FEC FORM 3X	AN	PORT O D DISBU Other Than Ar	RSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA YPE OR PRINT 🖷		mple:If typing r the lines	, type			
Rhode Island Demi								
ADDRESS (number and	street)	O. Box 6004						
Check if differ than previousl reported. (AC	y ı Pr	rovidence					02940	
2. FEC IDENTIFICAT	ION NUMBER	▼	CITY 🛋		S	STATE 🛋	ZIPCO	DE 🔺
C00136200		]	3. IS THIS REPORT		NEW N) <b>OR</b>	AN (A)	ENDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Onl	orts: Report(Q1) Report(Q2) I5 Report(Q3) B1 Report(YE) Iid-Year on-election	(d) 30-Day <b>Post</b> -Elec Report for	Election on	ġ.	12C)	Sep	2G) in the State o	Special (30S)
5. Covering Period       07       01       2009       through       07       31       2009         I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.       Type or Print Name of Treasurer       William Lynch       Villiam Lynch								
NOTE : Submission of t	alse, erroneous,	, or incomplete info	rmation may su	bject the pers	on signing this	Report to the	penalties of 2 U.S	S.C 437g.
Office Use Only							FEC FOR (Rev. 12/200	

A. Form/Schedule : F3XN Transaction ID : The Loan on Schedule C has no interest rate and no determined due date. No employees worked more than 25% on a federal campaign.

Image# 29934488226

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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FEC Form 3X (Rev. 02/2003)		3 / 21
Write or Type Committee Name Rhode Island Democratic State Committee		
Report Covering the Period: From: 07	0 1 Y Y Y Y 0 1 2 0 0 9	To: 07 0 1 2 0 0 9
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009 Y Y Y		26331.27
(b) Cash on Hand at Begining of Reporting Period	41011.67	
(c) Total Receipts (from Line 19)	21483.03	147791.12
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	62494.70	174122.39
7. Total Disbursements (from Line 31)	18767.99	130395.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43726.71	43726.71
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D)	5254.47	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X 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

FE6AN026

#### Image# 29934488227

# DETAILED SUMMARY PAGE OF RECEIPTS

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M M J D D Y Y Y Y Y Y Y Y 31 2009
M         M         D         D         Q         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
COLUMN B Calendar Year-to-Date
10000.00
.425.00
10425.00
0.00
1000.00
11425.00
34359.48
0.00
0.00
4834.18
0.00
0.00
97172.46
0.00
97172.46
147791.12
50618.66

FE6AN026

#### Image# 29934488228

#### DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	of Disbursements	5 / 21		
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
<ol> <li>Operating Expenditures:</li> <li>(a) Shared Federal/Non-Federal</li> </ol>				
(a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	2328.45	16470.41		
(ii) Non-Federal Share	13194.54	93825.98		
(b) Other Federal Operating Expenditures	3245.00	19623.42		
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii) and (b))</li> </ul>	• 18767.99	129919.81		
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		
<ul> <li>24. Independent Expenditure (use Schedule E)</li> </ul>	0.00	0.00		
<ul> <li>Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)</li> </ul>	0.00	0.00		
	0.00	0.00		
26. Loan Repayments Made				
<ol> <li>Loans Made</li> <li>Refunds of Contributions To:</li> </ol>	0.00	0.00		
(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		
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	0.00	0.00		
29. Other Disbursements	0.00	225.87		
30. Federal Election Activity (2 U.S.C 431(20))				
(a) Shared Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
31. Total Disbursements (add Lines 21(c), 22,	10707 00	100005-00		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18767.99	130395.68		
<ol> <li>Total Federal Disbursements</li> <li>(subtract Line 21(a)(ii) and Line 30(a)(ii)</li> </ol>				
from Line 31)	5573.45	36569.70		

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FEC Form 3X (Rev. 02/2003)

## DETAILED SUMMARY PAGE

of Disbursements

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	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	0.00	11425.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	11425.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5573.45	36093.83
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	4834.18
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	5573.45	31259.65

FE6AN026

	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and or for commercial purposes, other than using t	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers dress of any political committee to	FOR LINE NUMBER:       PAGE 7 / 21         (check only one)       11a         11a       11b       11c       12         13       14       15       16       17         n for the purpose of soliciting contributions solicit contributions from such committee.       10       17				
	NAME OF COMMITTEE (In Full) Rhode Island Democratic State Com	imittee						
Α.	Full Name (Last, First, Middle Initial) Democratic National Committee Mailing Address 430 South Capitol Si	t. SE		Date of Receipt				
	City Washington	State DC	Zip Code 20003					
	FEC ID number of contributing federal political committee.	C COC	0010603	5000.00				
	Name of Employer	Occupation	n	- Transfer				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 30980.00					
В.	Full Name (Last, First, Middle Initial) Democratic National Committee	1		Date of Receipt				
	Mailing Address 430 South Capitol S	. SE		M • M         /         D • D         /         Y • Y • Y • Y         Y           0 7         2 3         2 0 0 9				
	City	State	Zip Code	Transaction ID: SA12.16116				
	Washington	DC	20003	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C COO	0010603	3220.00				
	Name of Employer	Occupation	n	In-kind - Voter file acce- ss				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 34200.00	]				

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

	SCHEDULE B (FEC Form 3X)				Use separate schedule(s)						NE NUMBER: PAGE 8/21								
	IT	EMIZED DISBURSEMEN	ED DISBURSEMENTS		or each category of the Detailed Summary Page					22 28a	$\square$	23 28b	$\square$	24 28c	$\square$	25 29	26		
		y Information copied from such Reports a for commercial purposes, other than usin																	
	$\left \right\rangle$	NAME OF COMMITTEE (In Full) Rhode Island Democratic State C	ommittee																
Α.	Full Name (Last, First, Middle Initial)         Democratic National Committee         Mailing Address       430 South Capitol St. SE								Trans Date $0^{M}7$	of Di	isburs	-	B21E nt		117 0 ð 9	Y			
		City Washington		State DC	Zip ( 200						Amou	int of	f Each	ı Dis	burser	-			_
		Purpose of Disbursement In-kind - Voter file access									L.					322	20.00		
		Candidate Name						ateg Typ	-										
		Office Sought: House Senate President	Disburser	ment For: Primary Other (spe	ecify)	General													
		State: District:		(-I-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•													

