telephone service 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) ▼	

Full Name (Last, First, Middle Initial) C. W.B. Mason		Transaction ID: SB21B.9196 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 59 Centre Street		Amount of Each Disbursement this Period 476.33
City Brockton State MA Zip Code 02303	Purpose of Disbursement Office supplies 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) ▶	2111.98
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)

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<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)
Louis Yip

Mailing Address 244 Main Street

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement
Field office rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.9197

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	50133.97

**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 62 / 117

<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 checked="" 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. RI Democratic Non-federal Account

Transaction ID: SB29.9505

Date of Disbursement

Mailing Address P O Box 6004

^M 1	^M 0	/	^D 0	^D 4	/	^Y 2	^Y 0	^Y 0	^Y 6
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City Providence State RI Zip Code 02940

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Reattribute Longshoremen's contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

TOTAL This Period (last page this line number only) ►

3000.00

**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)

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

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

Full Name (Last, First, Middle Initial) A. Alicia Amdur		Transaction ID: SB30B.9218 Date of Disbursement 10 / 15 / 2006	
Mailing Address 792 McIntyre Avenue		Amount of Each Disbursement this Period 539.99	
City Winter Prk State FL Zip Code 32709	Purpose of Disbursement Net wages	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) ▼		

Full Name (Last, First, Middle Initial) B. AMS Communications Inc		Transaction ID: SB30B.9329 Date of Disbursement 10 / 03 / 2006	
Mailing Address 500 Sansome Street		Amount of Each Disbursement this Period 32500.00	
City San Francisco State CA Zip Code 94111	Purpose of Disbursement Contrast Lit production-exempt	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. AMS Communications Inc		Transaction ID: SB30B.9330 Date of Disbursement 10 / 05 / 2006	
Mailing Address 500 Sansome Street		Amount of Each Disbursement this Period 37388.00	
City San Francisco State CA Zip Code 94111	Purpose of Disbursement Support Lit - exempt	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	70427.99
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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

Full Name (Last, First, Middle Initial) A. AMS Communications Inc		Transaction ID: SB30B.9332	
Mailing Address 500 Sansome Street		Date of Disbursement 10 / 06 / 2006	
City San Francisco	State CA	Zip Code 94111	Amount of Each Disbursement this Period 15625.00
Purpose of Disbursement Postage for literature		Category/ Type	
Candidate Name SHELDON II WHITEHOUSE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District: 00		

Full Name (Last, First, Middle Initial) B. AMS Communications Inc		Transaction ID: SB30B.9331	
Mailing Address 500 Sansome Street		Date of Disbursement 10 / 11 / 2006	
City San Francisco	State CA	Zip Code 94111	Amount of Each Disbursement this Period 6892.00
Purpose of Disbursement Postage for literature		Category/ Type	
Candidate Name SHELDON II WHITEHOUSE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District: 00		

Full Name (Last, First, Middle Initial) C. AMS Communications Inc		Transaction ID: SB30B.9333	
Mailing Address 500 Sansome Street		Date of Disbursement 10 / 11 / 2006	
City San Francisco	State CA	Zip Code 94111	Amount of Each Disbursement this Period 16532.00
Purpose of Disbursement Medicare literature -exempt		Category/ Type	
Candidate Name SHELDON II WHITEHOUSE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District: 00		

SUBTOTAL of Disbursements This Page (optional)	39049.00
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)

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

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

Full Name (Last, First, Middle Initial) A. AMS Communications Inc		Transaction ID: SB30B.9334	
Mailing Address 500 Sansome Street		Date of Disbursement 10 / 11 / 2006	
City San Francisco	State CA	Zip Code 94111	Amount of Each Disbursement this Period 21651.00
Purpose of Disbursement Judicial Literature-exempt		Category/ Type	
Candidate Name SHELDON II WHITEHOUSE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District: 00		

Full Name (Last, First, Middle Initial) B. AMS Communications Inc		Transaction ID: SB30B.9335	
Mailing Address 500 Sansome Street		Date of Disbursement 10 / 12 / 2006	
City San Francisco	State CA	Zip Code 94111	Amount of Each Disbursement this Period 57014.00
Purpose of Disbursement Agenda literature-exempt		Category/ Type	
Candidate Name SHELDON II WHITEHOUSE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District: 00		

Full Name (Last, First, Middle Initial) C. AMS Communications Inc		Transaction ID: SB30B.9336	
Mailing Address 500 Sansome Street		Date of Disbursement 10 / 16 / 2006	
City San Francisco	State CA	Zip Code 94111	Amount of Each Disbursement this Period 34911.00
Purpose of Disbursement Contrast literature-exempt		Category/ Type	
Candidate Name SHELDON II WHITEHOUSE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District: 00		

SUBTOTAL of Disbursements This Page (optional)

113576.00

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)

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

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

Full Name (Last, First, Middle Initial) A. AMS Communications Inc		Transaction ID: SB30B.9339																					
Mailing Address 500 Sansome Street		Date of Disbursement																					
City San Francisco State CA Zip Code 94111		<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>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	8		2	0	0	6														
Purpose of Disbursement Support literature-exempt		Amount of Each Disbursement this Period																					
Candidate Name SHELDON II WHITEHOUSE		<table border="1"> <tr> <td colspan="10">76480.00</td> </tr> </table>		76480.00																			
76480.00																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006																					
State: RI District: 00		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) B. Matthew Arnold		Transaction ID: SB30B.9278																					
Mailing Address 83 Oaklawn Avenue		Date of Disbursement																					
City Cranston State RI Zip Code 02920		<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>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	5		2	0	0	6														
Purpose of Disbursement Net wages		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">574.39</td> </tr> </table>		574.39																			
574.39																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For:																					
State: District:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) C. Blue Cross Blue Shield of Rhode Island		Transaction ID: SB30B.9449																					
Mailing Address PO Box 1057		Date of Disbursement																					
City Providence State RI Zip Code 02901		<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>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	7		2	0	0	6														
Purpose of Disbursement November health insurance		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">9553.08</td> </tr> </table>		9553.08																			
9553.08																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For:																					
State: District:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)	86607.47
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)

