

**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

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

RI

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

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

M M M /

D D D /

Y Y Y Y Y Y

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 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">29948.81</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">167000.02</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">725007.94</span>	<span style="border: 1px solid black; padding: 2px;">1392332.46</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">892007.96</span>	<span style="border: 1px solid black; padding: 2px;">1422281.27</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">796486.90</span>	<span style="border: 1px solid black; padding: 2px;">1326760.21</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">95521.06</span>	<span style="border: 1px solid black; padding: 2px;">95521.06</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">5254.47</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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		1	6		2	0	1	4

To:

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

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).....	154500.00	437000.00
(ii) Unitemized .....	0.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	154500.00	437100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	185588.37	387593.17
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ▶	340088.37	824693.17
12. Transfers From Affiliated/Other Party Committees.....	13220.00	87552.24
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1547.87	3417.09
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	237280.80	343799.06
(b) Levin Funds (from Schedule H5) .....	132870.90	132870.90
(c) Total Transfers (add 18(a) and 18(b))..	370151.70	476669.96
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶	725007.94	1392332.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ▶	354856.24	915662.50

**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 .....	48551.27	104479.68
(ii) Non-Federal Share.....	180117.35	370134.33
(b) Other Federal Operating Expenditures .....	10434.57	102861.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	239103.19	577475.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29781.50	29781.50
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 .....	72042.58	72042.58
(ii) "Levin" Share.....	96148.44	96148.44
(b) Federal Election Activity Paid Entirely With Federal Funds .....	359411.19	551311.98
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	527602.21	719503.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	796486.90	1326760.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	520221.11	860477.44

**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) .....	340088.37	824693.17
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	340088.37	824693.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	58985.84	207341.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	58985.84	207341.38

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

The Loans on Schedule C have no interest rate and no determined due date. No other employees worked more than 25% on a federal campaign. Schedule A Memos from joint fundraisers are distributed on a different schedule than proceeds.

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 178

(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. Keith Aloï**

Mailing Address 20 Stern Street

City State Zip Code  
Jamestown RI 02835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.23476**

Amount of Each Receipt this Period

25.00

Dollars for Democrats

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. William Berkley**

Mailing Address 150 Doubling Road

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

W R Berkley Corp

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11AI.22980**

Amount of Each Receipt this Period

9000.00

Full Name (Last, First, Middle Initial)

**C. Bernstein Litowitz Berger & Grossman LLP**

Mailing Address 1285 Avenue of the Americas

City State Zip Code  
New York NY 10019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2014

**Transaction ID : SA11AI.23059**

Amount of Each Receipt this Period

5000.00

Partnership

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

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

14000.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 178

(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. Hannah Ross**

Mailing Address 245 West 99th Street

City  
New York

State Zip Code  
NY 10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bernstein Litowitz Berger

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 20 / 2014

Transaction ID : SA11AI.23059.0

Amount of Each Receipt this Period

1000.00

Partnership Distribution

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. David Wales**

Mailing Address 33 Mead Place

City  
Rye

State Zip Code  
NY 10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bernstein Litowitz Berger

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 20 / 2014

Transaction ID : SA11AI.23059.1

Amount of Each Receipt this Period

1000.00

Partnership Distribution

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Jeroen Van Kwawegen**

Mailing Address 449 12th Street

City  
Brooklyn

State Zip Code  
NY 11215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bernstein Litowitz Berger

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 20 / 2014

Transaction ID : SA11AI.23059.2

Amount of Each Receipt this Period

1000.00

Partnership Distribution

[MEMO ITEM]

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

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

0.00



# **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 178

(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. James Harrod

Mailing Address 102 Fulton Street

City  
New York

State Zip Code  
NY 10038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bernstein Litowitz Berger

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2014

Transaction ID : SA11AI.23059.3

Amount of Each Receipt this Period

1000.00

Partnership Distribution

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Avi Josefson

Mailing Address 1509 W Henderson Street

City  
Chicago

State Zip Code  
IL 60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bernstein Litowitz Berger

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2014

Transaction ID : SA11AI.23059.4

Amount of Each Receipt this Period

1000.00

Partnership Distribution

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. David Boies

Mailing Address 333 Main Street

City  
Armonk

State Zip Code  
NY 10504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boies Schiller & Flexner, LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.22993

Amount of Each Receipt this Period

10000.00

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

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

10000.00

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

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

FOR LINE NUMBER: PAGE 10 OF 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. Katherine Bradley**

Mailing Address 2211 30th Street NW

City State Zip Code  
Washington DC 20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

City Bridge Foundation

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.23007

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

## **B. Milton Bronstein**

Mailing Address 34 Bennington Road

City State Zip Code  
Cranston RI 02920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2014

Transaction ID : SA11AI.23475

Amount of Each Receipt this Period

15.00

Dollars for Democrats

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. J.Scott Burns**

Mailing Address 72 Fogland Road

City State Zip Code  
Tiverton RI 02878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brown Rudnick

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SA11AI.22964

Amount of Each Receipt this Period

1000.00

Memo Act Blue

[MEMO ITEM]

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

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

10000.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. Nelson Cunningham**

Mailing Address 900 17th Street NW

City  
Washington

State Zip Code  
DC 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McLarty Associates

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SA11AI.22961

Amount of Each Receipt this Period

1000.00

Memo Act Blue

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. DNC Services Corp**

Mailing Address 430 South Capitol Street

City  
Washington

State Zip Code  
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 ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2014

Transaction ID : SA11AI.23504

Amount of Each Receipt this Period

61.75

RI Party Victory Fund Unitemized

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. James Dodd**

Mailing Address 20 Libby Lane

City  
Warren

State Zip Code  
RI 02885

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  
08 / 26 / 2014

Transaction ID : SA11AI.23471

Amount of Each Receipt this Period

25.00

Dollars for Democrats

[MEMO ITEM]

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

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

0.00

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

Form/Schedule: SA11AI  
Transaction ID : SA11AI.23504  
RI Party Victory Fund

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 13 OF 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Steven Dow**

Mailing Address 2441 E 49th Street

City State Zip Code  
Tulsa OK 74105

FEC ID number of contributing federal political committee.

C

Name of Employer

Community Action Project

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.22972

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. Diane Dowling**

Mailing Address 134 Indian Head Road

City State Zip Code  
Riverside CT 06878

FEC ID number of contributing federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.22959

Amount of Each Receipt this Period

10000.00

Memo Act Blue

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Stephen Fanning**

Mailing Address 30 Sweet Meadow

City State Zip Code  
Narragansett RI 02882

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 26 / 2014

Transaction ID : SA11AI.23469

Amount of Each Receipt this Period

25.00

Dollars for Democrats

[MEMO ITEM]

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

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

10000.00

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Fascitelli**

Mailing Address 170 E End Avenue

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MDF Capital

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

**Transaction ID : SA11AI.23072**

Amount of Each Receipt this Period

9000.00

Full Name (Last, First, Middle Initial)

**B. Sakurako Fisher**

Mailing Address One Maritime Plaza

City

San Francisco

State

CA

Zip Code

99111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

San Francisco Symphony

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SA11AI.23038**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. Dawn Friedkin**

Mailing Address 138 Grotto Avenue

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Classic Optical Laboratories

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

**Transaction ID : SA11AI.22978**

Amount of Each Receipt this Period

4000.00

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

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

23000.00

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Charles Gifford**

Mailing Address 107 Summer Street

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bank of America

Occupation

Chairman Emeritus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

**Transaction ID : SA11AI.23070**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. David Goldberg**

Mailing Address 1265 San Mateo Drive

City

Menlo Park

State

CA

Zip Code

94025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Survey Monkey

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

**Transaction ID : SA11AI.22989**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. Robert Goodman**

Mailing Address 1013 Cove Road

City

Mamaroneck

State

NY

Zip Code

10543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Deer Management Co

Occupation

Venture Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11AI.22984**

Amount of Each Receipt this Period

5000.00

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

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

20000.00

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. Andrew Hauptman**

Mailing Address 10671 Chalon Road

City State Zip Code  
 Los Angeles CA 90077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Andell, Inc.

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

11 / 04 / 2014

Transaction ID : SA11AI.23047

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

## **B. Alexander Heckler**

Mailing Address 435 W 51st Street

City State Zip Code  
 Miami Beach FL 33140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LSN Partners LLC

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11 / 04 / 2014

Transaction ID : SA11AI.23045

Amount of Each Receipt this Period

1000.00

Memo Act Blue

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Kessler Topaz Meltzer & Check LLP**

Mailing Address 280 King of Prussia Road

City State Zip Code  
 Radnor PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 05 / 2014

Transaction ID : SA11AI.23049

Amount of Each Receipt this Period

2500.00

Partnership

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

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

12500.00



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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph Meltzer**

Mailing Address 280 King of Prussia Road

City State Zip Code  
Radnor PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KesslerTopazMeltzerCheck LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.84

Date of Receipt

11 / 05 / 2014

Transaction ID : SA11AI.23049.0

Amount of Each Receipt this Period

277.84

Contribution

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Darren Check**

Mailing Address 280 King of Prussia Road

City State Zip Code  
Radnor PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KesslerTopazMeltzerCheck LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.77

Date of Receipt

11 / 05 / 2014

Transaction ID : SA11AI.23049.1

Amount of Each Receipt this Period

277.77

Contribution

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. David Kessler**

Mailing Address 280 King of Prussia Road

City State Zip Code  
Radnor PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KesslerTopazMeltzerCheck LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.77

Date of Receipt

11 / 05 / 2014

Transaction ID : SA11AI.23049.2

Amount of Each Receipt this Period

277.77

Contribution

[MEMO ITEM]