	SUBTOTAL of Disbursements This Page (optional)	►	3220.00
	TOTAL This Period (last page this line number only)	►	3220.00
i	FE6AN026		FEC Schedule B ( Form 3X) (Revised 02/2003)

## SCHEDULE C (FEC Form 3X)

			_
LC	JA	١N	S

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

PAGE 9/21 FOR LINE 13 OF FORM 3X

Licht 88 Committee          Mailing Address       350 Cole Avenue         City Providence       State RI       ZIP Code       02906         Original Amount of Loan       Cumulative Payment To Date       0.00         TERMS       Date Incurred       Date Due       0.00         12       3 1       19.8.8       0.00         List All Endorsers or Guarantors (if any) to Loan Source       Name of Employ         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         Full Name (Last, First, Middle Initial)       Name of Employ         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         Amount       Guaranteed         Outstanding:       Full Name (Last, First, Middle Initial)         Mailing Address       Occupation	
City       Providence       State       RI       ZIP Code       02906         Original Amount of Loan       Cumulative Payment To Date       0.00       0.00         TERMS       Date Incurred       Date Due       0.00         12       3 1       19.8 8       0.00         12       3 1       19.8 8       0.00         Mailing Address       Date Due       0.00         Mailing Address       Occupation         Mailing Address	Other (specify) ♥ Balance Outstanding at Close of This Perio 5249.87 Interest Rate Secured: % (apr) Yes X N er
Original Amount of Loan       Cumulative Payment To Date         5249.87       0.00         TERMS         Date Incurred       Date Due         1       1       1       1       9       1       1       9       1       1       9       1       1       9       1       1       9       8       1       1       1       9       8       1       1       1       1       9       8       1       1       1       1       9       8       1       1       1       1       9       8       1       1       1       1       9       8       1       1       1       1       9       8       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	5249.87       Interest Rate     Secured:       % (apr)     Yes       Yer
Original Amount of Loan       Cumulative Payment To Date         5249.87       0.00         TERMS         Date Incurred       Date Due         1       1       1       1       9       1       1       9       1       1       9       1       1       9       1       1       9       8       1       1       1       9       8       1       1       1       1       9       8       1       1       1       1       9       8       1       1       1       1       9       8       1       1       1       1       9       8       1       1       1       1       9       8       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	5249.87       Interest Rate     Secured:       % (apr)     Yes       Yer
TERMS     Date Incurred     Date Due       12     31     1988       12     31     1988       List All Endorsers or Guarantors (if any) to Loan Source     Full Name (Last, First, Middle Initial)     Name of Employ       Mailing Address     Occupation       City     State     ZIP Code       Mailing Address     Occupation       City     State     ZIP Code       Mailing Address     Occupation       Mailing Address     Occupation       Mailing Address     Occupation       Full Name (Last, First, Middle Initial)     Name of Employ       Mailing Address     Occupation       City     State     ZIP Code       Guaranteed     Outstanding:       Full Name (Last, First, Middle Initial)     Name of Employ       Mailing Address     Occupation       Mailing Address     Occupation	Interest Rate Secured: % (apr) Yes X M
Date Incurred       Date Due         12       0       1988         12       1988       1988         List All Endorsers or Guarantors (if any) to Loan Source       Name of Employ         Full Name (Last, First, Middle Initial)       Name of Employ         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         Mailing Address       Occupati	% (apr) Yes X M
M = M       D = D       Y + Y + Y       Y         12       31       1988       Image: Control of C	% (apr) Yes X M
Full Name (Last, First, Middle Initial)       Name of Employ         Mailing Address       Occupation         City       State       ZIP Code         Full Name (Last, First, Middle Initial)       Name of Employ         Mailing Address       Occupation         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         Full Name (Last, First, Middle Initial)       Name of Employ         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         Full Name (Last, First, Middle Initial)       Name of Employ         Mailing Address       Occupation         Full Name (Last, First, Middle Initial)       Name of Employ         Mailing Address       Occupation         Full Name (Last, First, Middle Initial)       Name of Employ         Amount       Guaranteed         Outstanding:       Full Name (Last, First, Middle Initial)	
Mailing Address     Occupation       City     State     ZIP Code       Full Name (Last, First, Middle Initial)     Name of Employ       Mailing Address     Occupation       City     State     ZIP Code       Mailing Address     Occupation       City     State     ZIP Code       Mailing Address     Occupation       Full Name (Last, First, Middle Initial)     Name of Employ       Mailing Address     Occupation       Gity     State     ZIP Code       Guaranteed     Outstanding:       Full Name (Last, First, Middle Initial)     Name of Employ       Mailing Address     Occupation       City     State     ZIP Code       Image: Full Name (Last, First, Middle Initial)     Name of Employ       Mailing Address     Occupation       Image: Full Name (Last, First, Middle Initial)     Name of Employ	
City       State       ZIP Code       Amount         Guaranteed       Outstanding:         Full Name (Last, First, Middle Initial)       Name of Employ         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         Full Name (Last, First, Middle Initial)       Name of Employ         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         Full Name (Last, First, Middle Initial)       Name of Employ         Mailing Full Name (Last, First, Middle Initial)       Name of Employ	er
City       State       ZIP Code       Guaranteed Outstanding:         Full Name (Last, First, Middle Initial)       Name of Employ         Mailing Address       Occupation         City       State       ZIP Code         Guaranteed Outstanding:       Amount Guaranteed Outstanding:         Full Name (Last, First, Middle Initial)       Name of Employ         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         Full Name (Last, First, Middle Initial)       Name of Employ         Full Name (Last, First, Middle Initial)       Name of Employ	er
Mailing Address       Occupation         City       State       ZIP Code         Full Name (Last, First, Middle Initial)       Name of Employ         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         City       State       ZIP Code         Guaranteed       Occupation         Mailing Address       Occupation         Full Name (Last, First, Middle Initial)       Name of Employ         Full Name (Last, First, Middle Initial)       Name of Employ	97 97
City       State       ZIP Code       Amount         Guaranteed       Outstanding:         Full Name (Last, First, Middle Initial)       Name of Employ         Mailing Address       Occupation         City       State       ZIP Code         City       State       ZIP Code         Full Name (Last, First, Middle Initial)       Name of Employ         Name of Employ       Name of Employ         Mailing Address       Occupation         Manount       Guaranteed         Outstanding:       Name of Employ	
City     State     ZIP Code     Guaranteed Outstanding:       Full Name (Last, First, Middle Initial)     Name of Employ       Mailing Address     Occupation       City     State     ZIP Code       City     State     ZIP Code       Full Name (Last, First, Middle Initial)     Name of Employ	
Outstanding:     Outstanding:       Full Name (Last, First, Middle Initial)     Name of Employ       Mailing Address     Occupation       City     State     ZIP Code       Full Name (Last, First, Middle Initial)     Name of Employ	
Mailing Address     Occupation       City     State     ZIP Code       Full Name (Last, First, Middle Initial)     Name of Employ	
City     State     ZIP Code     Guaranteed       Full Name (Last, First, Middle Initial)     Name of Employ	9r
City     State     ZIP Code     Guaranteed Outstanding:       Full Name (Last, First, Middle Initial)     Name of Employ	
Mailing Address Occupation	9r
Amount	
City State ZIP Code Guaranteed Outstanding:	
BTOTALS This Period This Page (optional)	
TALS This Period (last page in this line only)	5249.87