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

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

Full Name (Last, First, Middle Initial) A. Gabriel Bluestone		Transaction ID: SB30B.9219 Date of Disbursement 10 / 15 / 2006
Mailing Address 86 South Angell Street		Amount of Each Disbursement this Period 964.29
City Providence State RI Zip Code 02906	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) ▼		

Full Name (Last, First, Middle Initial) B. Sarah Bogdan		Transaction ID: SB30B.9221 Date of Disbursement 10 / 15 / 2006
Mailing Address 133 Sutton Street		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02903	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) ▼		

Full Name (Last, First, Middle Initial) C. David Bonzagni		Transaction ID: SB30B.9220 Date of Disbursement 10 / 15 / 2006
Mailing Address 74 South River Drive		Amount of Each Disbursement this Period 522.80
City Narragansett State RI Zip Code 02882	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) ▶	2027.08
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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

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

Full Name (Last, First, Middle Initial) A. Angela Botticella		Transaction ID: SB30B.9222 Date of Disbursement 10 / 15 / 2006	
Mailing Address 18 Phillipsburg		Amount of Each Disbursement this Period 1142.25	
City Irvine State CA Zip Code 92620	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) ▼		

Full Name (Last, First, Middle Initial) B. Brett Broesder		Transaction ID: SB30B.9223 Date of Disbursement 10 / 15 / 2006	
Mailing Address 1 Trenton Street		Amount of Each Disbursement this Period 557.19	
City Providence State RI Zip Code 02906	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) ▼		

Full Name (Last, First, Middle Initial) C. Sean Brophy		Transaction ID: SB30B.9224 Date of Disbursement 10 / 15 / 2006	
Mailing Address 92 Melrose Street		Amount of Each Disbursement this Period 612.22	
City Providence State RI Zip Code 02907	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) ▶	2311.66
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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

Full Name (Last, First, Middle Initial) A. Dylan Brown		Transaction ID: SB30B.9279 Date of Disbursement 10 / 15 / 2006	
Mailing Address 20 Avondale Road		Amount of Each Disbursement this Period 539.99	
City Westerly	State RI	Zip Code 02891	Category/ Type
Purpose of Disbursement Net wages		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Gregory Buckland		Transaction ID: SB30B.9416 Date of Disbursement 10 / 15 / 2006	
Mailing Address 9 Kahler Avenue		Amount of Each Disbursement this Period 458.57	
City Milton	State MA	Zip Code 02186	Category/ Type
Purpose of Disbursement Net wages		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Busbank.com		Transaction ID: SB30B.9374 Date of Disbursement 10 / 05 / 2006	
Mailing Address 200 W Adams Street		Amount of Each Disbursement this Period 2574.00	
City Chicago	State IL	Zip Code 60606	Category/ Type
Purpose of Disbursement Bus rental volunteers		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3572.56
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)

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

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

Full Name (Last, First, Middle Initial) A. Angela Chasebi		Transaction ID: SB30B.9280 Date of Disbursement 10 / 15 / 2006	
Mailing Address PO Box 4470		Amount of Each Disbursement this Period 539.99	
City Austintown State OH Zip Code 44515	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) ▼		

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: SB30B.9448 Date of Disbursement 10 / 12 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 26603.05	
City Providence State RI Zip Code 02903	Purpose of Disbursement September payroll taxes deposited 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) ▼		

Full Name (Last, First, Middle Initial) C. Jacob Conarck		Transaction ID: SB30B.9281 Date of Disbursement 10 / 15 / 2006	
Mailing Address 7 Oxford Drive		Amount of Each Disbursement this Period 539.99	
City Port Jeff Station State NY Zip Code 11776	Purpose of Disbursement Net wages Candidate Name	Category/ Type 001	
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) ▶	27683.03
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Melodie DeMulling		Transaction ID: SB30B.9225 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 13981 121st Avenue		Amount of Each Disbursement this Period 1731.75
City Dayton State MN Zip Code 55327	Purpose of Disbursement Net wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. Jeffrey Dickson		Transaction ID: SB30B.9226 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 522.80
City No Providence State RI Zip Code 02911	Purpose of Disbursement Net wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Division of Taxation		Transaction ID: SB30B.9447 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address One Capitol Hill		Amount of Each Disbursement this Period 3112.14
City Providence State RI Zip Code 02908	Purpose of Disbursement State payroll taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	5366.69
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)

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

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

Full Name (Last, First, Middle Initial) A. Michael Dorsey		Transaction ID: SB30B.9227	
Mailing Address 166 Valley Street		Date of Disbursement 10 / 15 / 2006	
City Providence	State RI	Zip Code 02909	Amount of Each Disbursement this Period 2263.38
Purpose of Disbursement Net wages		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Lacy Dwyer		Transaction ID: SB30B.9228	
Mailing Address 47 Wyndham Hill		Date of Disbursement 10 / 15 / 2006	
City Middletown	State RI	Zip Code 02842	Amount of Each Disbursement this Period 1170.57
Purpose of Disbursement Net wages		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Jonathan Engel		Transaction ID: SB30B.9229	
Mailing Address 45 Junip Road		Date of Disbursement 10 / 15 / 2006	
City Belmont	State MA	Zip Code 02478	Amount of Each Disbursement this Period 539.99
Purpose of Disbursement Net wages		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	3973.94
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)

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

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

Full Name (Last, First, Middle Initial) A. Brian Farnkoff		Transaction ID: SB30B.9258 Date of Disbursement 10 / 15 / 2006	
Mailing Address 43 Billings Street		Amount of Each Disbursement this Period 522.80	
City Boston State MA Zip Code 02132	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) ▼			

Full Name (Last, First, Middle Initial) B. Parker Farrington		Transaction ID: SB30B.9257 Date of Disbursement 10 / 15 / 2006	
Mailing Address 37 Devon Road		Amount of Each Disbursement this Period 539.99	
City Chestnut Hill State MA Zip Code 02467	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) ▼			

