

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Rhode Island Democratic State Committee

ADDRESS (number and street) ▼

P.O. Box 6004

☐ Check if different than previously reported. (ACC)

Providence

RI

02940

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

11

06

2012

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

2012

through

10

17

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jeffrey Padwa

Signature of Treasurer

Jeffrey Padwa

[Electronically Filed]

Date

10

25

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# 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	/	D D	/	Y Y Y Y Y
10		01		2012

To:

M M	/	D D	/	Y Y Y Y Y
10		17		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2012</div>		<div>28398.73</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>42531.22</div>	
(c) Total Receipts (from Line 19) .....	<div>137300.00</div>	<div>424054.05</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>179831.22</div>	<div>452452.78</div>
7. Total Disbursements (from Line 31).....	<div>43981.75</div>	<div>316603.31</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>135849.47</div>	<div>135849.47</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>5254.47</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Rhode Island Democratic State Committee

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	5000.00	24388.00
(ii) Unitemized .....	10.00	10.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	5010.00	24398.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	116500.00	153122.42
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	121510.00	177520.42
12. Transfers From Affiliated/Other Party Committees.....	15790.00	166962.29
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	166.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	779.19
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	78626.15
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	78626.15
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	137300.00	424054.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	137300.00	345427.90

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	2724.68	47402.78
(ii) Non-Federal Share.....	4532.75	83895.19
(b) Other Federal Operating Expenditures .....	16908.84	86258.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	24166.27	217556.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	19815.48	98796.44
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	19815.48	98796.44
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	43981.75	316603.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39449.00	232708.12

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	121510.00	177520.42
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	121510.00	177520.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	19633.52	133661.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	166.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	19633.52	133495.68

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F3XN  
Transaction ID :

The loan on Schedule C has no interest rate and no determined due date. No other employees worked more than 25% on a federal campaign. Schedule Memo A's for joint fundraisers are distributed on a different time frame than transfers of funds.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 30  
(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. WENDE CORCORAN**

Mailing Address 10 STARLING WAY

City State Zip Code  
 WEST WARWICK RI 02893

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 OPERATION LIFE SAVER DIRECTOR OF EDUCATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

Transaction ID : SA11AI.18936

Amount of Each Receipt this Period

32.00

Dollars For Democrats

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jeffrey Slavin**

Mailing Address 5706 Warwick Place

City State Zip Code  
 Chevy Chase MD 20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 CJ O'Shaughnessy Inc. Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

Transaction ID : SA11AI.18889

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. UNITEMIZED CONTRIBUTIONS**

Mailing Address 430 S CAPITOL ST SE

City State Zip Code  
 WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Dollars For Democrats

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012

Transaction ID : SA11AI.18937

Amount of Each Receipt this Period

182.00

Dollars For Democrats

[MEMO ITEM]

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

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

2500.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.18936

Dollars For Democrats

Form/Schedule: SA11AI

Transaction ID: SA11AI.18937

Dollars For Democrats



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

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

FOR LINE NUMBER: PAGE 9 OF 30  
(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**

Full Name (Last, First, Middle Initial)

**A. Diane Weiss**

Mailing Address 1500 S Ocean Boulevard

City State Zip Code  
 Boca Raton FL 33432

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 Y Y  
 10 05 2012

**Transaction ID : SA11AI.18892**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

2500.00

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 30

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

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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

**10 / 17 / 2012**

**Transaction ID : SA11C.18856**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. International Brotherhood of Electrical Workers**

Mailing Address 900 Seventh Street NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00027342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10 / 09 / 2012**

**Transaction ID : SA11C.18857**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. REED COMMITTEE**

Mailing Address PO BOX 8628

City State Zip Code  
CRANSTON RI 02920

FEC ID number of contributing  
federal political committee.

**C** C00238907

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

**10 / 11 / 2012**

**Transaction ID : SA11C.18858**

Amount of Each Receipt this Period

1500.00

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

11500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 30

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. RHODE ISLAND HOPE PAC**

Mailing Address 607 14th Street NW  
Suite 800

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00431601

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10 / 04 / 2012**

**Transaction ID : SA11C.18861**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. WHITEHOUSE FOR SENATE**

Mailing Address P.O. BOX 40280

City State Zip Code  
PROVIDENCE RI 02940

FEC ID number of contributing  
federal political committee.