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

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

0.00

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. Sean Handler**

Mailing Address 290 King of Prussia Road

City State Zip Code  
Radnor PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KesslerTopazMeltzerCheck LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.77

Date of Receipt

11 / 05 / 2014

**Transaction ID : SA11AI.23049.3**

Amount of Each Receipt this Period

277.77

Contribution

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **B. Marc Topaz**

Mailing Address 280 King of Prussia Road

City State Zip Code  
Radnor PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KesslerTopazMeltzerCheck

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.77

Date of Receipt

11 / 05 / 2014

**Transaction ID : SA11AI.23049.4**

Amount of Each Receipt this Period

277.77

Contribution

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **C. Stu Berman**

Mailing Address 280 King of Prussia Road

City State Zip Code  
Radnor PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KesslerTopazMeltzerCheck

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.77

Date of Receipt

11 / 05 / 2014

**Transaction ID : SA11AI.23049.5**

Amount of Each Receipt this Period

277.77

Contribution

**[MEMO ITEM]**

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

0.00

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Andy Zivitz**

Mailing Address 280 King of Prussia Road

City State Zip Code  
 Radnor PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KesslerTopazMeltzerCheck

Occupation  
 Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.77

Date of Receipt

11 / 05 / 2014

**Transaction ID : SA11AI.23049.6**

Amount of Each Receipt this Period

277.77

Contribution

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Lee Rudy**

Mailing Address 280 King of Prussia Road

City State Zip Code  
 Radnor PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KesslerTopazMeltzerCheck

Occupation  
 Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.77

Date of Receipt

11 / 05 / 2014

**Transaction ID : SA11AI.23049.7**

Amount of Each Receipt this Period

277.77

Contribution

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Greg Castaldo**

Mailing Address 280 King of Prussia Road

City State Zip Code  
 Radnor PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KesslerTopazMeltzerCheck

Occupation  
 Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.77

Date of Receipt

11 / 05 / 2014

**Transaction ID : SA11AI.23049.8**

Amount of Each Receipt this Period

277.77

Contribution

**[MEMO ITEM]**

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

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

0.00

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. Marie Langlois**

Mailing Address 254 Wayland Avenue

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington Trust

Occupation

Portfolio Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 01 / 2014

**Transaction ID : SA11AI.23044**

Amount of Each Receipt this Period

1000.00

Memo Act Blue

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **B. Barbara Lee**

Mailing Address 131 Mt Auburn Street

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lee Family Foundation

Occupation

Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SA11AI.23036**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

## **C. Carmine Lombardi**

Mailing Address 15 Glen Street

City

North Providence

State

RI

Zip Code

02911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2014

**Transaction ID : SA11AI.23473**

Amount of Each Receipt this Period

50.00

Dollars for Democrats

**[MEMO ITEM]**

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

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

10000.00

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Lisa Mezzetti**

Mailing Address 5600 Wisconsin Avenue

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11AI.22982**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. J. Terrence Murray**

Mailing Address 218 El Brillo Way

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2014

**Transaction ID : SA11AI.22998**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. Suzanne Murray**

Mailing Address 218 El Brillo Way

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2014

**Transaction ID : SA11AI.23005**

Amount of Each Receipt this Period

10000.00

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

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

20500.00

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. Terrence Murray**

Mailing Address 27 Eliot Street

City

Jamaica Plain

State

MA

Zip Code

02130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eliot St Capital

Occupation

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.23003

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Paul O'Donnell**

Mailing Address 380 Lloyd Avenue

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11AI.23478

Amount of Each Receipt this Period

25.00

Dollars for Democrats

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Scott Pastrick**

Mailing Address 5416 Falmouth Road

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prime Policy Group

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.23024

Amount of Each Receipt this Period

2000.00

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

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

4500.00

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Pomerantz Grossman Hufford LLP**

Mailing Address 600 Third Avenue

City State Zip Code  
 New York NY 10016

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 05 / 2014

Transaction ID : SA11AI.23055

Amount of Each Receipt this Period

5000.00

Partnership

Full Name (Last, First, Middle Initial)

**B. Marc Gross**

Mailing Address 600 Third Avenue

City State Zip Code  
 New York NY 10016

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Pomerantz Grossman Hufford LLP

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.33

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 05 / 2014

Transaction ID : SA11AI.23055.0

Amount of Each Receipt this Period

1666.67

Partnership Distribution

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Patrick Dahlstrom**

Mailing Address 600 Third Avenue

City State Zip Code  
 New York NY 10016

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Pomerantz Grossman Hufford LLP

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.33

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 05 / 2014

Transaction ID : SA11AI.23055.1

Amount of Each Receipt this Period

1666.67

Partnership distribution

[MEMO ITEM]

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5000.00

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Jeremy Lieberman**

Mailing Address 600 Third Avenue

City  
New York

State Zip Code  
NY 10016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pomerantz Grossman Hufford LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.34

Date of Receipt

11 / 05 / 2014

**Transaction ID : SA11AI.23055.2**

Amount of Each Receipt this Period

1666.66

Partnership Distribution

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Ellen Richman**

Mailing Address 340 Pemberwick Road

City  
Greenwich

State Zip Code  
CT 06831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Philanthropist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

10 / 28 / 2014

**Transaction ID : SA11AI.22966**

Amount of Each Receipt this Period

1000.00

Memo Act Blue

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Richard Richman**

Mailing Address 340 Pemberwick Road

City  
Greenwich

State Zip Code  
CT 06831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Richman Group

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

10 / 28 / 2014

**Transaction ID : SA11AI.22971**

Amount of Each Receipt this Period

1000.00

Memo ActBlue

**[MEMO ITEM]**

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

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

0.00



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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas Ryan**

Mailing Address 135 Cliff Drive

City

Narragansett

State

RI

Zip Code

02882

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.23015

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Harold Schofield**

Mailing Address 9 Atlantic Avenue

City

Narragansett

State

RI

Zip Code

02882

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Schofield Imaging Associates

Occupation

Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SA11AI.22963

Amount of Each Receipt this Period

750.00

Memo Act Blue

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Stacey Schusterman**

Mailing Address 2441 E 49th Street

City

Tulsa

State

OK

Zip Code

74119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Samson Energy Co

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.22991

Amount of Each Receipt this Period

10000.00

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

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

15000.00

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Miriam Weizenbaum**

Mailing Address 199 North Main Street

City State Zip Code  
 Providence RI 02903

FEC ID number of contributing federal political committee.

C

Name of Employer  
 DeLuca & Weizenbaum

Occupation  
 Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 17 2014

Transaction ID : SA11AI.23466

Amount of Each Receipt this Period

15.00

Dollars for Democrats

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Miriam Weizenbaum**

Mailing Address 199 North Main Street

City State Zip Code  
 Providence RI 02903

FEC ID number of contributing federal political committee.

C

Name of Employer  
 DeLuca & Weizenbaum

Occupation  
 Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 16 2014

Transaction ID : SA11AI.23467

Amount of Each Receipt this Period

15.00

Dollars for Democrats

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Miriam Weizenbaum**

Mailing Address 199 North Main Street

City State Zip Code  
 Providence RI 02903

FEC ID number of contributing federal political committee.

C

Name of Employer  
 DeLuca & Weizenbaum

Occupation  
 Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 17 2014

Transaction ID : SA11AI.23468

Amount of Each Receipt this Period

15.00

Dollars for Democrats

[MEMO ITEM]

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

0.00

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

154500.00

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
 Cambridge MA 02238

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14172.17

Date of Receipt

**11** / **03** / **2014**

**Transaction ID : SA11C.22956**

Amount of Each Receipt this Period

14167.37

Full Name (Last, First, Middle Initial)

## **B. ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
 Cambridge MA 02238

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15132.67

Date of Receipt

**11** / **03** / **2014**

**Transaction ID : SA11C.23042**

Amount of Each Receipt this Period

960.50

Full Name (Last, First, Middle Initial)

## **C. ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
 Cambridge MA 02238

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16093.17

Date of Receipt

**11** / **05** / **2014**

**Transaction ID : SA11C.23043**

Amount of Each Receipt this Period

960.50

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

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

16088.37

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN ASSOCIATION FOR JUSTICE**

Mailing Address 777 6TH ST NW STE 200

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing  
federal political committee.

**C** C70003017

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **16** / **2014**

**Transaction ID : SA11C.23013**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL**

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City State Zip Code  
PHILADELPHIA PA 19103

FEC ID number of contributing  
federal political committee.

**C** C00248716

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

**11** / **04** / **2014**

**Transaction ID : SA11C.23053**

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

## **C. Fidelity**

Mailing Address 82 Devonshire Street

City State Zip Code  
Boston MA 02109

FEC ID number of contributing  
federal political committee.

**C** C00215046

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **29** / **2014**

**Transaction ID : SA11C.23077**

Amount of Each Receipt this Period

5000.00

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

13500.00

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. FORWARD TOGETHER PAC**

Mailing Address 201 North Union St. Suite 350

City State Zip Code  
 Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

**C** C00412791

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **22** / **2014**

**Transaction ID : SA11C.23035**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. FRIENDS OF CHRIS DODD**

Mailing Address PO BOX 270701

City State Zip Code  
 WEST HARTFORD CT 06117

FEC ID number of contributing  
federal political committee.

**C** C00347310

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**10** / **20** / **2014**

**Transaction ID : SA11C.23017**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. General Dynamics PAC**

Mailing Address 2941 Fairview Oak Drive

City State Zip Code  
 Falls Church VA 22042

FEC ID number of contributing  
federal political committee.

**C** C00078451

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **17** / **2014**

**Transaction ID : SA11C.23032**

Amount of Each Receipt this Period

5000.00

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

11000.00

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

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. GREEN MOUNTAIN PAC**

Mailing Address PO Box 1142

City State Zip Code  
 Montpelier VT 05601

FEC ID number of contributing  
federal political committee.