Full Name (Last, First, Middle Initial) C. Financial Innovations		Transaction ID: SB30B.9327 Date of Disbursement 10 / 05 / 2006	
Mailing Address One Weingeroff Boulevard		Amount of Each Disbursement this Period 470.97	
City Cranston State RI Zip Code 02910	Purpose of Disbursement Bumperstrips-exempt	Category/ Type 006	
Candidate Name SHELDON II WHITEHOUSE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	1533.76
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)

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

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

Full Name (Last, First, Middle Initial) A. Financial Innovations		Transaction ID: SB30B.9328 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address One Weingeroff Boulevard		Amount of Each Disbursement this Period 880.80	
City Cranston State RI Zip Code 02910	Purpose of Disbursement Lapel stickers-exempt Candidate Name SHELDON II WHITEHOUSE	Category/Type 006	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Regina Fiorentini		Transaction ID: SB30B.9230 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 36 Macon Avenue		Amount of Each Disbursement this Period 1170.57	
City Haverhill State MA Zip Code 01830	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) ▼		

Full Name (Last, First, Middle Initial) C. Amanda Foster		Transaction ID: SB30B.9231 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 539.99	
City North Providence State RI Zip Code 02911	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) ▶	2591.36
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)

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

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

Full Name (Last, First, Middle Initial) A. Timothy Fraser		Transaction ID: SB30B.9232 Date of Disbursement 10 / 15 / 2006	
Mailing Address 78 Fisher Street		Amount of Each Disbursement this Period 1170.57	
City Medway State MA Zip Code 02053	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Jeffrey Gohringer		Transaction ID: SB30B.9233 Date of Disbursement 10 / 15 / 2006	
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 539.99	
City North Providence State RI Zip Code 02911	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Anna Gustina		Transaction ID: SB30B.9234 Date of Disbursement 10 / 15 / 2006	
Mailing Address 111 University Avenue		Amount of Each Disbursement this Period 1731.75	
City Buffalo State NY Zip Code 14214	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	3442.31
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)

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

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

Full Name (Last, First, Middle Initial) A. Kelly Harlow		Transaction ID: SB30B.9235 Date of Disbursement 10 / 15 / 2006	
Mailing Address 3906 West Oak Drive		Amount of Each Disbursement this Period 1170.57	
City Columbia State MO Zip Code 65302	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Nicole Hilmer-Heartte		Transaction ID: SB30B.9236 Date of Disbursement 10 / 15 / 2006	
Mailing Address 5 East Street		Amount of Each Disbursement this Period 783.80	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rose Jackson		Transaction ID: SB30B.9237 Date of Disbursement 10 / 15 / 2006	
Mailing Address 5750 Broadway Street		Amount of Each Disbursement this Period 522.80	
City Indianapolis State IN Zip Code 46220	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2477.17
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)

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

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

Full Name (Last, First, Middle Initial) A. Nicholas Jeffrey		Transaction ID: SB30B.9238 Date of Disbursement 10 / 15 / 2006	
Mailing Address 6 Holiday Court		Amount of Each Disbursement this Period 539.99	
City Lincoln State RI Zip Code 02865	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) ▼		

Full Name (Last, First, Middle Initial) B. Patricia Kammerer		Transaction ID: SB30B.9239 Date of Disbursement 10 / 15 / 2006	
Mailing Address PO Box 1495		Amount of Each Disbursement this Period 1333.64	
City Westerly State RI Zip Code 02891	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) ▼		

Full Name (Last, First, Middle Initial) C. Micheal Keane		Transaction ID: SB30B.9240 Date of Disbursement 10 / 15 / 2006	
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 1333.64	
City Providence State RI Zip Code 02909	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) ▶	3207.27
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)

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

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

Full Name (Last, First, Middle Initial) A. Catherine LaRoche		Transaction ID: SB30B.9417 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 530 Summer Street		Amount of Each Disbursement this Period 312.91
City Woonsocket State RI Zip Code 02895	Purpose of Disbursement Net wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. Seth Larson		Transaction ID: SB30B.9282 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 65 Plantation Drive		Amount of Each Disbursement this Period 522.80
City Saunderstown State RI Zip Code 02874	Purpose of Disbursement Net wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Brett Lincoln		Transaction ID: SB30B.9283 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 28 Irving Road		Amount of Each Disbursement this Period 539.99
City New Hartford State NY Zip Code 13413	Purpose of Disbursement Net wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1375.70
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)

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

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

Full Name (Last, First, Middle Initial) A. Sara Lonardo		Transaction ID: SB30B.9284 Date of Disbursement 10 / 15 / 2006	
Mailing Address 471 Douglas Avenue		Amount of Each Disbursement this Period 522.80	
City Providence State RI Zip Code 02908	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Hamlet Lopez		Transaction ID: SB30B.9285 Date of Disbursement 10 / 15 / 2006	
Mailing Address 105 Comstock Street		Amount of Each Disbursement this Period 522.80	
City Providence State RI Zip Code 02907	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Rudy Lopez		Transaction ID: SB30B.9241 Date of Disbursement 10 / 15 / 2006	
Mailing Address 1608 Senator Drive		Amount of Each Disbursement this Period 2920.25	
City East Chicago State IL Zip Code 46312	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	3965.85
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)

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

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

Full Name (Last, First, Middle Initial) A. Matthew Lydon		Transaction ID: SB30B.9242 Date of Disbursement 10 / 15 / 2006
Mailing Address 73 Fremont		Amount of Each Disbursement this Period 1170.57
City Providence	State RI	
Zip Code 02906	Category/Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Lauren Mandelker		Transaction ID: SB30B.9286 Date of Disbursement 10 / 15 / 2006
Mailing Address 299 Wickenden Street		Amount of Each Disbursement this Period 522.80
City Providence	State RI	
Zip Code 02903	Category/Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Message Broadcast		Transaction ID: SB30B.9326 Date of Disbursement 10 / 03 / 2006
Mailing Address 4685 MacArthur Court		Amount of Each Disbursement this Period 190.83
City Newport Beach	State CA	
Zip Code 92660	Category/Type	
Purpose of Disbursement Generic Voter ID Calls		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1884.20
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)