**C** C00410803

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

**10 / 09 / 2012**

**Transaction ID : SA11C.18891**

Amount of Each Receipt this Period

100000.00

Transfer

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**/ /**

Amount of Each Receipt this Period

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

105000.00

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

116500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 30

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 SOUTH CAPITOL STREET, SE  
 2ND FLOOR

City State Zip Code  
 WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00000935

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17900.00

Date of Receipt

**10** / **11** / **2012**

**Transaction ID : SA12.18860**

Amount of Each Receipt this Period

5790.00

Transfer

Full Name (Last, First, Middle Initial)

## **B. 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** C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

121480.00

Date of Receipt

**10** / **04** / **2012**

**Transaction ID : SA12.18859**

Amount of Each Receipt this Period

10000.00

Transfer

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

15790.00

15790.00

<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

# Rhode Island Democratic State Committee

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 30

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Citizens Bank**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	0		1	1		2	0	1	2		

Mailing Address One Citizens Plaza

**Transaction ID : SB21B.18875**

City	State	Zip Code
Providence	RI	02903

Amount of Each Disbursement this Period

Purpose of Disbursement  
Wire feesCategory/  
Type

1	8	0	0								
---	---	---	---	--	--	--	--	--	--	--	--

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. Angel Jorge**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	0		0	4		2	0	1	2		

Mailing Address 986 Broad Street

**Transaction ID : SB21B.18899**

City	State	Zip Code
Providence	RI	02905

Amount of Each Disbursement this Period

Purpose of Disbursement  
Office rentCategory/  
Type

6	0	0	0								
---	---	---	---	--	--	--	--	--	--	--	--

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. Francine Martin**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	0		0	4		2	0	1	2		

Mailing Address 179 Front Street

**Transaction ID : SB21B.18896**

City	State	Zip Code
Woonsocket	RI	02895

Amount of Each Disbursement this Period

Purpose of Disbursement  
RentCategory/  
Type

1	1	0	0								
---	---	---	---	--	--	--	--	--	--	--	--

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

1	7	1	8	0	0						
---	---	---	---	---	---	--	--	--	--	--	--

1	7	1	8	0	0						
---	---	---	---	---	---	--	--	--	--	--	--

<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

# Rhode Island Democratic State Committee

### A. True North Communications

Date of Disbursement

Three 10-pin D-sub connectors are shown side-by-side. The first connector is labeled '10' and has two pins labeled 'M'. The second connector is labeled '11' and has two pins labeled 'D'. The third connector is labeled '2012' and has four pins labeled 'Y'.

Transaction ID : SB21B.18887

Category/  
Type

Amount of Each Disbursement this Period

12500.00

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

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

12500.00

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

16908.84

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 30

<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. Julio Aza**

Mailing Address 49 Croyland Road

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Voter registration outreach

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2012

**Transaction ID : SB30B.18910**

Amount of Each Disbursement this Period

600.00
--------

Full Name (Last, First, Middle Initial)

**B. Julio Aza**

Mailing Address 49 Croyland Road

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Training and Managing Volunteers

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.18913**

Amount of Each Disbursement this Period

600.00
--------

Full Name (Last, First, Middle Initial)

**C. Blue Cross Blue Shield of Rhode Island**

Mailing Address PO Box 1057

City	State	Zip Code
Providence	RI	02901

Purpose of Disbursement  
Health Insurance

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2012

**Transaction ID : SB30B.18877**

Amount of Each Disbursement this Period

407.42
--------

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

1607.42
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 30

<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. Blue Cross Blue Shield of Rhode Island**

Mailing Address PO Box 1057

City	State	Zip Code
Providence	RI	02901

Purpose of Disbursement  
Health Insurance

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2012

Transaction ID : SB30B.18876

Amount of Each Disbursement this Period

1355.41
---------

Full Name (Last, First, Middle Initial)

**B. Jonathan Boucher**

Mailing Address 23 Perkins Street

City	State	Zip Code
Warwick	RI	02886

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Transaction ID : SB30B.18878

Amount of Each Disbursement this Period

929.90
--------

Full Name (Last, First, Middle Initial)

**C. Michael Childs**

Mailing Address 29 Phillips Street

City	State	Zip Code
Providence	RI	02906

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Transaction ID : SB30B.18879

Amount of Each Disbursement this Period

1313.99
---------

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

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

3599.30
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 30

<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. Yanet Abreau Coronado**

Mailing Address 52 Moore Street

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Officer Management

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Transaction ID : SB30B.18916

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**B. Stephanie DeSilva Mandeville**

Mailing Address 41 Dover Street

City	State	Zip Code
Providence	RI	02908

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Transaction ID : SB30B.18880

Amount of Each Disbursement this Period

1525.07
---------

Full Name (Last, First, Middle Initial)

**C. Division of Taxation**

Mailing Address One Capitol Hill

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
State Payroll taxes

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2012

Transaction ID : SB30B.18881

Amount of Each Disbursement this Period

504.60
--------

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

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

2779.67
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 30

<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 Hotz**

Mailing Address 162 Jewett Street

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
Volunteer Recruitment

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2012

Transaction ID : SB30B.18907

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**B. Michael Hotz**

Mailing Address 162 Jewett Street

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
Volunteer Recruitment

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Transaction ID : SB30B.18909