**C** C00409110

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 16 2014

**Transaction ID : SA11C.23014**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. GTech Corporation PAC**

Mailing Address 10 Memorial Boulevard

City State Zip Code  
 Providence RI 02903

FEC ID number of contributing  
federal political committee.

**C** C00473025

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 16 2014

**Transaction ID : SA11C.23030**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. Italian American Democratic Leadership Council**

Mailing Address 1612 K Street NW

City State Zip Code  
 Washington DC 20006

FEC ID number of contributing  
federal political committee.

**C** C00299396

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 20 2014

**Transaction ID : SA11C.23019**

Amount of Each Receipt this Period

500.00

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4000.00

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. MONSANTO COMPANY CITIZENSHIP FUND AKA MONSANTO CITIZENSHIP FUND**

Mailing Address 800 N. Lindbergh Blvd.

City State Zip Code  
 St. Louis MO 63167

FEC ID number of contributing  
federal political committee.

**C** C00042069

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

**11 / 03 / 2014**

**Transaction ID : SA11C.23051**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

## **B. NEA FUND FOR CHILDREN AND PUBLIC EDUCATION; THE (FKA NEAPAC)**

Mailing Address 1201 16TH STREET NW #421

City State Zip Code  
 WASHINGTON DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00003251

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10 / 16 / 2014**

**Transaction ID : SA11C.23029**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. OCEAN STATE POLITICAL ACTION COMMITTEE (OSPAC)**

Mailing Address 33 ELMCROFT AVENUE

City State Zip Code  
 PROVIDENCE RI 02908

FEC ID number of contributing  
federal political committee.

**C** C00397067

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**10 / 16 / 2014**

**Transaction ID : SA11C.22997**

Amount of Each Receipt this Period

1000.00

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

7500.00

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. O Say Can You See PAC**

Mailing Address PO Box 468

City State Zip Code  
 Annapolis MD 21404

FEC ID number of contributing  
federal political committee.

**C** C00525220

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**10 / 16 / 2014**

**Transaction ID : SA11C.22995**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. PAC for a Level Playing Field**

Mailing Address 124 Washington Street

City State Zip Code  
 Foxboro MA 02035

FEC ID number of contributing  
federal political committee.

**C** C00540195

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10 / 16 / 2014**

**Transaction ID : SA11C.23011**

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 ▼

175000.00

Date of Receipt

**10 / 27 / 2014**

**Transaction ID : SA11C.23023**

Amount of Each Receipt this Period

50000.00

Transfer

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

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

57500.00



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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. 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 ▼

200000.00

Date of Receipt

**11** / **13** / **2014**

**Transaction ID : SA11C.23040**

Amount of Each Receipt this Period

25000.00

Transfer

Full Name (Last, First, Middle Initial)

## **B. 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 ▼

210000.00

Date of Receipt

**11** / **13** / **2014**

**Transaction ID : SA11C.23041**

Amount of Each Receipt this Period

10000.00

Transfer

Full Name (Last, First, Middle Initial)

## **C. Treasure State PAC**

Mailing Address 3242 Cummins Way

City State Zip Code  
 Missoula MT 59802

FEC ID number of contributing  
federal political committee.

**C** C00433680

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **31** / **2014**

**Transaction ID : SA11C.22974**

Amount of Each Receipt this Period

5000.00

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

40000.00

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. UA Political Education Committee**

Mailing Address 3 Park Place

City State Zip Code  
 Annapolis MD 21401

FEC ID number of contributing  
federal political committee.

**C** C00012476

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **16** / **2014**

**Transaction ID : SA11C.23009**

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 ▼

1000.00

Date of Receipt

**10** / **23** / **2014**

**Transaction ID : SA11C.22987**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. 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 ▼

26000.00

Date of Receipt

**10** / **31** / **2014**

**Transaction ID : SA11C.23366**

Amount of Each Receipt this Period

25000.00

Transfer

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

31000.00

**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 35 OF 178

☐ 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. Xerox Corporation PAC**

Mailing Address 1800 M Street NW

City  
Washington

State Zip Code  
DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00207258

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **20** / **2014**

**Transaction ID : SA11C.23021**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

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

/ /

Amount of Each Receipt this Period

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

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

5000.00

185588.37

# **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 36 OF 178

☐ 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 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 ▼

78980.00

Date of Receipt

**10 / 17 / 2014**

**Transaction ID : SA12.23027**

Amount of Each Receipt this Period

5000.00

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 ▼

82200.00

Date of Receipt

**10 / 31 / 2014**

**Transaction ID : SA12.23364**

Amount of Each Receipt this Period

3220.00

In-kind - Voter File Access

Full Name (Last, First, Middle Initial)

## **C. 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 ▼

87200.00

Date of Receipt

**11 / 19 / 2014**

**Transaction ID : SA12.23028**

Amount of Each Receipt this Period

5000.00

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

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

13220.00

13220.00

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

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

FOR LINE NUMBER: PAGE 37 OF 178

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. VLM Cooperative Inc.**

Mailing Address PO Box 9

City

Lexington

State

KY

Zip Code

40588

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3417.09

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2014			

Transaction ID : SA17.23078

Amount of Each Receipt this Period

1547.87

Proceeds from License of Voter File

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

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

Amount of Each Receipt this Period

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

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

1547.87

1547.87

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

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☒ 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. Blue Cross Blue Shield of Rhode Island**

Mailing Address PO Box 1057

City Providence      State RI      Zip Code 02901

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State:      District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 12 / 2014
**Transaction ID : SB21B.23259**

Amount of Each Disbursement this Period

3044.60

Full Name (Last, First, Middle Initial)

**B. Jonathan Boucher**

Mailing Address 23 Perkins Street

City Warwick      State RI      Zip Code 02886

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State:      District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 14 / 2014
**Transaction ID : SB21B.23235**

Amount of Each Disbursement this Period

1483.40

Full Name (Last, First, Middle Initial)

**C. Citizens Bank**

Mailing Address One Citizens Plaza

City Providence      State RI      Zip Code 02903

Purpose of Disbursement  
Wire Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State:      District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 16 / 2014
**Transaction ID : SB21B.23105**

Amount of Each Disbursement this Period

30.00

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

4558.00

**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 39 OF 178

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Citizens Bank**

Mailing Address One Citizens Plaza

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement  
Wire Fees

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		17		2014

Transaction ID : SB21B.23106

Amount of Each Disbursement this Period

30.00
-------

Full Name (Last, First, Middle Initial)

**B. Citizens Bank**

Mailing Address One Citizens Plaza

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement  
Checkbook Supplies

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		20		2014

Transaction ID : SB21B.23107

Amount of Each Disbursement this Period

250.63
--------

Full Name (Last, First, Middle Initial)

**C. Citizens Bank**

Mailing Address One Citizens Plaza

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement  
Wire Fees

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		20		2014

Transaction ID : SB21B.23111

Amount of Each Disbursement this Period

30.00
-------

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

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

310.63
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Citizens Bank**

Mailing Address One Citizens Plaza

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement  
Wire and Bank Fees

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		31		2014

Transaction ID : SB21B.23186

Amount of Each Disbursement this Period

101.00
--------

Full Name (Last, First, Middle Initial)

**B. Citizens Bank**

Mailing Address One Citizens Plaza

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement  
Wire Fee

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
11		04		2014

Transaction ID : SB21B.23368

Amount of Each Disbursement this Period

30.00
-------

Full Name (Last, First, Middle Initial)

**C. Democratic National Committee**

Mailing Address 430 South Capitol St. SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
In-kind - Voter File Access

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		31		2014

Transaction ID : SB21B.23365

Amount of Each Disbursement this Period

3220.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

3351.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. 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
11		14		2014

Transaction ID : SB21B.23320

Amount of Each Disbursement this Period

121.87
--------

Full Name (Last, First, Middle Initial)

**B. Anne Pease**

Mailing Address 75 Signal Way

City	State	Zip Code
East Greenwich	RI	02818

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
11		14		2014

Transaction ID : SB21B.23236

Amount of Each Disbursement this Period

987.62
--------

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  
Federal Withholding Taxes 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
11		17		2014

Transaction ID : SB21B.23403

Amount of Each Disbursement this Period

955.45
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

2064.94
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10434.57
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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 43 OF 178

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. The Feldman Group**

Mailing Address 508-510 8th Street SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Polling 441 (a) (d)

Candidate Name

DAVID N CICILLINE

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2014

Transaction ID : SB23.23114

Amount of Each Disbursement this Period

9981.50
---------

Full Name (Last, First, Middle Initial)

**B. The Mellman Group**

Mailing Address 1023 31st Street NW

City Washington	State DC	Zip Code 20007
--------------------	-------------	-------------------

Purpose of Disbursement  
Polling 441 (a) (d)

Candidate Name

LANGEVIN, JAMES R

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : SB23.23112

Amount of Each Disbursement this Period

19800.00
----------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

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

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

29781.50
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29781.50
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Idrees Abdur-Razzak**

Mailing Address 11 Steuben St.

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22863

Amount of Each Disbursement this Period

700.00
--------

Full Name (Last, First, Middle Initial)

**B. Anthony Alcantara**

Mailing Address 17 Waverly St.

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22853

Amount of Each Disbursement this Period

240.00
--------

Full Name (Last, First, Middle Initial)

**C. Ruben Aleman**Mailing Address 60 Prairie Ave.  
Apt. 71

City	State	Zip Code
Providence	RI	02905

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22846

Amount of Each Disbursement this Period

650.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

1590.00
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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 45 OF 178

<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. Ahrar Altekreeti**

Mailing Address 756 East Ave.