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

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

Full Name (Last, First, Middle Initial) A. Brian Monteiro		Transaction ID: SB30B.9287 Date of Disbursement 10 / 15 / 2006	
Mailing Address 172 Leonard Avenue		Amount of Each Disbursement this Period 522.80	
City East Providence State RI Zip Code 02914	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) ▼		

Full Name (Last, First, Middle Initial) B. Josh Panger		Transaction ID: SB30B.9288 Date of Disbursement 10 / 15 / 2006	
Mailing Address 7101 Zoar Avenue		Amount of Each Disbursement this Period 522.80	
City Lubbock State TX Zip Code 79424	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) ▼		

Full Name (Last, First, Middle Initial) C. Meredith Regine		Transaction ID: SB30B.9289 Date of Disbursement 10 / 15 / 2006	
Mailing Address 155 Purgatory Road		Amount of Each Disbursement this Period 505.60	
City Middletown, State RI Zip Code 02842	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) ▶	1551.20
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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

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

Full Name (Last, First, Middle Initial) A. Dayanarah Rodriguez		Transaction ID: SB30B.9418 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 6 Gallup Street		Amount of Each Disbursement this Period 377.13
City Providence State RI Zip Code 02905		
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) ▼	

Full Name (Last, First, Middle Initial) B. David Rosenthal		Transaction ID: SB30B.9290 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 69 Ocean View Road		Amount of Each Disbursement this Period 557.19
City Swampscott State MA Zip Code 01907		
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) ▼	

Full Name (Last, First, Middle Initial) C. Hollie Saunders		Transaction ID: SB30B.9246 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 29 Russell Avenue		Amount of Each Disbursement this Period 522.80
City East Providence State RI Zip Code 02914		
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) ▶	1457.12
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)

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

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

Full Name (Last, First, Middle Initial) A. Ryan Sears		Transaction ID: SB30B.9291 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2156 Palmetto Terrace		Amount of Each Disbursement this Period 522.80
City Fullerton State CA Zip Code 92831	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

Full Name (Last, First, Middle Initial) B. Jeremy Slaughter		Transaction ID: SB30B.9243 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 55 Pond Drive		Amount of Each Disbursement this Period 1098.26
City Fairmont State WV Zip Code 26554	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

Full Name (Last, First, Middle Initial) C. Jenna Soendker		Transaction ID: SB30B.9244 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 12507 Hwy D		Amount of Each Disbursement this Period 783.80
City Napoleon State MD Zip Code 64074	Category/ Type	
Purpose of Disbursement Net wages		
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) ▶	2404.86
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)

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

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

Full Name (Last, First, Middle Initial) A. Anisa Somani		Transaction ID: SB30B.9245 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 24 South Court Street		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02906	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

Full Name (Last, First, Middle Initial) B. Prospero Suazo		Transaction ID: SB30B.9247 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 230 Roger Williams		Amount of Each Disbursement this Period 522.80
City Providence State RI Zip Code 02907	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

Full Name (Last, First, Middle Initial) C. Anand Sudhakar		Transaction ID: SB30B.9248 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 93 East George Street		Amount of Each Disbursement this Period 612.22
City Providence State RI Zip Code 02906	Category/ Type	
Purpose of Disbursement Net wages		
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) ▶	1675.01
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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

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

Full Name (Last, First, Middle Initial) A. Emily Sullivan		Transaction ID: SB30B.9249 Date of Disbursement 10 / 15 / 2006	
Mailing Address 580 Wickenden Street		Amount of Each Disbursement this Period 577.83	
City Providence State RI Zip Code 02903	Purpose of Disbursement Net wages	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) ▼		

Full Name (Last, First, Middle Initial) B. The Tyson Organization		Transaction ID: SB30B.9337 Date of Disbursement 10 / 17 / 2006	
Mailing Address 1000 Macon Street		Amount of Each Disbursement this Period 39208.65	
City Forth Worth State TX Zip Code 76102	Purpose of Disbursement Voter ID Generic Calls	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) ▼		

Full Name (Last, First, Middle Initial) C. Jeff Thibeau		Transaction ID: SB30B.9292 Date of Disbursement 10 / 15 / 2006	
Mailing Address 30 Rock Street		Amount of Each Disbursement this Period 505.60	
City Bristol State RI Zip Code 02809	Purpose of Disbursement Net wages	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) ▶	40292.08
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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

Full Name (Last, First, Middle Initial) A. Christopher Torres		Transaction ID: SB30B.9293 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 75 Waterman Street		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02906		
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) ▼	

Full Name (Last, First, Middle Initial) B. Ben Traverse		Transaction ID: SB30B.9294 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 32 Elmgrove Avenue		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02906		
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) ▼	

Full Name (Last, First, Middle Initial) C. Jhomphy Ventura		Transaction ID: SB30B.9295 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 32 Farragut Avenue		Amount of Each Disbursement this Period 958.48
City Providence State RI Zip Code 02905		
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) ▶	2038.46
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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

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

Full Name (Last, First, Middle Initial) A. Voter Activation Network		Transaction ID: SB30B.14296
Mailing Address 54 Regent Street		Date of Disbursement 10 / 03 / 2006
City Cambridge	State MA	Zip Code 02140
Purpose of Disbursement Voter file maintenance	Category/ Type	Amount of Each Disbursement this Period 2900.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Megan Wilbur		Transaction ID: SB30B.9296
Mailing Address 299 Wickenden Street		Date of Disbursement 10 / 15 / 2006
City Providence	State RI	Zip Code 02903
Purpose of Disbursement Net wages	Category/ Type	Amount of Each Disbursement this Period 539.99
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