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**C. Emily LaPlante**

Mailing Address 25 Magnum Ct

City	State	Zip Code
Smithfield	RI	02917

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Transaction ID : SB30B.18882

Amount of Each Disbursement this Period

831.61
--------

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

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

2331.61
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 30

<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. Jonathan Pine**

Mailing Address 349 Wayland Avenue

City	State	Zip Code
Providence	RI	02906

Purpose of Disbursement  
Volunteer Recruitment

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2012

Transaction ID : SB30B.18902

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**B. Jonathan Pine**

Mailing Address 349 Wayland Avenue

City	State	Zip Code
Providence	RI	02906

Purpose of Disbursement  
Volunteer Recruitment

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2012

Transaction ID : SB30B.18904

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**C. Jesse Poon**

Mailing Address 36 Paine Road

City	State	Zip Code
Cumberland	RI	02864

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2012

Transaction ID : SB30B.18886

Amount of Each Disbursement this Period

772.25
--------

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

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

2272.25
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 30

<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. Alexandra Sanna**

Mailing Address 118 Maple Drive

City	State	Zip Code
Tiverton	RI	02878

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Transaction ID : SB30B.18883

Amount of Each Disbursement this Period

798.37
--------

Full Name (Last, First, Middle Initial)

**B. Brenna Saucier**

Mailing Address 175 Sayles Avenue

City	State	Zip Code
Pawtucket	RI	02860

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Transaction ID : SB30B.18884

Amount of Each Disbursement this Period

772.25
--------

Full Name (Last, First, Middle Initial)

**C. United States Treasury**

Mailing Address PO Box 660351

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement  
Payroll tax deposit

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Transaction ID : SB30B.18885

Amount of Each Disbursement this Period

3704.61
---------

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

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

5275.23
---------

19815.48
----------

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 23 OF 30

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/9.5183

Rhode Island Democratic State Committee

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Licht 88 Committee

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 350 Cole Avenue

City Providence

State RI

ZIP Code 02906

Original Amount of Loan

5249.87

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5249.87

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 / 31 / 1988

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5249.87

**TOTALS** This Period (last page in this line only)..... ►

5249.87

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 24 OF 30

FOR LINE NUMBER:  
(check only one)☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SHELDON II WHITEHOUSE

Nature of Debt (Purpose):

Coordinated expenditures overage

Mailing Address 32 ELMGROVE AVENUE

City State

Zip Code

PROVIDENCE

RI

02906

Outstanding Balance Beginning This Period

4.60

Transaction ID : SD9.14176

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

4.60

2) **TOTALS** This Period (last page this line number only)..... ►

4.60

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

5249.87

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

5254.47



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

PAGE 25 OF 30

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>151 Broadway Associates</b>			<b>Transaction ID : H4.18862</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 151 Broadway								
City Providence	State RI	Zip Code 02903				Allocated Activity or Event Year-To-Date 124440.54		
Purpose of Disbursement: Rent and utilities						Date <input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>		
Activity or Event Identifier: <b>Administrative</b>			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
144.00						=		
			256.00			TOTAL AMOUNT		
						400.00		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Blue Cross Blue Shield of Rhode Island</b>			<b>Transaction ID : H4.18863</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1057								
City Providence	State RI	Zip Code 02901				Allocated Activity or Event Year-To-Date 126079.17		
Purpose of Disbursement: Health Insurance						Date <input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
589.91						=		
			1048.72			TOTAL AMOUNT		
						1638.63		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Division of Taxation</b>			<b>Transaction ID : H4.18864</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address One Capitol Hill								
City Providence	State RI	Zip Code 02908				Allocated Activity or Event Year-To-Date 126235.90		
Purpose of Disbursement: State payroll taxes						Date <input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
56.42						=		
			100.31			TOTAL AMOUNT		
						156.73		

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
790.33		1405.03		2195.36

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Intrepid Web Solutions, LLC</b>			<b>Transaction ID : H4.18867</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 7227								
City Lowell		State MA		Zip Code 01852				
Purpose of Disbursement: Website Domains				Category/ Type		Allocated Activity or Event Year-To-Date 126300.90		
Activity or Event Identifier: Administrative						Date 10 / 11 / 2012		
FEDERAL SHARE			+			NONFEDERAL SHARE		
23.40						41.60		
			=			TOTAL AMOUNT		
						65.00		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Lexisnexis</b>			<b>Transaction ID : H4.18868</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 7247-7090								
City Philadelphia		State PA		Zip Code 19170				
Purpose of Disbursement: Subscription				Category/ Type		Allocated Activity or Event Year-To-Date 126473.90		
Activity or Event Identifier: Administrative						Date 10 / 11 / 2012		
FEDERAL SHARE			+			NONFEDERAL SHARE		
62.28						110.72		
			=			TOTAL AMOUNT		
						173.00		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>SRG Resources</b>			<b>Transaction ID : H4.18870</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address One Richmond Square								
City Providence		State RI		Zip Code 02906				
Purpose of Disbursement: Computer Set Up				Category/ Type		Allocated Activity or Event Year-To-Date 126675.15		
Activity or Event Identifier: Administrative						Date 10 / 11 / 2012		
FEDERAL SHARE			+			NONFEDERAL SHARE		
72.45						128.80		
			=			TOTAL AMOUNT		
						201.25		