City	State	Zip Code
Warwick	RI	02886

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22459

Amount of Each Disbursement this Period

430.00
--------

Full Name (Last, First, Middle Initial)

**B. Sean Amaral**

Mailing Address 142 George M. Cohan Blvd

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22275

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Donte Anderson**Mailing Address 37 Bergen St.  
Apt. 2

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22457

Amount of Each Disbursement this Period

650.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

1580.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Danielle Andrade**

Mailing Address 170 Vancouver Avenue

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
10		30		2014

Transaction ID : SB30B.23128

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**B. Danielle Andrade**

Mailing Address 170 Vancouver Avenue

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
11		14		2014

Transaction ID : SB30B.23208

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**C. Anthony Aquino Sepulveda**

Mailing Address 74 Algonquin Street

City	State	Zip Code
Providence	RI	02907

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		30		2014

Transaction ID : SB30B.23149

Amount of Each Disbursement this Period

484.06
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SUBTOTAL of Disbursements This Page (optional).....▶

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

2723.30
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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)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Anthony Aquino Sepulveda**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2014

Mailing Address 74 Algonquin Street

**Transaction ID : SB30B.23229**

City	State	Zip Code
Providence	RI	02907

Amount of Each Disbursement this Period

Purpose of Disbursement  
Net WagesCategory/  
Type

484.06
--------

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. Fabricio Arancibia**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

Mailing Address 217 Woonasquatucket Ave.

**Transaction ID : SB30B.22301**

City	State	Zip Code
North Providence	RI	02911

Amount of Each Disbursement this Period

Purpose of Disbursement  
Canvass StipendCategory/  
Type

300.00
--------

Candidate Name

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

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. Gabriel Arius**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2014

Mailing Address 38 Ayrault St.

**Transaction ID : SB30B.22778**

City	State	Zip Code
Providence	RI	02908

Amount of Each Disbursement this Period

Purpose of Disbursement  
Canvass StipendCategory/  
Type

350.00
--------

Candidate Name

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

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

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

1134.06

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

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Gabriel Arius**

Mailing Address 38 Ayrault St.

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
Canvass Stipend

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
11		23		2014

**Transaction ID : SB30B.23359**

Amount of Each Disbursement this Period

100.00
--------

Full Name (Last, First, Middle Initial)

**B. Peter Baptista**

Mailing Address 1603 Plainfield Pike

City	State	Zip Code
Johnston	RI	02919

Purpose of Disbursement  
Coordinated Campaign Director Fee

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		30		2014

**Transaction ID : SB30B.23153**

Amount of Each Disbursement this Period

10000.00
----------

Full Name (Last, First, Middle Initial)

**C. Jaylinna Baskin**

Mailing Address 104 Ridge St.

City	State	Zip Code
Providence	RI	02901

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

**Transaction ID : SB30B.22592**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10600.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Reynaldo Batista**

Mailing Address 171 Porter Street

City	State	Zip Code
Providence	RI	02905

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22836

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**B. Roy Bautista**

Mailing Address 63 Messina St.

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22810

Amount of Each Disbursement this Period

220.00
--------

Full Name (Last, First, Middle Initial)

**C. Gary Berdugo**

Mailing Address 146 Central St.

City	State	Zip Code
Central Falls	RI	02863

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22596

Amount of Each Disbursement this Period

250.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

770.00
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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)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Blue West Media**

Mailing Address 5138 E 18th Avenue

City	State	Zip Code
Denver	CO	80220

Purpose of Disbursement  
Hispanic Generic Radio

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		21		2014

**Transaction ID : SB30B.23101**

Amount of Each Disbursement this Period

10000.00
----------

Full Name (Last, First, Middle Initial)

**B. Moise Bourdeau**

Mailing Address 825 Pontiac Avenue

City	State	Zip Code
Cranston	RI	02910

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		30		2014

**Transaction ID : SB30B.23137**

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**C. Moise Bourdeau**

Mailing Address 825 Pontiac Avenue

City	State	Zip Code
Cranston	RI	02910

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
11		14		2014

**Transaction ID : SB30B.23217**

Amount of Each Disbursement this Period

1119.62
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12239.24
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Jonathan Boutelle**Mailing Address 8 May St.  
2nd Floor

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2014

Transaction ID : SB30B.22594

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Andrew Bower**

Mailing Address 49 Taber Avenue

City Providence State RI Zip Code 02906

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB30B.23136

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**C. Andrew Bower**

Mailing Address 49 Taber Avenue

City Providence State RI Zip Code 02906

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.23216

Amount of Each Disbursement this Period

1119.62
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SUBTOTAL of Disbursements This Page (optional).....▶

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

2739.24
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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)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Erasmo Brito**

Mailing Address 72 Appleton St.

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Canvass Stipend

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
11		09		2014

**Transaction ID : SB30B.22905**

Amount of Each Disbursement this Period

600.00
--------

Full Name (Last, First, Middle Initial)

**B. Adreanne Brown**

Mailing Address 20 Angelico St.

City	State	Zip Code
Johnston	RI	02919

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

**Transaction ID : SB30B.22824**

Amount of Each Disbursement this Period

400.00
--------

Full Name (Last, First, Middle Initial)

**C. Javon Brown**Mailing Address 159 Bridgham ST.  
Apt. A25

City	State	Zip Code
PRovidence	RI	02907

Purpose of Disbursement  
Canvass Stipend

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
11		09		2014

**Transaction ID : SB30B.22883**

Amount of Each Disbursement this Period

950.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1950.00
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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)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Laron Brown**Mailing Address 159 Bridgham St.  
A-25

City Providence State RI Zip Code 02907

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2014

**Transaction ID : SB30B.22865**

Amount of Each Disbursement this Period

1050.00
---------

Full Name (Last, First, Middle Initial)

**B. Tyshawn Brown**

Mailing Address 33 Barstow St.

City Providence State RI Zip Code 02909

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

**Transaction ID : SB30B.22283**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. BrushFire Strategies**

Mailing Address 3000 K Street NW

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Generic ID and GOTV Calls

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.23262**

Amount of Each Disbursement this Period

97650.95
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

99200.95
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Desmond Bynum**Mailing Address 175 Broad St.  
Apt. C21

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB30B.22291

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. Elexe Cabral**

Mailing Address 107 Calla Street

City Providence State RI Zip Code 02905

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB30B.23151

Amount of Each Disbursement this Period

484.06
--------

Full Name (Last, First, Middle Initial)

**C. Elexe Cabral**

Mailing Address 107 Calla Street

City Providence State RI Zip Code 02905

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.23231

Amount of Each Disbursement this Period

799.17
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SUBTOTAL of Disbursements This Page (optional).....▶

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

1533.23
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Sterl Carpenter**

Mailing Address 4 Orioley Court

City	State	Zip Code
Wood River Junction	RI	02894

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		30		2014

Transaction ID : SB30B.23130

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**B. Sterl Carpenter**

Mailing Address 4 Orioley Court

City	State	Zip Code
Wood River Junction	RI	02894

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
11		14		2014

Transaction ID : SB30B.23210

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**C. Tyrone Carter**

Mailing Address 36 Cowden St.

City	State	Zip Code
Central Falls	RI	02863

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22606

Amount of Each Disbursement this Period

250.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

2489.24
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Anthony Cherry**

Mailing Address 84 Radcliffe Avenue

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
10		30		2014

Transaction ID : SB30B.23133

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**B. Anthony Cherry**

Mailing Address 84 Radcliffe Avenue

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
11		14		2014

Transaction ID : SB30B.23213

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**C. Michael Childs**

Mailing Address 59 Bainbridge Avenue

City	State	Zip Code
Providence	RI	02909

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		30		2014

Transaction ID : SB30B.23138

Amount of Each Disbursement this Period

1831.52
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SUBTOTAL of Disbursements This Page (optional).....▶

4070.76
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TOTAL This Period (last page this line number only).....▶

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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Michael Childs**

Mailing Address 59 Bainbridge Avenue

City	State	Zip Code
Providence	RI	02909

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
11		14		2014

Transaction ID : SB30B.23218

Amount of Each Disbursement this Period

1831.52
---------

Full Name (Last, First, Middle Initial)

**B. Shiloh Clerjuste**

Mailing Address 27 Gillen St.

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22305

Amount of Each Disbursement this Period

650.00
--------

Full Name (Last, First, Middle Initial)

**C. Sardis Inirio Colon**

Mailing Address 148 Glenbridge Ave.

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Canvass Stipend

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
11		09		2014

Transaction ID : SB30B.22885

Amount of Each Disbursement this Period

800.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

3281.52
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Jennifer Colwell**

Mailing Address 449 Mount Pleasant Road

City	State	Zip Code
Harrisville	RI	02830

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		30		2014

Transaction ID : SB30B.23147

Amount of Each Disbursement this Period

1249.25
---------

Full Name (Last, First, Middle Initial)

**B. Jennifer Colwell**

Mailing Address 449 Mount Pleasant Road

City	State	Zip Code
Harrisville	RI	02830

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
11		14		2014

Transaction ID : SB30B.23227

Amount of Each Disbursement this Period

1249.25
---------

Full Name (Last, First, Middle Initial)

**C. Emily Crowell**

Mailing Address 27 Basil Crossing

City	State	Zip Code
Cranston	RI	02921

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		30		2014

Transaction ID : SB30B.23123

Amount of Each Disbursement this Period

1352.62
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

3851.12
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Emily Crowell**

Mailing Address 27 Basil Crossing

City	State	Zip Code
Cranston	RI	02921

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
11		14		2014

Transaction ID : SB30B.23233

Amount of Each Disbursement this Period

1352.62
---------

Full Name (Last, First, Middle Initial)

**B. James Cruz**

Mailing Address 86 Fairmount Ave.