FE6AN026

FEC Schedule C ( Form 3X ) (Revised 02/2003)

SCHEDULE D (FEC DEBTS AND OBLIGA Excluding Loans NAME OF COMMITTEE ( Rhode Island Democra A. Full Name (Last, F SHELDON II WHIT	ATIONS In Full) atic State Committee			PAGE 10 / 21 FOR LINE NUMBER: (check only one) X 9 10 Debt (Purpose): ted expenditures
Mailing Address 32   City	ELMGROVE AVENU	E ZIP Code		
PROVIDENCE	RI	02906		
Outstanding Balance	e Beginning This Period		Tra	nsaction ID: SD9.14176
	4.60			
Amount Incu	rred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00	0	4.60
1) SUBTOTALS This P	eriod This Page (optiona	I)		4.60
2) TOTALS This Period	(last page this line numb	er only)		4.60
3) TOTAL OUTSTANDIN	IG LOANS from Sche	edule C (last page only)		5249.87
4) ADD 2) and 3) and c	arry forward to appropria	te line of Summary Page (last page on	ly)	5254.47

FEC Schedule D ( Form 3X) (Revised 02/2003)

## SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 11 / 21 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)		
Rhode Island Democratic State Committee		
NAME OF ACCOUNT RI Democratic Non- federal Account	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	07 14 2009	13203.00
BREAKDOWN OF TRANSFER RECEIVED		13263.03
i) Total Administrative		Transaction ID: H3.16115
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Iden	tifier)	Transaction ID:
a)		Transaction ID:
b)		Transaction ID:
c) Total Amount Transferred for Direct Fundrais	ing	
v) Direct Candidate Support (List of Activity or E	Event Identifier)	_
a)		Transaction ID:
b)		Transaction ID:
c) Total Amount Transferred For Direct Candid	late Support	
vi) Public Communications Referring Only to F	Party (Made by PAC)	Transaction ID:
TOTALS FC	R BREAKDOWN OF TRANSFER RECEIV	
TOTAL This Period (Administrative)	13263.03	_
TOTAL This Period (Generic Voter Drive)	0.00	
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		0.00
TOTAL This Period (Direct Candidate Support)	L	0.00
TOTAL This Period (Public Communications Referring Only	to Party)	0.00
TOTAL This Period (Total Amount Transferred)		13263.03

FE6AN026

FEC Schedule H3 (Form 3X) (Revised 12/2004)