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
158.13		281.12		439.25

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Verizon</b>		<b>Transaction ID : H4.18873</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 1100					
City Albany	State NY	Zip Code 12250			
Purpose of Disbursement: Telephone service				Allocated Activity or Event Year-To-Date 127075.20	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 10 / 11 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
256.03			144.02		400.05

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Susann Della Rosa</b>		<b>Transaction ID : H4.18901</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 60 Don Avenue					
City Rumford	State RI	Zip Code 02916			
Purpose of Disbursement: Reimbursement				Allocated Activity or Event Year-To-Date 127379.30	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 12 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
109.48			194.62		304.10

<b>C. Full Name (Last, First, Middle Initial)</b> <b>US Airways</b>		<b>Transaction ID : H4.18929</b>		<b>Allocated Activity or Event:</b> <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 Theodore Francis Green Airport					
City Warwick	State RI	Zip Code 02886			
Purpose of Disbursement: Airfare				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative		Category/ Type		Date 09 / 01 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
109.48			194.62		304.10

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
365.51		338.64		704.15

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Chase Card Services</b>		<b>Transaction ID : H4.18919</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 15153					
City Wilmington	State DE	Zip Code 19886			
Purpose of Disbursement: Credit Card Payment				Allocated Activity or Event Year-To-Date 127554.93	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 10 / 12 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
63.22			112.41		175.63

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Jacky's Waterplace</b>		<b>Transaction ID : H4.18930</b>		<b>Allocated Activity or Event:</b> <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 200 Exchange Street					
City Providence	State RI	Zip Code 02903			
Purpose of Disbursement: Meeting				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative		Category/ Type		Date 08 / 15 / 2012	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
13.73			24.42		38.15

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Camille's</b>		<b>Transaction ID : H4.18932</b>		<b>Allocated Activity or Event:</b> <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 71 Bradford Street					
City Providence	State RI	Zip Code 02903			
Purpose of Disbursement: Meeting				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative		Category/ Type		Date 09 / 11 / 2012	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
7.33			13.03		20.36

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
63.22		112.41		175.63

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Camille's</b>		<b>Transaction ID : H4.18933</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 71 Bradford Street					
City Providence	State RI	Zip Code 02903			
Purpose of Disbursement: Meeting		Category/ Type		Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]				Date 09 / 25 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
14.60			25.96		40.56

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Fed EX</b>		<b>Transaction ID : H4.18934</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 7741 Gateway Lane NW					
City Concord	State NC	Zip Code 28027			
Purpose of Disbursement: Mailing Fees		Category/ Type		Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative [MEMO ITEM]				Date 09 / 07 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
27.56			49.00		76.56

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Arthur Handy</b>		<b>Transaction ID : H4.18865</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 26 Welfare Avenue					
City Cranston	State RI	Zip Code 02910			
Purpose of Disbursement: Net wages		Category/ Type		Allocated Activity or Event Year-To-Date 128978.18	
Activity or Event Identifier: Administrative				Date 10 / 15 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
512.37			910.88		1423.25

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
512.37		910.88		1423.25

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Blake Collins</b>		<b>Transaction ID : H4.18866</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 62 Ash Street					
City Rehoboth	State MA	Zip Code 02769			
Purpose of Disbursement: Net wages				Allocated Activity or Event Year-To-Date 129820.58	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 15 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
303.26			539.14		842.40

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Edwin Pacheco</b>		<b>Transaction ID : H4.18869</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 12 Camp Dixie Road					
City Pascoag	State RI	Zip Code 02859			
Purpose of Disbursement: Net wages				Allocated Activity or Event Year-To-Date 130352.86	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 15 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
191.62			340.66		532.28

<b>C. Full Name (Last, First, Middle Initial)</b> <b>United States Treasury</b>		<b>Transaction ID : H4.18872</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 660351					
City Dallas	State TX	Zip Code 75266			
Purpose of Disbursement: Payroll tax deposit				Allocated Activity or Event Year-To-Date 131297.97	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 15 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
340.24			604.87		945.11

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
835.12		1484.67		2319.79

**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
2724.68		4532.75		7257.43