City	State	Zip Code
Providence	RI	02919

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22710

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. Francisco Cuesta**

Mailing Address 24 B West Clifford St.

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22718

Amount of Each Disbursement this Period

230.00
--------

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

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

1832.62
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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 60 OF 178

<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. Paul Dailey**

Mailing Address 76 Rome Ave.

City	State	Zip Code
Warwick	RI	02886

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22461

Amount of Each Disbursement this Period

420.00
--------

Full Name (Last, First, Middle Initial)

**B. Jasmine Dandeneau**

Mailing Address 570 Douglas Avenue

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
10		30		2014

Transaction ID : SB30B.23152

Amount of Each Disbursement this Period

484.06
--------

Full Name (Last, First, Middle Initial)

**C. Jasmine Dandeneau**

Mailing Address 570 Douglas Avenue

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
11		14		2014

Transaction ID : SB30B.23232

Amount of Each Disbursement this Period

471.68
--------

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

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

1375.74
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Jessica David**

Mailing Address 265 Elena Street

City	State	Zip Code
Cranston	RI	02920

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		30		2014

Transaction ID : SB30B.23145

Amount of Each Disbursement this Period

1447.37
---------

Full Name (Last, First, Middle Initial)

**B. Jessica David**

Mailing Address 265 Elena Street

City	State	Zip Code
Cranston	RI	02920

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
11		14		2014

Transaction ID : SB30B.23225

Amount of Each Disbursement this Period

1447.37
---------

Full Name (Last, First, Middle Initial)

**C. Lynne Dean**Mailing Address 36 East Dr.  
#1B

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22612

Amount of Each Disbursement this Period

220.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

3114.74
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Louis Decamps**

Mailing Address 259 Lenox Ave.

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22860

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**B. Anthony Defilippo**

Mailing Address 94 Whittier ave.

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22289

Amount of Each Disbursement this Period

240.00
--------

Full Name (Last, First, Middle Initial)

**C. Trevonte de Govenain**

Mailing Address 630 Fruit Hill Ave.

City	State	Zip Code
North Providence	RI	02911

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22277

Amount of Each Disbursement this Period

450.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

990.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Jose Dela Cruz**

Mailing Address 118 Hamilton St.

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22830

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. Lemuel De La Cruz**

Mailing Address 245 Waldo St.

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Paid Canvass

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
11		07		2014

Transaction ID : SB30B.22279

Amount of Each Disbursement this Period

740.00
--------

Full Name (Last, First, Middle Initial)

**C. Department of Employment & Training**

Mailing Address One Capitol Hill

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
State Unemployment 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
10		30		2014

Transaction ID : SB30B.23170

Amount of Each Disbursement this Period

2146.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

3136.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Eliza Dias**

Mailing Address 232 Pearl St.

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22822

Amount of Each Disbursement this Period

870.00
--------

Full Name (Last, First, Middle Initial)

**B. Carlos Diaz**

Mailing Address 232 Pearl St.

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22820

Amount of Each Disbursement this Period

800.00
--------

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
10		30		2014

Transaction ID : SB30B.23169

Amount of Each Disbursement this Period

1400.01
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SUBTOTAL of Disbursements This Page (optional).....▶

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

3070.01
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. 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
11		14		2014

Transaction ID : SB30B.23319

Amount of Each Disbursement this Period

1429.91
---------

Full Name (Last, First, Middle Initial)

**B. Bernardo Duran**

Mailing Address 40 Sorrento

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Canvass Stipend

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
11		09		2014

Transaction ID : SB30B.22951

Amount of Each Disbursement this Period

280.00
--------

Full Name (Last, First, Middle Initial)

**C. Alexis Enriquez**

Mailing Address 11 Barrows St.

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22307

Amount of Each Disbursement this Period

690.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

2399.91
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Enterprise Rent-A-Car**

Mailing Address 90 Weybosset Street

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement  
Van Rentals

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
11		04		2014

Transaction ID : SB30B.23195

Amount of Each Disbursement this Period

689.22
--------

Full Name (Last, First, Middle Initial)

**B. Sara Estep**

Mailing Address 509 S Division Street

City	State	Zip Code
Mt Union	PA	17066

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		30		2014

Transaction ID : SB30B.23148

Amount of Each Disbursement this Period

484.06
--------

Full Name (Last, First, Middle Initial)

**C. Sara Estep**

Mailing Address 509 S Division Street

City	State	Zip Code
Mt Union	PA	17066

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
11		14		2014

Transaction ID : SB30B.23228

Amount of Each Disbursement this Period

109.38
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

1282.66
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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)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Carmen Estevez**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2014

Mailing Address 1159 Douglas Ave.  
Apt. 6

City North Providence State RI Zip Code 02904

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Category/  
Type**Transaction ID : SB30B.22881**

Amount of Each Disbursement this Period

980.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Eliezes Estevez**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2014

Mailing Address 107 Congress Ave

City Providence State RI Zip Code 02907

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Category/  
Type**Transaction ID : SB30B.22939**

Amount of Each Disbursement this Period

350.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Magnolia Estevez**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2014

Mailing Address 1701 Smith St.

City North Providence State RI Zip Code 02911

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Category/  
Type**Transaction ID : SB30B.22879**

Amount of Each Disbursement this Period

950.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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

2280.00

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

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Richard Fana**

Mailing Address 21 McCabe St.

City	State	Zip Code
Cranston	RI	02920

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22488

Amount of Each Disbursement this Period

260.00
--------

Full Name (Last, First, Middle Initial)

**B. John Fraunfelter**

Mailing Address 231 Cooper Hill Rd.

City	State	Zip Code
Mapleville	RI	02839

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22624

Amount of Each Disbursement this Period

650.00
--------

Full Name (Last, First, Middle Initial)

**C. Natasha Freeman**

Mailing Address 58 Princess Ave.

City	State	Zip Code
Cranston	RI	02920

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22478

Amount of Each Disbursement this Period

400.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

1310.00
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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)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Nancy Fu**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address Box 3429  
Brown University

City Providence State RI Zip Code 02912

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Category/  
Type**Transaction ID : SB30B.22325**

Amount of Each Disbursement this Period

250.00
--------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Grecia Garcia**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2014

Mailing Address 51 Hendrix St.

City Providence State RI Zip Code 02908

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Category/  
Type**Transaction ID : SB30B.22484**

Amount of Each Disbursement this Period

450.00
--------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Alessandro Gianfrancesco**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2014

Mailing Address 268 Cole Ave.

City Providence State RI Zip Code 02906

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Category/  
Type**Transaction ID : SB30B.22482**

Amount of Each Disbursement this Period

650.00
--------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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

1350.00
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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)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Gordon Gilbert**Mailing Address 111 Yale Ave.  
Apt. 2

City Providence State RI Zip Code 02908

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

**Transaction ID : SB30B.22315**

Amount of Each Disbursement this Period

970.00
--------

Full Name (Last, First, Middle Initial)

**B. Joseph Goodrow Jr.**

Mailing Address 2 Seminole St.

City Warwick State RI Zip Code 02889

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2014

**Transaction ID : SB30B.22476**

Amount of Each Disbursement this Period

260.00
--------

Full Name (Last, First, Middle Initial)

**C. Trevor Griffin**

Mailing Address 808 Wood St.

City Swansea State MA Zip Code 02777

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2014

**Transaction ID : SB30B.22622**

Amount of Each Disbursement this Period

310.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1540.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. James Gweh**Mailing Address 167 Bellevue Ave.  
Apt. 2

City Providence State RI Zip Code 02907

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2014

Transaction ID : SB30B.22480

Amount of Each Disbursement this Period

400.00
--------

Full Name (Last, First, Middle Initial)

**B. Ariel Hall**Mailing Address 111 Yale Ave.  
Apt. 2

City Providence State RI Zip Code 02908

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SB30B.22317

Amount of Each Disbursement this Period

550.00
--------

Full Name (Last, First, Middle Initial)

**C. Jeffrey Hartfield**

Mailing Address 415 Friendship St.

City Providence State RI Zip Code 02907

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2014

Transaction ID : SB30B.22620

Amount of Each Disbursement this Period

600.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

1550.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Kristar Hernandez**

Mailing Address 95 Alexander St.

City	State	Zip Code
North Providence	RI	02904

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22768

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. Jennifer Hill**Mailing Address 8 May St.  
Unit 2

City	State	Zip Code
Pawtucket	RI	02860

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22626

Amount of Each Disbursement this Period

350.00
--------

Full Name (Last, First, Middle Initial)

**C. Bienvenido Hiraldo**

Mailing Address 27 Sorrento St.

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22762

Amount of Each Disbursement this Period

240.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

840.00
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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)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Cody Houlihan**

Mailing Address 42 Cowden St.

City	State	Zip Code
Central Falls	RI	02863

Purpose of Disbursement  
Canvass Stipend

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2014

**Transaction ID : SB30B.22628**

Amount of Each Disbursement this Period

550.00
--------

Full Name (Last, First, Middle Initial)

**B. Jared Houlihan**

Mailing Address 42 Cowden St.

City	State	Zip Code
Central Falls	RI	02863

Purpose of Disbursement  
Canvass Stipend

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2014

**Transaction ID : SB30B.22630**

Amount of Each Disbursement this Period

550.00
--------

Full Name (Last, First, Middle Initial)

**C. Charm Howie**

Mailing Address 217 Washington Ave.

City	State	Zip Code
Providence	RI	02905

Purpose of Disbursement  
Canvass Stipend

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

**Transaction ID : SB30B.22313**

Amount of Each Disbursement this Period

580.00
--------

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

1680.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Charm Howie**

Mailing Address 217 Washington Ave.

City	State	Zip Code
Providence	RI	02905

Purpose of Disbursement  
Canvass Stipend

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
11		20		2014

Transaction ID : SB30B.23357

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B. Dontay Huffman**

Mailing Address 217 Washington Ave.