3439.99

TOTAL This Period (last page this line number only) ►

427931.76

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 88 / 117 FOR LINE 13 OF FORM 3X
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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 <div style="border: 1px solid black; padding: 2px; text-align: center;">5249.87</div>	Cumulative Payment To Date <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">5249.87</div>
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TERMS

Date Incurred <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 1 9 8 8</div> </div>	Date Due <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Interest Rate <div style="border: 1px solid black; width: 100%; height: 20px;"></div> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

SUBTOTALS This Period This Page (optional)	<div style="border: 1px solid black; padding: 2px; text-align: center;">5249.87</div>
TOTALS This Period (last page in this line only)	<div style="border: 1px solid black; padding: 2px; text-align: center;">5249.87</div>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004 City: Providence State: RI ZIP Code: 02940	

Full Name (Last, First, Middle Initial) of Each Payee Alicia Amdur	Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 792 McIntyre Avenue		
City: Winter Prk State: FL ZIP Code: 32709	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Name of Federal Candidate Supported: SHELDON II WHITEHOUSE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: RI District: 00	Amount 269.58	
Aggregate General Election Expenditure for this Candidate ▶ 105171.20 Transaction ID: SF25.9207	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Matthew Arnold	Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 83 Oaklawn Avenue		
City: Cranston State: RI ZIP Code: 02920	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Name of Federal Candidate Supported: SHELDON II WHITEHOUSE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: RI District: 00	Amount 286.75	
Aggregate General Election Expenditure for this Candidate ▶ 113464.21 Transaction ID: SF25.9271	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee BJ's Wholesale Club	Purpose of Expenditure Event food	<input type="checkbox"/> Category/Type
Mailing Address 173 East Main Road		
City: Middletown State: RI ZIP Code: 02840	Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Name of Federal Candidate Supported: SHELDON II WHITEHOUSE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: RI District: 00	Amount 96.55	
Aggregate General Election Expenditure for this Candidate ▶ 96.55 Transaction ID: SF25.9352	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional) ▶	652.88
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee BJ's Wholesale Club		Purpose of Expenditure Food for dinner		
Mailing Address 287 Washington Avenue				Category/Type
City Attleboro	State MA	ZIP Code 02703		Date M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		98153.42		Amount 158.58
Transaction ID: SF25.9344		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Blue Cross Blue Shield of Rhode Island		Purpose of Expenditure Oct Health insurance-voter persuasion		
Mailing Address PO Box 1057				Category/Type
City Providence	State RI	ZIP Code 02901		Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		116538.64		Amount 216.87
Transaction ID: SF25.9446		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Sarah Bogdan		Purpose of Expenditure Net wages - voter persuasion		
Mailing Address 133 Sutton Street				Category/Type
City Providence	State RI	ZIP Code 02903		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		105440.78		Amount 269.58
Transaction ID: SF25.9208		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

SUBTOTAL of Expenditures This Page (optional) ▶	645.03
TOTAL This Period (last page this line number only) ▶	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee David Bonzagni		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 74 South River Drive					
City Narragansett		State RI	ZIP Code 02882		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		105701.78		Amount 261.00	
		Transaction ID: SF25.9209		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Brett Broesder		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 1 Trenton Street					
City Providence		State RI	ZIP Code 02906		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		105979.95		Amount 278.17	
		Transaction ID: SF25.9210		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Sean Brophy		Purpose of Expenditure Reimburse event food		Category/Type	
Mailing Address 92 Melrose Street					
City Providence		State RI	ZIP Code 02907		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		98913.26		Amount 84.64	
		Transaction ID: SF25.9347		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)		623.81
TOTAL This Period (last page this line number only)		

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Sean Brophy		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 92 Melrose Street					
City Providence		State RI		ZIP Code 02907	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		106285.60		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
		Transaction ID: SF25.9211		Amount 305.65	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Dylan Brown		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 20 Avondale Road					
City Westerly		State RI		ZIP Code 02891	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		113733.79		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
		Transaction ID: SF25.9272		Amount 269.58	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Gregory Buckland		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 9 Kahler Avenue					
City Milton		State MA		ZIP Code 02186	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		115293.46		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
		Transaction ID: SF25.9412		Amount 228.93	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

SUBTOTAL of Expenditures This Page (optional)		804.16
TOTAL This Period (last page this line number only)		

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Angela Chasebi		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address PO Box 4470		Category/Type	
City Austintown	State OH	ZIP Code 44515	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 114003.37		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9273			

Full Name (Last, First, Middle Initial) of Each Payee Citizens Bank		Purpose of Expenditure September tax deposit -voter persuasion	<input type="checkbox"/>
Mailing Address One Citizens Plaza		Category/Type	
City Providence	State RI	ZIP Code 02903	Date M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 5988.36
Aggregate General Election Expenditure for this Candidate ▶ 104901.62		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9444			

Full Name (Last, First, Middle Initial) of Each Payee Jacob Conarck		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 7 Oxford Drive		Category/Type	
City Port Jeff Station	State NY	ZIP Code 11776	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 111863.88		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9265			

SUBTOTAL of Expenditures This Page (optional)	6527.52
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Dickson		Purpose of Expenditure Net wages - voter persuasion		Category/Type
Mailing Address 19 Byron Street				
City No Providence	State RI	ZIP Code 02911		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 106546.60		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		
Transaction ID: SF25.9212				

Full Name (Last, First, Middle Initial) of Each Payee Division of Taxation		Purpose of Expenditure State payroll taxes-voter persuasion		Category/Type
Mailing Address One Capitol Hill				
City Providence	State RI	ZIP Code 02908		Date M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 639.95
Aggregate General Election Expenditure for this Candidate ▶ 986.50		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		
Transaction ID: SF25.9445				

Full Name (Last, First, Middle Initial) of Each Payee Elk's Lodge		Purpose of Expenditure Hall rental		Category/Type
Mailing Address 141 Pelham Street				
City Newport	State RI	ZIP Code 02840		Date M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 250.00
Aggregate General Election Expenditure for this Candidate ▶ 346.55		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		
Transaction ID: SF25.9355				