		FOR LINE 21a OF FORM 3X
NAME OF COMMITTEE (In Full)		
Rhode Island Democratic State Committee		
A Full Name (Last First Middle Initial)		Type of Allocated Activity:
A. Full Name (Last, First, Middle Initial) Susann Della Rosa		
Mailing Address		
60 Don Avenue		Voter Drive Direct Candidate Support
City State Zip Code		Public Comm (ref to party only) by PAC
Rumford RI 02916		Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Accounting Services-non employee	Category/	95773.40
Activity or Event Identifier:	Туре	M M / D D / Y Y Y Y
Administrative		Date 0 7 1 0 2 0 0 9 Transaction ID: H4.16087
FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
150.00	850.00	1000.00
B. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:
A T & T Mobility		Administrative Fundraising Exempt
Mailing Address		Voter Drive Direct Candidate Support
PO Box 536216		
City State Zip Code		Public Comm (ref to party only) by PAC
Atlanta GA 30353		Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Cell phone service	Category/ Type	95919.75
Activity or Event Identifier:	1,960	Date $\begin{array}{c} M & M \\ 0 & 7 \end{array}$ $\begin{array}{c} P & D \\ 1 & 4 \end{array}$ $\begin{array}{c} Y & Y \\ 2 & 0 & 0 \end{array}$
Administrative		Date 0 7 1 4 2 0 0 9 Transaction ID: H4.16084
FEDERAL SHARE + NONFEDERAL		
	SHARE	= TOTAL AMOUNT
21.95	124.40	= 101AL AMOUNT 146.35
21.95		
21.95 C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island		146.35
21.95 C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island Mailing Address		146.35       Type of Allocated Activity:
21.95 <b>C.</b> Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island Mailing Address PO Box 1057		Type of Allocated Activity:       X       Administrative   Fundraising Exempt
21.95       C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island       Mailing Address PO Box 1057       City     State       Zip Code		Type of Allocated Activity:         Administrative         Fundraising         Voter Drive         Direct Candidate Support         Public Comm (ref to party only) by PAC
21.95         C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island         Mailing Address PO Box 1057         City       State         Zip Code         Providence       RI         02901         Purpose of Disbursement:	124.40	146.35         Type of Allocated Activity:         Administrative       Fundraising         Voter Drive       Direct Candidate Support         Public Comm (ref to party only) by PAC         Allocated Activity or Event Year-To-Date
21.95         C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island         Mailing Address PO Box 1057         City       State         Zip Code         Providence       RI         Purpose of Disbursement: Employee Health Insurance		146.35         Type of Allocated Activity:         Administrative       Fundraising         Voter Drive       Direct Candidate Support         Public Comm (ref to party only) by PAC         Allocated Activity or Event Year-To-Date         96155.33
21.95         C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island         Mailing Address PO Box 1057         City       State         Zip Code         Providence       RI         Purpose of Disbursement: Employee Health Insurance         Activity or Event Identifier:	124.40 Category/	146.35         Type of Allocated Activity:         Administrative       Fundraising         Voter Drive       Direct Candidate Support         Public Comm (ref to party only) by PAC         Allocated Activity or Event Year-To-Date         96155.33
21.95         C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island         Mailing Address PO Box 1057         City       State         Zip Code         Providence       RI         Purpose of Disbursement: Employee Health Insurance	124.40 Category/	146.35         Type of Allocated Activity:         Administrative       Fundraising         Voter Drive       Direct Candidate Support         Public Comm (ref to party only) by PAC         Allocated Activity or Event Year-To-Date         96155.33
21.95         C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island         Mailing Address PO Box 1057         City       State         Zip Code         Providence       RI         Purpose of Disbursement: Employee Health Insurance         Activity or Event Identifier:	124.40 Category/ Type	146.35         Type of Allocated Activity:         Administrative       Fundraising         Voter Drive       Direct Candidate Support         Public Comm (ref to party only) by PAC         Allocated Activity or Event Year-To-Date         96155.33         Date       0 7         1 4       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y
21.95         C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island         Mailing Address PO Box 1057         City       State         Zip Code         Providence       RI         Purpose of Disbursement: Employee Health Insurance         Activity or Event Identifier: Administrative	124.40 Category/ Type	146.35         Type of Allocated Activity:         Administrative       Fundraising         Voter Drive       Direct Candidate Support         Public Comm (ref to party only) by PAC         Allocated Activity or Event Year-To-Date         96155.33         Date       0.7         M       M         Pt. H4.16085
21.95         C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island         Mailing Address PO Box 1057         City       State         Zip Code         Providence       RI         02901         Purpose of Disbursement: Employee Health Insurance         Activity or Event Identifier: Administrative         FEDERAL SHARE       +         NONFEDERAL	124.40 Category/ Type SHARE	146.35         Type of Allocated Activity:         Administrative       Fundraising         Voter Drive       Direct Candidate Support         Public Comm (ref to party only) by PAC         Allocated Activity or Event Year-To-Date         96155.33         Date       0 7         M       M         Public Comm (ref to party only) by PAC         Allocated Activity or Event Year-To-Date         96155.33         Date       0 7         1 4       2 0 0 9         Transaction ID:       H4.16085         =       TOTAL AMOUNT
21.95         C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island         Mailing Address PO Box 1057         City       State         Zip Code         Providence       RI         Purpose of Disbursement: Employee Health Insurance         Activity or Event Identifier: Administrative         FEDERAL SHARE       +         NONFEDERAL         35.34	124.40 Category/ Type SHARE 200.24	146.35         Type of Allocated Activity:         Administrative       Fundraising         Voter Drive       Direct Candidate Support         Public Comm (ref to party only) by PAC         Allocated Activity or Event Year-To-Date         96155.33         Date       0 7         M       M         Public Comm (ref to party only) by PAC         Allocated Activity or Event Year-To-Date         96155.33         Date       0 7         1 4       2 0 0 9         Transaction ID:       H4.16085         =       TOTAL AMOUNT
21.95         C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island         Mailing Address PO Box 1057         City       State         Zip Code         Providence       RI         O2901         Purpose of Disbursement: Employee Health Insurance         Activity or Event Identifier: Administrative         FEDERAL SHARE       +         NONFEDERAL         SUBTOTAL of Allocated Federal and NonFederal Activity This Page         FEDERAL SHARE       +         NONFEDERAL	124.40 Category/ Type SHARE 200.24 SHARE	146.35     Type of Allocated Activity:   Administrative   Fundraising   Voter Drive   Direct Candidate Support   Public Comm (ref to party only) by PAC   Allocated Activity or Event Year-To-Date   96155.33   Date   0.7   1.4   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y <td< td=""></td<>
21.95         C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island         Mailing Address PO Box 1057         City       State         Zip Code         Providence       RI         O2901         Purpose of Disbursement: Employee Health Insurance         Activity or Event Identifier: Administrative         FEDERAL SHARE       +         NONFEDERAL         SUBTOTAL of Allocated Federal and NonFederal Activity This Page         FEDERAL SHARE       +         NONFEDERAL	124.40 Category/ Type SHARE 200.24	146.35         Type of Allocated Activity:         Administrative       Fundraising         Voter Drive       Direct Candidate Support         Public Comm (ref to party only) by PAC         Allocated Activity or Event Year-To-Date         96155.33         Date       0 7         1 4       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         96155.33       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y       Y         Y
21.95         C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island         Mailing Address PO Box 1057         City       State         Zip Code         Providence       RI         02901         Purpose of Disbursement: Employee Health Insurance         Activity or Event Identifier: Administrative         FEDERAL SHARE       +         NONFEDERAL         SUBTOTAL of Allocated Federal and NonFederal Activity This Page         FEDERAL SHARE       +         NONFEDERAL         SUBTOTAL of Allocated Federal and NonFederal Activity This Page         FEDERAL SHARE       +         NONFEDERAL         TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and	124.40 Category/ Type SHARE 200.24 SHARE 1174.64 NonFederal shar	146.35     Type of Allocated Activity:   Administrative   Fundraising   Voter Drive   Direct Candidate Support   Public Comm (ref to party only) by PAC   Allocated Activity or Event Year-To-Date   96155.33   Date   0.7   1.4   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y <td< td=""></td<>
21.95         C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island         Mailing Address PO Box 1057         City       State         Zip Code         Providence       RI         O2901         Purpose of Disbursement: Employee Health Insurance         Activity or Event Identifier: Administrative         FEDERAL SHARE       +         NONFEDERAL         SUBTOTAL of Allocated Federal and NonFederal Activity This Page         FEDERAL SHARE       +         NONFEDERAL	124.40 Category/ Type SHARE 200.24 SHARE 1174.64 NonFederal shar	146.35     Type of Allocated Activity:   Administrative   Fundraising   Voter Drive   Direct Candidate Support   Public Comm (ref to party only) by PAC   Allocated Activity or Event Year-To-Date   96155.33   Date   0.7   1.4   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   Y <td< td=""></td<>