City	State	Zip Code
Providence	RI	02905

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22311

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**C. Kelsey Hughes**

Mailing Address 2 Howard Street

City	State	Zip Code
Barrington	RI	02806

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		30		2014

Transaction ID : SB30B.23131

Amount of Each Disbursement this Period

1119.62
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SUBTOTAL of Disbursements This Page (optional).....▶

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

1919.62
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Kelsey Hughes**

Mailing Address 2 Howard Street

City	State	Zip Code
Barrington	RI	02806

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
11		14		2014

Transaction ID : SB30B.23211

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**B. Bernardo Inoa**

Mailing Address 104 Harrison St.

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22840

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. Jean Israel**

Mailing Address 69 Elmdale Ave.

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22327

Amount of Each Disbursement this Period

470.00
--------

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

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

1839.62
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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)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Paula Rodriguez Jimenez**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address 48 Alto St.

City	State	Zip Code
Cranston	RI	02920

**Transaction ID : SB30B.22385**Purpose of Disbursement  
Canvass Stipend

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

250.00
--------

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. Louis Joyce**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Mailing Address 130 Wendell Street

City	State	Zip Code
Providence	RI	02909

**Transaction ID : SB30B.23144**Purpose of Disbursement  
Net Wages

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1441.62
---------

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. Louis Joyce**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Mailing Address 130 Wendell Street

City	State	Zip Code
Providence	RI	02909

**Transaction ID : SB30B.23224**Purpose of Disbursement  
Net Wages

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1441.62
---------

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)..... ►

3133.24
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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 77 OF 178

<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. Georges Jucellin**

Mailing Address 994 Atwood Ave.

City	State	Zip Code
Johnston	RI	02919

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22329

Amount of Each Disbursement this Period

450.00
--------

Full Name (Last, First, Middle Initial)

**B. Tina Louise Kandzerski**Mailing Address 111 Yale Ave.  
Apt. 2

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22343

Amount of Each Disbursement this Period

600.00
--------

Full Name (Last, First, Middle Initial)

**C. Augustus Karweh**

Mailing Address 74 Dartmouth Ave.

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22347

Amount of Each Disbursement this Period

300.00
--------

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

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

1350.00
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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 78 OF 178

<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. Georgia Karweh**

Mailing Address 74 Dartmouth Ave.

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22349

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**B. Patience Karweh**

Mailing Address 2 Hollis St.

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22363

Amount of Each Disbursement this Period

320.00
--------

Full Name (Last, First, Middle Initial)

**C. Mya Kemp**

Mailing Address 10 Anchor St.

City	State	Zip Code
Providence	RI	02906

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22760

Amount of Each Disbursement this Period

300.00
--------

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

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

920.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Edwin Kortu**Mailing Address 60 Berkshire St.  
Apt. 1

City Providence State RI Zip Code 02908

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2014

Transaction ID : SB30B.22508

Amount of Each Disbursement this Period

480.00
--------

Full Name (Last, First, Middle Initial)

**B. Alejandro Kunhardt**

Mailing Address 24 Babcock St.

City Providence State RI Zip Code 02909

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2014

Transaction ID : SB30B.22915

Amount of Each Disbursement this Period

700.00
--------

Full Name (Last, First, Middle Initial)

**C. Diandra Mateo Lake**

Mailing Address 99 First Ave.

City Cranston State RI Zip Code 02910

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2014

Transaction ID : SB30B.22758

Amount of Each Disbursement this Period

300.00
--------

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

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

1480.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Eivony Lake**

Mailing Address 99 First Ave.

City	State	Zip Code
Cranston	RI	02910

Purpose of Disbursement  
Canvass Stipend

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
11	/	08	/	2014

Transaction ID : SB30B.22754

Amount of Each Disbursement this Period

940.00
--------

Full Name (Last, First, Middle Initial)

**B. Neha Lawlor**

Mailing Address 14 Grosvenor Ave.

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
Canvass Stipend

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
11	/	07	/	2014

Transaction ID : SB30B.22341

Amount of Each Disbursement this Period

800.00
--------

Full Name (Last, First, Middle Initial)

**C. Benjamin Leonard**

Mailing Address 13 Milton Road

City	State	Zip Code
Barrington	RI	02806

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	/	30	/	2014

Transaction ID : SB30B.23142

Amount of Each Disbursement this Period

484.06
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

2224.06
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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 81 OF 178

<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. Benjamin Leonard**

Mailing Address 13 Milton Road

City	State	Zip Code
Barrington	RI	02806

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
11		14		2014

Transaction ID : SB30B.23222

Amount of Each Disbursement this Period

293.72
--------

Full Name (Last, First, Middle Initial)

**B. Emitelio Liranzo**

Mailing Address 6 Norwich Ave.

City	State	Zip Code
Providence	RI	02905

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22851

Amount of Each Disbursement this Period

240.00
--------

Full Name (Last, First, Middle Initial)

**C. Anthony Lopez**

Mailing Address 38 Veazie St.

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22381

Amount of Each Disbursement this Period

500.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

1033.72
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Brett Magellan**

Mailing Address PO Box 9244

City	State	Zip Code
Fall River	MA	02720

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		30		2014

Transaction ID : SB30B.23134

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**B. Brett Magellan**

Mailing Address PO Box 9244

City	State	Zip Code
Fall River	MA	02720

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
11		14		2014

Transaction ID : SB30B.23214

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**C. Jessper Maldonado**

Mailing Address 14 Rockingham St.

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22383

Amount of Each Disbursement this Period

600.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

2839.24
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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 83 OF 178

<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. Candi Maloney**

Mailing Address 21 McCabe St.

City	State	Zip Code
Cranston	RI	02920

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22512

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. Carlos Martinez**

Mailing Address 243 Smith St.

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22816

Amount of Each Disbursement this Period

230.00
--------

Full Name (Last, First, Middle Initial)

**C. Sabina Matos**

Mailing Address 55 Pocasset Avenue

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Asst Director Fee

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		30		2014

Transaction ID : SB30B.23154

Amount of Each Disbursement this Period

1500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

1980.00
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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 84 OF 178

<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. Sabina Matos**

Mailing Address 55 Pocasset Avenue

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Asst Director Fee

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.23260

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Sarah Medeiros**

Mailing Address 1174 Elmwood Ave.

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Canvass Stipend

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB30B.22355

Amount of Each Disbursement this Period

350.00
--------

Full Name (Last, First, Middle Initial)

**C. Esi Mensah**

Mailing Address 46 California Ave.

City	State	Zip Code
Providence	RI	02905

Purpose of Disbursement  
Canvass Stipend

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB30B.22351

Amount of Each Disbursement this Period

230.00
--------

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

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

2080.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Shawn Metts**

Mailing Address 81 Simmons St.

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement  
Canvass Stipend

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		09		2014

Transaction ID : SB30B.22895

Amount of Each Disbursement this Period

350.00
--------

Full Name (Last, First, Middle Initial)

**B. Rhonda Michels**

Mailing Address 471 York Ave.

City	State	Zip Code
Pawtucket	RI	02861

Purpose of Disbursement  
Canvass Stipend

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2014

Transaction ID : SB30B.22676

Amount of Each Disbursement this Period

400.00
--------

Full Name (Last, First, Middle Initial)

**C. Adelso Monsanto**

Mailing Address 21 Saint James St.

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Canvass Stipend

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		09		2014

Transaction ID : SB30B.22903

Amount of Each Disbursement this Period

450.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

1200.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Jaime Monsanto**Mailing Address 100 Broad St.  
Apt. 226

City Providence State RI Zip Code 02903

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		09		2014

Transaction ID : SB30B.22901

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**B. Andrew Morales**

Mailing Address 232 Pearl St.

City Providence State RI Zip Code 02907

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2014

Transaction ID : SB30B.22826

Amount of Each Disbursement this Period

400.00
--------

Full Name (Last, First, Middle Initial)

**C. Kelsy Morcano**Mailing Address 62 Washington St.  
Apt. 1

City Providence State RI Zip Code 02907

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2014

Transaction ID : SB30B.22806

Amount of Each Disbursement this Period

380.00
--------

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

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

1080.00
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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 87 OF 178

<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. Chelsea Neal**

Mailing Address 30 Glenham Street

City	State	Zip Code
Providence	RI	02907

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		30		2014

Transaction ID : SB30B.23143

Amount of Each Disbursement this Period

484.06
--------

Full Name (Last, First, Middle Initial)

**B. Chelsea Neal**

Mailing Address 30 Glenham Street

City	State	Zip Code
Providence	RI	02907

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
11		14		2014

Transaction ID : SB30B.23223

Amount of Each Disbursement this Period

615.73
--------

Full Name (Last, First, Middle Initial)

**C. April Neddo**

Mailing Address 20 Angelico St.

City	State	Zip Code
Johnston	RI	02919

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22814

Amount of Each Disbursement this Period

460.00
--------

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

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

1559.79
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Jeffrey Neumann**

Mailing Address 371 Schultville Rd.

City	State	Zip Code
Clinton Corners	NY	12514

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22353

Amount of Each Disbursement this Period

240.00
--------

Full Name (Last, First, Middle Initial)

**B. Ana Nix**

Mailing Address 265 Webster Ave.

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Canvass Stipend

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
11		09		2014

Transaction ID : SB30B.22919

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**C. Nashalie Nunez**

Mailing Address 520 Newport Ave.