SUBTOTAL of Expenditures This Page (optional)	1150.95
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Jonathan Engel		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 45 Junip Road					
City Belmont		State MA	ZIP Code 02478		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Aggregate General Election Expenditure for this Candidate ▶		106816.18		Amount 269.58	
Transaction ID: SF25.9213		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			

Full Name (Last, First, Middle Initial) of Each Payee Brian Farnkoff		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 43 Billings Street					
City Boston		State MA	ZIP Code 02132		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Aggregate General Election Expenditure for this Candidate ▶		109793.63		Amount 261.00	
Transaction ID: SF25.9256		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			

Full Name (Last, First, Middle Initial) of Each Payee Parker Farrington		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 37 Devon Road					
City Chestnut Hill		State MA	ZIP Code 02467		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Aggregate General Election Expenditure for this Candidate ▶		110063.21		Amount 269.58	
Transaction ID: SF25.9259		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			

SUBTOTAL of Expenditures This Page (optional)		800.16
TOTAL This Period (last page this line number only)		

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Amanda Foster		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 19 Byron Street		Category/Type	
City North Providence	State RI	ZIP Code 02911	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 107085.76		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9214			

Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Gohringer		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 19 Byron Street		Category/Type	
City North Providence	State RI	ZIP Code 02911	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 107355.34		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9215			

Full Name (Last, First, Middle Initial) of Each Payee Rose Jackson		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 5750 Broadway Street		Category/Type	
City Indianapolis	State IN	ZIP Code 46220	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 107616.34		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9216			

SUBTOTAL of Expenditures This Page (optional)	800.16
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Nicholas Jeffrey		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 6 Holiday Court					
City Lincoln		State RI		ZIP Code 02865	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		
Aggregate General Election Expenditure for this Candidate ▶		107885.92			
		Transaction ID: SF25.9217			
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Catherine LaRoche		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 530 Summer Street					
City Woonsocket		State RI		ZIP Code 02895	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		
Aggregate General Election Expenditure for this Candidate ▶		1142.71			
		Transaction ID: SF25.9414			
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Seth Larson		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 65 Plantation Drive					
City Saunderstown		State RI		ZIP Code 02874	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		
Aggregate General Election Expenditure for this Candidate ▶		113177.46			
		Transaction ID: SF25.9270			
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)		686.79
TOTAL This Period (last page this line number only)		

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Brett Lincoln		Purpose of Expenditure Net wages - voter persuasion		Category/Type
Mailing Address 28 Irving Road				
City New Hartford	State NY	ZIP Code 13413		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		114272.95		Amount 269.58
		Transaction ID: SF25.9274		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee Sara Lonardo		Purpose of Expenditure Net wages - voter persuasion		Category/Type
Mailing Address 471 Douglas Avenue				
City Providence	State RI	ZIP Code 02908		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		109532.63		Amount 261.00
		Transaction ID: SF25.9255		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee Hamlet Lopez		Purpose of Expenditure Net wages -voter persuasion		Category/Type
Mailing Address 105 Comstock Street				
City Providence	State RI	ZIP Code 02907		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		112916.46		Amount 261.00
		Transaction ID: SF25.9269		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

SUBTOTAL of Expenditures This Page (optional)		791.58
TOTAL This Period (last page this line number only)		

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Lauren Mandelker		Purpose of Expenditure Net wages-voter persuasion		
Mailing Address 299 Wickenden Street		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6		
City Providence	State RI			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		112655.46		261.00
Transaction ID: SF25.9268				

Full Name (Last, First, Middle Initial) of Each Payee Message Broadcast		Purpose of Expenditure Community dinner calls		
Mailing Address 4685 MacArthur Court		Date M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6		
City Newport Beach	State CA			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		97994.84		442.22
Transaction ID: SF25.9348				

Full Name (Last, First, Middle Initial) of Each Payee Message Broadcast		Purpose of Expenditure Community dinner calls		
Mailing Address 4685 MacArthur Court		Date M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6		
City Newport Beach	State CA			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		98728.62		515.74
Transaction ID: SF25.9343				

SUBTOTAL of Expenditures This Page (optional)	1218.96
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Brian Monteiro		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 172 Leonard Avenue		Category/Type	
City East Providence	State RI	ZIP Code 02914	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 110593.79		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9261			

Full Name (Last, First, Middle Initial) of Each Payee North Providence School Department		Purpose of Expenditure Hall rental	<input type="checkbox"/>
Mailing Address 2240 Mineral Spring Avenue		Category/Type	
City North Providence	State RI	ZIP Code 02904	Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 500.00
Aggregate General Election Expenditure for this Candidate ▶ 97552.62		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9359			

Full Name (Last, First, Middle Initial) of Each Payee Josh Panger		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 7101 Zoar Avenue		Category/Type	
City Lubbock	State TX	ZIP Code 79424	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 114533.95		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9275			

SUBTOTAL of Expenditures This Page (optional)	1022.00
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee PHD Sanitation Inc		Purpose of Expenditure Equipment rental		Category/Type
Mailing Address 2113 Grand Army Highway				
City Swansea	State MA	ZIP Code 02777		Date M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		98828.62		Amount 100.00
Transaction ID: SF25.9346		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Meredith Regine		Purpose of Expenditure Net wages - voter persuasion		Category/Type
Mailing Address 155 Purgatory Road				
City Middletown,	State RI	ZIP Code 02842		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		114786.36		Amount 252.41
Transaction ID: SF25.9276		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Dayanarah Rodriguez		Purpose of Expenditure Net wages-voter persuasion		Category/Type
Mailing Address 6 Gallup Street				
City Providence	State RI	ZIP Code 02905		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		115481.74		Amount 188.28
Transaction ID: SF25.9415		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

SUBTOTAL of Expenditures This Page (optional)	540.69
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee David Rosenthal		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 69 Ocean View Road			
City Swampscott	State MA	ZIP Code 01907	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶		Amount	
		278.17	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Transaction ID: SF25.9277			