FEC Schedule H4 (Form 3X) (Revised 12/2004)

12/21

	FOR LINE 21a OF FOR	RM 3X
NAME OF COMMIITTEE (In Full)		
Rhode Island Democratic State Committee		
A Full Name (Last First Middle Initial)		
A. Full Name (Last, First, Middle Initial) Cox Communications	Type of Allocated Activity:	+
Mailing Address		
P.O. Box 39	Voter Drive Direct Candidate Suppor	t
City State Zip Code	Public Comm (ref to party only) by PAC	
Newark NJ 07101	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Monthly modem and cable	Category/ Type 96312.33	
Activity or Event Identifier: Administrative	Date 0.7 14 2009	
	Transaction ID: H4.16086	
FEDERAL SHARE + NONFEDERAL S	SHARE = TOTAL AMOUNT	
23.55	133.45 157.00	
<b>B.</b> Full Name (Last, First, Middle Initial)	Type of Allocated Activity:	
Department of Employment & Training	Administrative L Fundraising L Exemp	t
Mailing Address One Capitol Hill	Voter Drive Direct Candidate Suppor	t
City State Zip Code	Public Comm (ref to party only) by PAC	
Providence RI 02908	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: State unemployment taxes	Category/ Type 96874.80	
Activity or Event Identifier:		
Administrative	Date         0.7         1.4         2.0.0.9           Transaction ID:         H4.16088	
FEDERAL SHARE + NONFEDERAL S		
84.37	478.10 562.47	
<b>C.</b> Full Name (Last, First, Middle Initial) Division of Taxation	Type of Allocated Activity:	t
Mailing Address		
One Capitol Hill		ι
City State Zip Code	Public Comm (ref to party only) by PAC	
Providence RI 02908	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: State Payroll taxes	Category/ Type 97322.48	
Activity or Event Identifier: Administrative	Date 0.7 1 4 2 0 0 9 Transaction ID: H4.16089	
FEDERAL SHARE + NONFEDERAL S		
67.15	380.53 447.68	
SUBTOTAL of Allocated Federal and NonFederal Activity This Page		
FEDERAL SHARE + NONFEDERAL S	SHARE = TOTAL AMOUNT	
175.07	992.08 1167.15	
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and I	NonEederal share to 21(a)(i))	
FEDERAL SHARE NONFEDERAL		

FEC Schedule H4 (Form 3X) (Revised 12/2004)

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		FOR LINE 21a OF FORM 3X
NAME OF COMMIITTEE (In Full)		
Rhode Island Democratic State Committee		
<b>A.</b> Full Name (Last, First, Middle Initial) IKON Office Solutions		Type of Allocated Activity:
Mailing Address		Voter Drive Direct Candidate Support
P.O. Box 30069		
City State Zip Code		Public Comm (ref to party only) by PAC
Hartford CT 06150 Purpose of Disbursement:	<u> </u>	Allocated Activity or Event Year-To-Date
Copier maintenance fees	Category/ Type	97390.07
Activity or Event Identifier: Administrative		Date 0.7 1 4 2 0 0 9 Transaction ID: H4.16093
FEDERAL SHARE + NONFEDERAL S	SHARE	= TOTAL AMOUNT
10.14	57.45	67.59
B. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:
Pui O		Administrative
Mailing Address 249 Roosevelt Avenue		Voter Drive Direct Candidate Support
City State Zip Code		Public Comm (ref to party only) by PAC
Pawtucket RI 02860		Allocated Activity or Event Year-To-Date
Purpose of Disbursement: July rent & electricity	Category/ Type	98190.07
Activity or Event Identifier: Administrative		Date 0.7 / 1.4 / 2.009 Transaction ID: H4.16094
FEDERAL SHARE + NONFEDERAL S	SHARE	= TOTAL AMOUNT
120.00	680.00	800.00
<b>C.</b> Full Name (Last, First, Middle Initial) United States Treasury		Type of Allocated Activity:         X       Administrative         Fundraising       Exempt
Mailing Address PO Box 660351		Voter Drive Direct Candidate Support
City State Zip Code		Public Comm (ref to party only) by PAC
Dallas TX 75266		Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Payroll tax deposit	Category/ Type	101180.29
Activity or Event Identifier: Administrative		Date 0.7 1 4 2 0 0 9 Transaction ID: H4.16097
FEDERAL SHARE + NONFEDERAL S	SHARE	= TOTAL AMOUNT
448.53	2541.69	2990.22
SUBTOTAL of Allocated Federal and NonFederal Activity This Page		
FEDERAL SHARE + NONFEDERAL S	SHARE	= TOTAL AMOUNT
578.67	3279.14	3857.81
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and I		
FEDERAL SHARE NONFEDERAL	SHARE	TOTAL AMOUNT

FEC Schedule H4 (Form 3X) (Revised 12/2004)