City	State	Zip Code
Pawtucket	RI	02861

Purpose of Disbursement  
Canvass Stipend

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
11		09		2014

Transaction ID : SB30B.22893

Amount of Each Disbursement this Period

240.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

780.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Kathleen O'Hanlon**

Mailing Address 110 Fair Street

City	State	Zip Code
Carmel	NY	10512

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		30		2014

Transaction ID : SB30B.23127

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**B. Kathleen O'Hanlon**

Mailing Address 110 Fair Street

City	State	Zip Code
Carmel	NY	10512

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
11		14		2014

Transaction ID : SB30B.23207

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**C. Michael O'Rourke**

Mailing Address 192 Parkside Drive

City	State	Zip Code
Warwick	RI	02888

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		30		2014

Transaction ID : SB30B.23150

Amount of Each Disbursement this Period

484.06
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SUBTOTAL of Disbursements This Page (optional).....▶

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

2723.30
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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 90 OF 178

<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 O'Rourke**

Mailing Address 192 Parkside Drive

City	State	Zip Code
Warwick	RI	02888

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
11	/	14	/	2014

**Transaction ID : SB30B.23230**

Amount of Each Disbursement this Period

567.22
--------

Full Name (Last, First, Middle Initial)

**B. Domingo Ortega**

Mailing Address 30 Bayard St.

City	State	Zip Code
Providence	RI	02906

Purpose of Disbursement  
Canvass Stipend

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
11	/	09	/	2014

**Transaction ID : SB30B.22887**

Amount of Each Disbursement this Period

470.00
--------

Full Name (Last, First, Middle Initial)

**C. Park Press**

Mailing Address 15 Main Street

City	State	Zip Code
Saugus	MA	01906

Purpose of Disbursement  
GOTV Generic Doorhangers

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	/	16	/	2014

**Transaction ID : SB30B.23084**

Amount of Each Disbursement this Period

7784.00
---------

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

8821.22

**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 91 OF 178

<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. Mamie Paye**

Mailing Address 202 Salmon St.

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Canvass Stipend

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2014

Transaction ID : SB30B.22544

Amount of Each Disbursement this Period

410.00
--------

Full Name (Last, First, Middle Initial)

**B. Angelika Pellegrino**

Mailing Address 26 Oak Street

City	State	Zip Code
No Providence	RI	02911

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB30B.23140

Amount of Each Disbursement this Period

484.06
--------

Full Name (Last, First, Middle Initial)

**C. Angelika Pellegrino**

Mailing Address 26 Oak Street

City	State	Zip Code
No Providence	RI	02911

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.23220

Amount of Each Disbursement this Period

484.06
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

1378.12

**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 92 OF 178

<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. Everin Perez**

Mailing Address 27 Stamford Avenue

City	State	Zip Code
Providence	RI	02907

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		30		2014

Transaction ID : SB30B.23146

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**B. Everin Perez**

Mailing Address 27 Stamford Avenue

City	State	Zip Code
Providence	RI	02907

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
11		14		2014

Transaction ID : SB30B.23226

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**C. Pablo Perez**

Mailing Address 135 Springfield St.

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Canvass Stipend

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
11		09		2014

Transaction ID : SB30B.22877

Amount of Each Disbursement this Period

300.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

2539.24
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Rafael Perez**

Mailing Address 68 Payton St.

City	State	Zip Code
Providence	RI	02905

Purpose of Disbursement  
Canvass Stipend

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2014

**Transaction ID : SB30B.22804**

Amount of Each Disbursement this Period

790.00
--------

Full Name (Last, First, Middle Initial)

**B. Rebecca Phillips**

Mailing Address 219 Villa Ave.

City	State	Zip Code
North Providence	RI	02904

Purpose of Disbursement  
Canvass Stipend

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

**Transaction ID : SB30B.22395**

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**C. Jean Pierre-Louis**

Mailing Address 994 Atwood Ave.

City	State	Zip Code
Johnston	RI	02919

Purpose of Disbursement  
Canvass Stipend

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

**Transaction ID : SB30B.22403**

Amount of Each Disbursement this Period

250.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1340.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Eddison Pimentel**Mailing Address 403 Prairie Ave.  
Apt. 2

City Providence State RI Zip Code 02905

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		09		2014

Transaction ID : SB30B.22933

Amount of Each Disbursement this Period

240.00
--------

Full Name (Last, First, Middle Initial)

**B. Gregorio Pimentel**Mailing Address 403 Prairie Ave.  
Apt. 2

City Providence State RI Zip Code 02905

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2014

Transaction ID : SB30B.22828

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. Elizabeth Pizarro**

Mailing Address 623 Douglas Ave.

City Providence State RI Zip Code 02908

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB30B.22393

Amount of Each Disbursement this Period

450.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

940.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Hannah Poirier**

Mailing Address 338 Brookline Dr.

City	State	Zip Code
Warwick	RI	02886

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22552

Amount of Each Disbursement this Period

270.00
--------

Full Name (Last, First, Middle Initial)

**B. James Poirier**

Mailing Address 338 Brookline Drive

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
10		30		2014

Transaction ID : SB30B.23132

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**C. James Poirier**

Mailing Address 338 Brookline Drive

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
11		14		2014

Transaction ID : SB30B.23212

Amount of Each Disbursement this Period

1119.62
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SUBTOTAL of Disbursements This Page (optional).....▶

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

2509.24
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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 96 OF 178

<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. Tasia Pol**

Mailing Address 18 Lucy St.

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

**Transaction ID : SB30B.22550**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. Albore Polanco**Mailing Address 16 Croyland Rd.  
Apt. 3

City	State	Zip Code
Providence	RI	02905

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

**Transaction ID : SB30B.22832**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. Juan Polanco**Mailing Address 16 Croyland Rd.  
Apt. 3

City	State	Zip Code
Providence	RI	02905

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

**Transaction ID : SB30B.22834**

Amount of Each Disbursement this Period

300.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00
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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	30b

# Rhode Island Democratic State Committee

### A. Wanda Preitauer

Mailing Address 9 Church St.

City	State	Zip Code
Cumberland	RI	02864

Purpose of Disbursement	Canvass Stipend

Candidate Name

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

State:  District:

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

Date of Disbursement

Transaction ID : SB30B.22451

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

### B. Wanda Preitauer

Mailing Address 9 Church St.

City	State	Zip Code
Cumberland	RI	02864

### Purpose of Disbursement

#### Canvass Stipend

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

Three digital displays are shown, each with a grid of small squares above the digits. The first display shows '11' with two squares above each digit. The second display shows '23' with two squares above each digit. The third display shows '2014' with two squares above each digit.

Transaction ID : SB30B.23358

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

### C. Putnam Partners

Mailing Address 1100 Vermont Avenue NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement	Production Spanish Generic Radio
-------------------------	----------------------------------

Candidate Name \_\_\_\_\_

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

State:  District:

Date of Disbursement

Transaction ID : SB30B.23103

Amount of Each Disbursement this Period

1922.65

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

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

2372.65

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

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Santiago Quezada**

Mailing Address 158 Sumter ST.

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22792

Amount of Each Disbursement this Period

220.00
--------

Full Name (Last, First, Middle Initial)

**B. Gabriel Ramirez**Mailing Address 70 Washington St.  
Apt. 4

City	State	Zip Code
Central Falls	RI	02863

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22654

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. Jason Ramos**

Mailing Address 35 Autumn St.

City	State	Zip Code
Providence	RI	02905

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22546

Amount of Each Disbursement this Period

650.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

1120.00
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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 99 OF 178

<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. Kevin Reardon**

Mailing Address 18 Pallas St.

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22650

Amount of Each Disbursement this Period

290.00
--------

Full Name (Last, First, Middle Initial)

**B. Bryan Reid**

Mailing Address 51 Fernwood Ave.

City	State	Zip Code
Pawtucket	RI	02860

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22422

Amount of Each Disbursement this Period

330.00
--------

Full Name (Last, First, Middle Initial)

**C. Juan Reyes**

Mailing Address 215 Calla St.

City	State	Zip Code
Providence	RI	02905

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22796

Amount of Each Disbursement this Period

350.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

970.00
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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)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Jessica Rinehart**

Mailing Address 200 Michelle Lane

City	State	Zip Code
Groton	CT	06340

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		30		2014

**Transaction ID : SB30B.23139**

Amount of Each Disbursement this Period

1441.62
---------

Full Name (Last, First, Middle Initial)

**B. Jessica Rinehart**

Mailing Address 200 Michelle Lane

City	State	Zip Code
Groton	CT	06340

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
11		14		2014

**Transaction ID : SB30B.23219**

Amount of Each Disbursement this Period

1441.62
---------

Full Name (Last, First, Middle Initial)

**C. John Rios**

Mailing Address 85 Lonsdale Ave.

City	State	Zip Code
Pawtucket	RI	02860

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

**Transaction ID : SB30B.22656**

Amount of Each Disbursement this Period

330.00
--------

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

3213.24
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Jordan Rivas**

Mailing Address 196 Calla St.

City	State	Zip Code
Providence	RI	02905

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22790

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. Ellyson Rodriguez**

Mailing Address 264 Indiana Ave.

City	State	Zip Code
Providence	RI	02905

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22844

Amount of Each Disbursement this Period

650.00
--------

Full Name (Last, First, Middle Initial)

**C. Natalia Rossi**Mailing Address 47 Middle Dr.  
Apt. 1B

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement  
Canvass Stipend

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
11		09		2014

Transaction ID : SB30B.22911

Amount of Each Disbursement this Period

500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

1400.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Carl Saint-Frank**

Mailing Address 40 Home Ave.

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22417

Amount of Each Disbursement this Period

450.00
--------

Full Name (Last, First, Middle Initial)

**B. Cameron Salvati**

Mailing Address 18 Enos Circle

City	State	Zip Code
Cranston	RI	02921

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		30		2014

Transaction ID : SB30B.23129

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**C. Cameron Salvati**

Mailing Address 18 Enos Circle

City	State	Zip Code
Cranston	RI	02921

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
11		14		2014

Transaction ID : SB30B.23209

Amount of Each Disbursement this Period

1119.62
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SUBTOTAL of Disbursements This Page (optional).....▶

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

2689.24
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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)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Ariana Santana**

Mailing Address 467 Prairie Ave.