Full Name (Last, First, Middle Initial) of Each Payee Hollie Saunders		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 29 Russell Avenue			
City East Providence	State RI	ZIP Code 02914	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶		Amount	
		261.00	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Transaction ID: SF25.9250			

Full Name (Last, First, Middle Initial) of Each Payee Ryan Sears		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 2156 Palmetto Terrace			
City Fullerton	State CA	ZIP Code 92831	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶		Amount	
		261.00	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Transaction ID: SF25.9267			

SUBTOTAL of Expenditures This Page (optional)	800.17
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Shaw's Market				Purpose of Expenditure Event food			
Mailing Address 99 East Main Road						Category/Type	
City Middletown		State RI		ZIP Code 02842		Date M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 6	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00		Amount <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">59.46</div>	
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">98212.88</div>				Transaction ID: SF25.9357			

Full Name (Last, First, Middle Initial) of Each Payee Anisa Somani				Purpose of Expenditure Net wages-voter persuasion			
Mailing Address 24 South Court Street						Category/Type	
City Providence		State RI		ZIP Code 02906		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00		Amount <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">269.58</div>	
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">108416.50</div>				Transaction ID: SF25.9251			

Full Name (Last, First, Middle Initial) of Each Payee Prospero Suazo				Purpose of Expenditure Net wages-voter persuasion			
Mailing Address 230 Roger Williams						Category/Type	
City Providence		State RI		ZIP Code 02907		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00		Amount <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">261.00</div>	
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">108677.50</div>				Transaction ID: SF25.9252			

SUBTOTAL of Expenditures This Page (optional)		590.04	
TOTAL This Period (last page this line number only)			

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Anand Sudhakar		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 93 East George Street					
City Providence		State RI		ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		
Aggregate General Election Expenditure for this Candidate ▶		108983.15		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
		Transaction ID: SF25.9253		Amount 305.65	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Emily Sullivan		Purpose of Expenditure Net wages -voter persuasion		Category/Type	
Mailing Address 580 Wickenden Street					
City Providence		State RI		ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		
Aggregate General Election Expenditure for this Candidate ▶		109271.63		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
		Transaction ID: SF25.9254		Amount 288.48	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jeff Thibeau		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 30 Rock Street					
City Bristol		State RI		ZIP Code 02809	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		
Aggregate General Election Expenditure for this Candidate ▶		110846.20		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
		Transaction ID: SF25.9262		Amount 252.41	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)		846.54
TOTAL This Period (last page this line number only)		

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Toppa's		Purpose of Expenditure Event food		<input type="checkbox"/> Category/Type	
Mailing Address 951 Aquidneck Avenue					
City Middletown		State RI		ZIP Code 02842	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		97282.42		Date M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
		Transaction ID: SF25.9351		Amount 1032.05	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Toppa's		Purpose of Expenditure Refund overpayment		<input type="checkbox"/> Category/Type	
Mailing Address 951 Aquidneck Avenue					
City Middletown		State RI		ZIP Code 02842	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		97052.62		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
		Transaction ID: SF25.10028		Amount -277.80	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Toppa's		Purpose of Expenditure Event food		<input type="checkbox"/> Category/Type	
Mailing Address 951 Aquidneck Avenue					
City Middletown		State RI		ZIP Code 02842	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		116321.77		Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
		Transaction ID: SF25.9372		Amount 840.03	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

SUBTOTAL of Expenditures This Page (optional)		1594.28
TOTAL This Period (last page this line number only)		

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Christopher Torres		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 75 Waterman Street					
City Providence		State RI	ZIP Code 02906		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Aggregate General Election Expenditure for this Candidate ▶		112133.46		Amount 269.58	
Transaction ID: SF25.9266				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Town of Coventry		Purpose of Expenditure Hall rental for dinner		Category/Type	
Mailing Address 1670 Flat River Road					
City Coventry		State RI	ZIP Code 02816		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Aggregate General Election Expenditure for this Candidate ▶		97330.42		Amount 48.00	
Transaction ID: SF25.9341				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Ben Traverse		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 32 Elmgrove Avenue					
City Providence		State RI	ZIP Code 02906		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Aggregate General Election Expenditure for this Candidate ▶		110332.79		Amount 269.58	
Transaction ID: SF25.9260				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	587.16
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Jhomphy Ventura		Purpose of Expenditure Net wages - out- each		
Mailing Address 32 Farragut Avenue				
City Providence		State RI	ZIP Code 02905	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		
Aggregate General Election Expenditure for this Candidate ▶		111594.30		
		Transaction ID: SF25.9264		

Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Amount 478.52	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Megan Wilbur		Purpose of Expenditure Net wages - voter persuasion		
Mailing Address 299 Wickenden Street				
City Providence		State RI	ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		
Aggregate General Election Expenditure for this Candidate ▶		11115.78		
		Transaction ID: SF25.9263		

Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Amount 269.58	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	748.10
TOTAL This Period (last page this line number only)	21430.98

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.
For PACs Only : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER

Hope Awards 2006 (10/16/2006)

ACTIVITY IS:

 Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

 New Revised Same as Previously Reported

FEDERAL %

0.90 %

NONFEDERAL %

99.10 %

Transaction ID:
H2.14295

**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 1 0 / 0 2 / 2 0 0 6	3806.34

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative		3376.27	Transaction ID: H3.9499
ii) Generic Voter Drive			Transaction ID:
iii) Exempt Activities			Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)			
a) Hope Awards 2006 (10/16/2006)	430.07		Transaction ID: H3.9499.0
b) _____			Transaction ID:
c) Total Amount Transferred for Direct Fundraising		430.07	
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 RI Democratic Non-federal Account	DATE OF RECEIPT M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 1616.42
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	1616.42	Transaction ID: H3.9500
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)	4992.69
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	430.07
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)	5422.76