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NAME OF COMMITTEE (In Full)		FOR LINE 21a OF FORM 3X
Rhode Island Democratic State Committee		
A. Full Name (Last, First, Middle Initial)	1-	Type of Allocated Activity:
Verizon		I ype of Allocated Activity:         X         Administrative         Fundraising         Exempt
Mailing Address	<b>L</b>	
P.O. Box 1100		
City State Zip Code		Public Comm (ref to party only) by PAC
Albany NY 12250		Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Telephone service	Category/ Type	101419.38
Activity or Event Identifier: Administrative		Date $\begin{array}{c} M & M \\ 0 & 7 \end{array}$ / $\begin{array}{c} D & D \\ 1 & 4 \end{array}$ / $\begin{array}{c} Y & Y & Y \\ 2 & 0 & 9 \end{array}$ Transaction ID: H4.16098
FEDERAL SHARE + NONFEDERAL	_ SHARE	= TOTAL AMOUNT
35.86	203.23	239.09
<b>B.</b> Full Name (Last, First, Middle Initial) Keenan Lynch		Type of Allocated Activity:
Mailing Address		
104 Wilson Avenue	L	
City State Zip Code		Public Comm (ref to party only) by PAC
Rumford RI 02916		Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Intern payment non-employee	Category/ Type	102419.38
Activity or Event Identifier: Administrative		Date $\begin{array}{ c c c c c c c c c } M & M & / & D & D & / & Y & Y & Y & Y \\ \hline 0 & 7 & 1 & 4 & / & 2 & 0 & 0 & 9 \\ \hline Transaction ID: H4.16101 & & & & \\ \hline \end{array}$
FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
150.00	850.00	1000.00
C. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:
Card Services		Type of Allocated Activity:         X       Administrative         Fundraising       Exempt
C. Full Name (Last, First, Middle Initial) Card Services Mailing Address PO Box 13337		X       Administrative       Fundraising       Exempt         Voter Drive       Direct Candidate Support
Card Services       Mailing Address       PO Box 13337       City     State       Zip Code		Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
Card ServicesMailing AddressPO Box 13337CityStatePhiladelphiaPA19101		X       Administrative       Fundraising       Exempt         Voter Drive       Direct Candidate Support
Card ServicesMailing AddressPO Box 13337CityStateZip CodePhiladelphiaPAPurpose of Disbursement: Credit card payment		Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 102563.41
Card ServicesMailing AddressPO Box 13337CityStatePhiladelphiaPAPurpose of Disbursement:	Category/ Type	Administrative       Fundraising       Exempt         Voter Drive       Direct Candidate Support         Public Comm (ref to party only) by PAC         Allocated Activity or Event Year-To-Date
Card Services         Mailing Address         PO Box 13337         City       State         Zip Code         Philadelphia       PA         Purpose of Disbursement:         Credit card payment         Activity or Event Identifier:	Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 102563.41 Date 07 / 14 / Y Y Y 2009
Card Services         Mailing Address         PO Box 13337         City       State         Zip Code         Philadelphia       PA         Purpose of Disbursement:         Credit card payment         Activity or Event Identifier:         Administrative	Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 102563.41 Date 07 / 14 / 2009 Transaction ID: H4.16102
Card Services         Mailing Address         PO Box 13337         City       State         Zip Code         Philadelphia       PA         Purpose of Disbursement:         Credit card payment         Activity or Event Identifier:         Administrative         FEDERAL SHARE       +         NONFEDERAL	Category/ Type D	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 102563.41 Date 07 / 0 1 4 / Y Y Y Y Transaction ID: H4.16102 = TOTAL AMOUNT
Card Services         Mailing Address         PO Box 13337         City       State         Zip Code         Philadelphia       PA         Purpose of Disbursement:         Credit card payment         Activity or Event Identifier:         Administrative         FEDERAL SHARE       +         NONFEDERAL	Category/ Type D SHARE 122.42	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 102563.41 Date 07 / 0 1 4 / Y Y Y Y Transaction ID: H4.16102 = TOTAL AMOUNT
Card Services         Mailing Address         PO Box 13337         City       State         Zip Code         Philadelphia       PA         Purpose of Disbursement:         Credit card payment         Activity or Event Identifier:         Administrative         FEDERAL SHARE         21.61         SUBTOTAL of Allocated Federal and NonFederal Activity This Page	Category/ Type D SHARE 122.42	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 102563.41 Date 077 / 14 / Y Y Y Y Transaction ID: H4.16102 = TOTAL AMOUNT 144.03
Card Services         Mailing Address         PO Box 13337         City       State         Zip Code         Philadelphia       PA         19101         Purpose of Disbursement: Credit card payment         Activity or Event Identifier: Administrative         FEDERAL SHARE       +         NONFEDERAL         SUBTOTAL of Allocated Federal and NonFederal Activity This Page         FEDERAL SHARE       +         NONFEDERAL	Category/ Type D SHARE 122.42 SHARE 1175.65 d NonFederal share t	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 102563.41 Date 0 7 1 4 2 0 0 9 Transaction ID: H4.16102 = TOTAL AMOUNT 144.03 = TOTAL AMOUNT 1383.12

FEC Schedule H4 (Form 3X) (Revised 12/2004)

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		1			FOR LINE 21a OF FORM 3X
NAME OF COMMITTEE (In Full)					
Rhode Island Democratic S	State Committee				
A. Full Name (Last, First, Mi	iddle Initial)			Type of Allocated Activity	y:
TIVO Store				Administrative	Fundraising Exempt
Mailing Address 2160 Gold Street				Voter Drive	Direct Candidate Support
City	State	Zip Code		Public Comm (ref to	o party only) by PAC
Alviso	CA	95002		Allocated Activity or E	vent Year-To-Date
Purpose of Disbursement: TIVO service			Category/ Type		0.00
Activity or Event Identifier: Administrative [MEMO ITEM]				Date 0 7 1 Transaction ID: H4.	
FEDERAL SH	HARE +	NONFEDERAL	SHARE		AMOUNT
	3.90		22.00		25.90
<b>B.</b> Full Name (Last, First, Mi	iddle Initial)			Type of Allocated Activity	
Staples					Fundraising Exempt
Mailing Address 551 North Main Street				Voter Drive	Direct Candidate Support
City	State	Zip Code		Public Comm (ref to	o party only) by PAC
Providence	RI	02906		Allocated Activity or E	vent Year-To-Date
Purpose of Disbursement: Office supplies			Category/ Type		0.00
Activity or Event Identifier: Administrative [MEMO ITEM]				Date 07 0 Transaction ID: H4.	0 8 / Y Y Y Y 16105
FEDERAL SH	HARE +	NONFEDERAL	SHARE	= TOTAL	AMOUNT
	11.55		65.44		76.99
C. Full Name (Last, First, Mi Card Services	iddle Initial)			Type of Allocated Activity	y: Fundraising Exempt
Mailing Address PO Box 13337				Voter Drive	Direct Candidate Support
City	State	Zip Code			o party only) by PAC
Philadelphia	PA	19101		Allocated Activity or E	vent Year-To-Date
Purpose of Disbursement: Card fees			Category/ Type		0.00
Activity or Event Identifier: Administrative [MEMO ITEM]				Date 0.7 0 Transaction ID: H4.	0 6 2 0 0 9 16106
FEDERAL SH	IARE +	NONFEDERAL	SHARE	= TOTAL	AMOUNT
	6.17		34.97		41.14
SUBTOTAL of Allocated Federa	al and NonFederal Ac	tivity This Page			
FEDERAL SH	IARE +	NONFEDERAL	SHARE	= TOTAL	AMOUNT
	0.00		0.00		0.00
TOTAL This Period (last page f FEDERAL SH		deral share to 21(a)(i) and NONFEDERA			_ AMOUNT

FEC Schedule H4 (Form 3X) (Revised 12/2004)

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		FOR LINE 21a OF FORM 3X
NAME OF COMMIITTEE (In Full)		
Rhode Island Democratic State Committee		
A. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:
Timothy Grilo		Administrative Fundraising Exempt
Mailing Address 481 Charles Street		Voter Drive Direct Candidate Support
City State Zip Code		Public Comm (ref to party only) by PAC
Providence RI 02904		Allocated Activity or Event Year-To-Date
Purpose of Disbursement:	Category/	104412.49
Net wages	Type	
Activity or Event Identifier: Administrative		Date 0.7 15 2009 Transaction ID: H4.16090
FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	1571.72	1849.08
<b>B.</b> Full Name (Last, First, Middle Initial)		Type of Allocated Activity:
Raymond J Sullivan, Jr.		Administrative Fundraising Exempt
Mailing Address		Voter Drive Direct Candidate Support
2 Cornell Court		
City State Zip Code		Public Comm (ref to party only) by PAC
Coventry RI 02816		Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Net wages	Category/ Type	105842.36
Activity or Event Identifier:	<u>i</u> . ]	Date 07 15 2009
Administrative		Date 0 7 1 5 2 0 0 9 Transaction ID: H4.16095
FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
		4 400 07
214.48	1215.39	1429.87
<b>C.</b> Full Name (Last, First, Middle Initial) IKON Office Solutions		Type of Allocated Activity:         X       Administrative         Fundraising       Exempt
Mailing Address		Voter Drive Direct Candidate Support
P.O. Box 30069		
City State Zip Code		Public Comm (ref to party only) by PAC
Hartford CT 06150		Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Copier Lease	Category/ Type	106065.36
Activity or Event Identifier: Administrative		Date 0 7 2 8 2 0 0 9 Transaction ID: H4.16092
FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
33.45	189.55	223.00
SUBTOTAL of Allocated Federal and NonFederal Activity This Page		
FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
525.29	2976.66	3501.95
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and FEDERAL SHARE NONFEDERA		re to 21(a)(i)) TOTAL AMOUNT

FEC Schedule H4 (Form 3X) (Revised 12/2004)

17/21

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

FEDERAL/NUNFEDER	AL ACTIVITI	ſ		FOR LINE 21a	OF FORM 3X
NAME OF COMMITTEE (In Full)				L	
Rhode Island Democratic St	ate Committee				
A. Full Name (Last, First, Mid	ldle Initial)			Type of Allocated Activity:	
American Express				Administrative Eundraising	Exempt
Mailing Address				Voter Drive Direct Candidate	Support
300 South Riverside Plaz	za		-		
City	State	Zip Code		Public Comm (ref to party only) by PA	
Chicago	IL	60606		Allocated Activity or Event Year-To-Date	9
Purpose of Disbursement: Credit card payment			Category/ Type	107017.44	
Activity or Event Identifier: Administrative				Date 0.7 28 Y 200 Transaction ID: H4.16103	) 9 <sup>°</sup>
FEDERAL SHA	ARE +	NONFEDERAL	SHARE	= TOTAL AMOUNT	
	142.82		809.26	952.08	
B. Full Name (Last, First, Mid	Idle Initial)			Type of Allocated Activity:	
Camille's				Administrative  Fundraising	Exempt
Mailing Address				Voter Drive Direct Candidate	Support
71 Bradford Street					
City	State	Zip Code		Public Comm (ref to party only) by PA	
Providence	RI	02903		Allocated Activity or Event Year-To-Date	e
Purpose of Disbursement: Meeting 6/19/09			Category/ Type	0.00	
Activity or Event Identifier:			, <u>, , , , , , , , , , , , , , , , , , </u>		( o <sup>Y</sup>
Administrative [MEMO ITEM]				Date 0.7 2.8 2.0 0 Transaction ID: H4.16107	19
FEDERAL SHA	ARE +	NONFEDERAL	SHARE	= TOTAL AMOUNT	
	T T T T		U U U U		-
	11.93		67.58	79.51	
<b>C.</b> Full Name (Last, First, Mid Aquaviva Eurobistro	Idle Initial)			Type of Allocated Activity:	Exempt
Mailing Address				Voter Drive Direct Candidate	Support
286 Atwells Avenue					
City	State	Zip Code		Public Comm (ref to party only) by PA	
Providence	RI	02903		Allocated Activity or Event Year-To-Date	Э
Purpose of Disbursement: Meeting 6/23/09			Category/ Type	0.00	
Activity or Event Identifier:					ί ο <sup>Υ</sup>
Administrative [MEMO ITEM]				Date 0.7 2.8 2.0 0 Transaction ID: H4.16108	19
FEDERAL SHA	ARE +	NONFEDERAL	SHARE	= TOTAL AMOUNT	
	94.07		533.06	627.13	8
SUBTOTAL of Allocated Federal	and NonEcdoral Act	ivity This Page			
		, ,			
FEDERAL SHA		NONFEDERAL	1 1 1 1	= TOTAL AMOUNT	-
1	42.82		809.26	952.08	
TOTAL This Period (last page for FEDERAL SHA		eral share to 21(a)(i) and NONFEDERA		re to 21(a)(i)) TOTAL AMOUNT	