**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)
Susann Della Rosa

Mailing Address
60 Don Avenue

City	State	Zip Code	
Rumford	RI	02916	

Purpose of Disbursement: Accounting services	Category/ Type

Activity or Event Identifier:
Administrative

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
140378.95

Date / /

Transaction ID: H4.9308

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
756.00		2844.00		3600.00

B. Full Name (Last, First, Middle Initial)
Rhode Island Convention Center

Mailing Address
One Sabin Street

City	State	Zip Code	
Providence	RI	02903	

Purpose of Disbursement: Event labor costs	Category/ Type

Activity or Event Identifier:
Administrative

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
141804.94

Date / /

Transaction ID: H4.9315

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1283.40		142.59		1425.99

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

Mailing Address
P.O. Box 39

City	State	Zip Code	
Newark	NJ	07101	

Purpose of Disbursement: Monthly cable and modem fee	Category/ Type

Activity or Event Identifier:
Administrative

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
142016.94

Date / /

Transaction ID: H4.9367

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.52		167.48		212.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2083.92		3154.07		5237.99

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) 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 142148.94	
City	State	Zip Code	Category/ Type	
Providence	RI	02940		
Purpose of Disbursement: Post office box annual rental			Date <input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>	
Activity or Event Identifier: Administrative			Transaction ID: H4.9368	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.72		104.28		132.00

B. 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 142748.94	
City	State	Zip Code	Category/ Type	
Pawtucket	RI	02860		
Purpose of Disbursement: October rent and electricity			Date <input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>	
Activity or Event Identifier: Administrative			Transaction ID: H4.9370	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.00		474.00		600.00

C. Full Name (Last, First, Middle Initial) Atlantic Flag and Banner			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" 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 694 North Broadway			Allocated Activity or Event Year-To-Date 4929.17	
City	State	Zip Code	Category/ Type	
East Providence	RI	02914		
Purpose of Disbursement: Table decorations			Date <input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>	
Activity or Event Identifier: Hope Awards 2006(10/16/2006)			Transaction ID: H4.9312	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
565.56		62.84		628.40

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
719.28		641.12		1360.40

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) AVS of Rhode Island			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" 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 Sabin Street			Allocated Activity or Event Year-To-Date 6429.17		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Equipment rental			Transaction ID: H4.9309		
Activity or Event Identifier: Hope Awards 2006(10/16/2006)					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1350.00		150.00		1500.00

B. Full Name (Last, First, Middle Initial) Rhode Island Convention Center			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" 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 Sabin Street			Allocated Activity or Event Year-To-Date 36675.77		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Event Catering			Transaction ID: H4.9310		
Activity or Event Identifier: Hope Awards 2006(10/16/2006)					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27221.94		3024.66		30246.60

C. Full Name (Last, First, Middle Initial) Rhode Island Convention Center			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" 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 Sabin Street			Allocated Activity or Event Year-To-Date 37509.52		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Event labor			Transaction ID: H4.9311		
Activity or Event Identifier: Hope Awards 2006(10/16/2006)					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
750.38		83.37		833.75

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29322.32		3258.03		32580.35

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 type="checkbox"/> Administrative <input checked="" 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 57730.52		
City	State	Zip Code	Category/ Type		
Chicago	IL	60606			
Purpose of Disbursement: Credit card payment			Date MM / DD / YYYY 10 / 14 / 2006		
Activity or Event Identifier: Hope Awards 2006(10/16/2006)			Transaction ID: H4.9400		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
198.90		22.10		221.00

B. Full Name (Last, First, Middle Initial) Amtrak			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" 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 Gaspee Street			Allocated Activity or Event Year-To-Date 0.00		
City	State	Zip Code	Category/ Type		
Providence	RI	02903			
Purpose of Disbursement: Staff travel			Date MM / DD / YYYY 10 / 14 / 2006		
Activity or Event Identifier: Hope Awards 2006(10/16/2006) [MEMO ITEM]			Transaction ID: H4.9401		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
198.90		22.10		221.00

C. Full Name (Last, First, Middle Initial) Private Jet Services Group Inc.			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" 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 5 Lafayette Road			Allocated Activity or Event Year-To-Date 57509.52		
City	State	Zip Code	Category/ Type		
Hampton	NH	03842			
Purpose of Disbursement: Travel arrangements			Date MM / DD / YYYY 10 / 14 / 2006		
Activity or Event Identifier: Hope Awards 2006(10/16/2006)			Transaction ID: H4.9316		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18000.00		2000.00		20000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18198.90		2022.10		20221.00

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) ATR Treehouse			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" 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 812 Charles Street			Allocated Activity or Event Year-To-Date 67143.75		
City Providence	State RI	Zip Code 02904	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Equipment rental			Transaction ID: H4.9314		
Activity or Event Identifier: Hope Awards 2006(10/16/2006)					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3922.95		435.88		4358.83

B. Full Name (Last, First, Middle Initial) Rhode Island Convention Center			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" 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 Sabin Street			Allocated Activity or Event Year-To-Date 62784.92		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Event catering			Transaction ID: H4.9313		
Activity or Event Identifier: Hope Awards 2006(10/16/2006)					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4548.96		505.44		5054.40

C. Full Name (Last, First, Middle Initial) American Express			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" 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 67233.99		
City Chicago	State IL	Zip Code 60606	Date <input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Credit card payment			Transaction ID: H4.9318		
Activity or Event Identifier: Hope Awards 2006(10/16/2006)					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
81.22		9.02		90.24

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8553.13		950.34		9503.47

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

Mailing Address
551 North Main Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement:
Event supplies

Activity or Event Identifier:
Hope Awards 2006(10/16/2006)

[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 / 10 / 2006

Transaction ID: H4.9321

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
81.22		9.02		90.24

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
58877.55	10025.66	68903.21

Form/Schedule: **F3XA**

Transaction ID:

The loan on scheule C has no interest rate and no determined due date. Charges assessed for committee goods were for fair market value. The transfer reported on Schedule B is the excessive contribution. Transfers from the Democratic Senatorial Campaign Committee were expended in accordance with Federal Election Commission guidelines. All exempt activities were paid for with permissable funds and met the definition requirements.