FEC Schedule H4 (Form 3X) (Revised 12/2004)

18/21

		FOR LINE 21a OF FORM 3X
NAME OF COMMITTEE (In Full)		
Rhode Island Democratic State Committee		
A. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:
Aspire Restaurant		Administrative Fundraising Exempt
Mailing Address 311 Westminster Street		Voter Drive Direct Candidate Support
City State Zip Code		Public Comm (ref to party only) by PAC
Providence RI 02903		Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Meeting 6/30/09	Category/ Type	0.00
Activity or Event Identifier: Administrative	1 1990	Date 0.7 28 2009
		Transaction ID: H4.16109
FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
4.79	27.13	31.92
B. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:
Napa Valley Grille		Administrative Fundraising Exempt
Mailing Address		Voter Drive Direct Candidate Support
111 Providence Place		Public Comm (ref to party only) by PAC
City State Zip Code		
Providence RI 02903 Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
Meeting	Category/ Type	0.00
Activity or Event Identifier:		Date 0.7 0.7 2009
Administrative [MEMO ITEM]		Transaction ID: H4.16110
FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
6.63	37.55	44.18
	37.33	
<b>C.</b> Full Name (Last, First, Middle Initial)		Type of Allocated Activity:
Rue de L'espoir		Administrative - Fundraising - Exempt
Mailing Address		Voter Drive Direct Candidate Support
99 Hope Street City State Zip Code		Public Comm (ref to party only) by PAC
Providence RI 02906		Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		
Meeting	Category/ Type	0.00
Activity or Event Identifier:		Date 07 08 2009
Administrative [MEMO ITEM]		Transaction ID: H4.16111
FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
4.87	27.61	32.48
SUBTOTAL of Allocated Federal and NonFederal Activity This Page		
FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
0.00	0.00	0.00
	0.00	
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and FEDERAL SHARE NONFEDERA		re to 21(a)(i)) TOTAL AMOUNT

FEC Schedule H4 (Form 3X) (Revised 12/2004)

19/21

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

		FOR LINE 21a OF FORM 3X
NAME OF COMMITTEE (In Full)		
Rhode Island Democratic State Committee		
A. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:
McCormick & Schmick		Administrative Fundraising Exempt
Mailing Address		Voter Drive Direct Candidate Support
11 Dorrance Street		
City State Zip Code		Public Comm (ref to party only) by PAC
Providence RI 02903		Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Meeting	Category/ Type	0.00
Activity or Event Identifier: Administrative [MEMO ITEM]		Date 0.7 / 0.9 / Y Y Y Y Transaction ID: H4.16112
	ERAL SHARE	= TOTAL AMOUNT
10.29	58.30	68.59
<b>B.</b> Full Name (Last, First, Middle Initial)		Type of Allocated Activity:
Venda's Salvatoris Cafe		Administrative Fundraising Exempt
Mailing Address		Voter Drive Direct Candidate Support
265 Atwells Avenue		
City State Zip Code		Public Comm (ref to party only) by PAC
Providence RI 02903		Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Meeting	Category/ Type	0.00
Activity or Event Identifier: Administrative [MEMO ITEM]		Date 0.7 / D D / Y Y Y Y Transaction ID: H4.16113
	ERAL SHARE	= TOTAL AMOUNT
4.99	28.28	33.27
C. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:
American Express		Administrative - Fundraising - Exempt
Mailing Address 300 South Riverside Plaza		Voter Drive Direct Candidate Support
City State Zip Code		Public Comm (ref to party only) by PAC
Chicago IL 60606		Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Annual fees	Category/ Type	0.00
Activity or Event Identifier:	Туре	M M / D D / Y Y Y Y
Administrative		Date 07 19 2009
		Transaction ID: H4.16114
FEDERAL SHARE + NONFED	ERAL SHARE	= TOTAL AMOUNT
5.25	29.75	35.00
SUBTOTAL of Allocated Federal and NonFederal Activity This Page		
, ,	ERAL SHARE	= TOTAL AMOUNT
0.00	0.00	0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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#### SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED F

FEDERAL/NONFEDI				PAGE 21 / 21
FEDERAL/NUNFEDI		ĨŤ		FOR LINE 21a OF FORM 3X
NAME OF COMMITTEE (In Full)				
Rhode Island Democratic	State Committee			
A. Full Name (Last, First, M Timothy Grilo Mailing Address 481 Charles Street City Providence Purpose of Disbursement: Net wages Activity or Event Identifier:	/liddle Initial) State RI	Zip Code 02904	Category/ Type	Type of Allocated Activity: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 108866.52 Date 0 7 3 0 / Y Y Y Y
Administrative				Transaction ID: H4.16091
FEDERAL S	HARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	277.36		1571.72	1849.08
<b>B.</b> Full Name (Last, First, M Raymond J Sullivan, J	fiddle Initial) r.			Type of Allocated Activity:         X       Administrative         Fundraising       Exempt
Mailing Address 2 Cornell Court				Voter Drive Direct Candidate Support
City	State	Zip Code		Public Comm (ref to party only) by PAC
Coventry	RI	02816		Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Net wages			Category/ Type	110296.39
Activity or Event Identifier: Administrative			1 21	Date 0 7 3 0 2 0 0 9 Transaction ID: H4.16096
FEDERAL S	HARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	214.48		1215.39	1429.87

SUBTOTAL of Allocated Federal and NonFederal	Activity This Page	
FEDERAL SHARE	+ NONFEDERAL SHARE	= TOTAL AMOUNT
491.84	2787.11	3278.95
TOTAL This Period (last page for each line only)(	Federal share to 21(a)(i) and NonFederal share	re to 21(a)(i))
FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
2328.45	13194.54	15522.99

FEC Schedule H4 (Form 3X) (Revised 12/2004)