City	State	Zip Code
Providence	RI	02905

Purpose of Disbursement  
Canvass Stipend

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
11		09		2014

**Transaction ID : SB30B.22867**

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**B. Christine Segbeyan**

Mailing Address 105 Barnett ST.

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

**Transaction ID : SB30B.22542**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. Sheahan Printing Corp.**

Mailing Address One Front Street

City	State	Zip Code
Woonsocket	RI	02895

Purpose of Disbursement  
Printing Shift Card

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
11		12		2014

**Transaction ID : SB30B.23261**

Amount of Each Disbursement this Period

620.60
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1170.60
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Sheahan Printing Corp.**

Mailing Address One Front Street

City	State	Zip Code
Woonsocket	RI	02895

Purpose of Disbursement  
Generic GOTV Cards

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
11		16		2014

Transaction ID : SB30B.23328

Amount of Each Disbursement this Period

5772.65
---------

Full Name (Last, First, Middle Initial)

**B. Shell**

Mailing Address 1075 North Main Street

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement  
Gas

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		16		2014

Transaction ID : SB30B.23082

Amount of Each Disbursement this Period

43.28
-------

Full Name (Last, First, Middle Initial)

**C. Shell**

Mailing Address 1075 North Main Street

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement  
Gas Cards

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		17		2014

Transaction ID : SB30B.23083

Amount of Each Disbursement this Period

300.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

6115.93
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Shell**

Mailing Address 1075 North Main Street

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement  
Gas Cards

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		24		2014

Transaction ID : SB30B.23188

Amount of Each Disbursement this Period

400.00
--------

Full Name (Last, First, Middle Initial)

**B. Shell**

Mailing Address 1075 North Main Street

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement  
Gas

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		28		2014

Transaction ID : SB30B.23121

Amount of Each Disbursement this Period

37.05
-------

Full Name (Last, First, Middle Initial)

**C. Shell**

Mailing Address 1075 North Main Street

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement  
Gas Cards

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
11		03		2014

Transaction ID : SB30B.23335

Amount of Each Disbursement this Period

743.41
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SUBTOTAL of Disbursements This Page (optional).....▶

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

1180.46
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Nuno Silva**

Mailing Address 154 George St.

City	State	Zip Code
Providence	RI	02906

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22405

Amount of Each Disbursement this Period

350.00
--------

Full Name (Last, First, Middle Initial)

**B. Alexander Silver**

Mailing Address 37 Woodbine 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
10		30		2014

Transaction ID : SB30B.23124

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**C. Alexander Silver**

Mailing Address 37 Woodbine 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
11		14		2014

Transaction ID : SB30B.23204

Amount of Each Disbursement this Period

1119.62
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SUBTOTAL of Disbursements This Page (optional).....▶

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

2589.24
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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)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Adrian Smith**Mailing Address 303 Washington Ave.  
Apt. 4

City Providence State RI Zip Code 02905

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

**Transaction ID : SB30B.22399**

Amount of Each Disbursement this Period

350.00
--------

Full Name (Last, First, Middle Initial)

**B. Anthony Smith**

Mailing Address 33 Barstow St.

City Providence State RI Zip Code 02908

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

**Transaction ID : SB30B.22415**

Amount of Each Disbursement this Period

400.00
--------

Full Name (Last, First, Middle Initial)

**C. John Paul Smith**

Mailing Address PO Box 23272

City Providence State RI Zip Code 02903

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2014

**Transaction ID : SB30B.22556**

Amount of Each Disbursement this Period

370.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1120.00
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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 108 OF 178

<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. Tanisha Snowden**

Mailing Address 6 Gansett Ave.

City	State	Zip Code
Cranston	RI	02920

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

**Transaction ID : SB30B.22401**

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**B. Elizabeth Soares**

Mailing Address 29 Bagley St.

City	State	Zip Code
Central Falls	RI	02863

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

**Transaction ID : SB30B.22648**

Amount of Each Disbursement this Period

800.00
--------

Full Name (Last, First, Middle Initial)

**C. Karen Souza**

Mailing Address 6 Power Rd.

City	State	Zip Code
Pawtucket	RI	02860

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

**Transaction ID : SB30B.22397**

Amount of Each Disbursement this Period

300.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1400.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Spoken Hub LLC**

Mailing Address PO Box 615

City	State	Zip Code
Manhasset	NY	11030

Purpose of Disbursement  
Dialer Minutes

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		21		2014

Transaction ID : SB30B.23092

Amount of Each Disbursement this Period

8931.00
---------

Full Name (Last, First, Middle Initial)

**B. Daniel F Sterner**

Mailing Address 169 Mauran Ave.

City	State	Zip Code
East Providence	RI	02914

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22389

Amount of Each Disbursement this Period

460.00
--------

Full Name (Last, First, Middle Initial)

**C. Wilbert Stewart III**

Mailing Address 11 Moore St.

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22590

Amount of Each Disbursement this Period

250.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

9641.00
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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)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Eric Straker**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2014

Mailing Address 2 Olmstead Way  
Apt. 2

City Providence State RI Zip Code 02904

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Category/  
Type**Transaction ID : SB30B.22652**

Amount of Each Disbursement this Period

550.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. George Taveras**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2014

Mailing Address 77 Colonial Ave.  
Apt. 3

City Cranston State RI Zip Code 02910

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Category/  
Type**Transaction ID : SB30B.22949**

Amount of Each Disbursement this Period

280.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Jessica Teotonio**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

Mailing Address 575 Dyer Ave.  
B-21

City Cranston State RI Zip Code 02920

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Category/  
Type**Transaction ID : SB30B.22432**

Amount of Each Disbursement this Period

550.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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

1380.00

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

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Joan Teotonio**Mailing Address 575 Dyer Ave.  
M-60

City Cranston State RI Zip Code 02920

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB30B.22435

Amount of Each Disbursement this Period

600.00
--------

Full Name (Last, First, Middle Initial)

**B. Mario Teotonio**

Mailing Address 42 C Street

City Cranston State RI Zip Code 02920

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB30B.22428

Amount of Each Disbursement this Period

730.00
--------

Full Name (Last, First, Middle Initial)

**C. Martha Teotonio**

Mailing Address 42 C Street

City Cranston State RI Zip Code 02920

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB30B.22430

Amount of Each Disbursement this Period

600.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

1930.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Alexia Tiberi**

Mailing Address 47 Kimball St.

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22838

Amount of Each Disbursement this Period

400.00
--------

Full Name (Last, First, Middle Initial)

**B. Yslandia Tomas**Mailing Address 100 Broad St.  
Apt. 226

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement  
Canvass Stipend

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
11		09		2014

Transaction ID : SB30B.22907

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**C. Josse Torbio**Mailing Address 18 Tecumseh St.  
Apt. 1

City	State	Zip Code
Providence	RI	02906

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22582

Amount of Each Disbursement this Period

450.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

1150.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Bryan Toro**

Mailing Address 51 Brewster St.

City	State	Zip Code
Pawtucket	RI	02860

Purpose of Disbursement  
Canvass Stipend

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
11		09		2014

Transaction ID : SB30B.22925

Amount of Each Disbursement this Period

340.00
--------

Full Name (Last, First, Middle Initial)

**B. Jaclyn Tsang**

Mailing Address 88 Wollaston St.

City	State	Zip Code
Cranston	RI	02910

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22686

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Magda Flores Umanzor**

Mailing Address 17 Plum St.

City	State	Zip Code
Providence	RI	02905

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22774

Amount of Each Disbursement this Period

350.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

1190.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. United Healthcare**

Mailing Address Dept CH 10151

City Palatine	State IL	Zip Code 60055
------------------	-------------	-------------------

Purpose of Disbursement  
Healthcare

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		29		2014

Transaction ID : SB30B.23122

Amount of Each Disbursement this Period

524.39
--------

Full Name (Last, First, Middle Initial)

**B. United States Treasury**

Mailing Address PO Box 660351

City Dallas	State TX	Zip Code 75266
----------------	-------------	-------------------

Purpose of Disbursement  
Federal 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
11		17		2014

Transaction ID : SB30B.23324

Amount of Each Disbursement this Period

21527.40
----------

Full Name (Last, First, Middle Initial)

**C. Modesta Valdez**

Mailing Address 21 McCabe St.

City Cranston	State RI	Zip Code 02920
------------------	-------------	-------------------

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22510

Amount of Each Disbursement this Period

250.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

22301.79
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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)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Alby Marin Valencia**

Mailing Address 42 Cowden St.

City	State	Zip Code
Central Falls	RI	02863

Purpose of Disbursement  
Canvass Stipend

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2014

**Transaction ID : SB30B.22668**

Amount of Each Disbursement this Period

600.00
--------

Full Name (Last, First, Middle Initial)

**B. Christopher Vargas**

Mailing Address 285 Waldo St.

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Canvass Stipend

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		09		2014

**Transaction ID : SB30B.22913**

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**C. Jason Varone**

Mailing Address 24 Morin Ave.

City	State	Zip Code
Coventry	RI	02816

Purpose of Disbursement  
Canvass Stipend

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2014

**Transaction ID : SB30B.22574**

Amount of Each Disbursement this Period

250.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1600.00
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Elma Vasquez**

Mailing Address 422 Orms St.

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22588

Amount of Each Disbursement this Period

260.00
--------

Full Name (Last, First, Middle Initial)

**B. Charlene Vernon**

Mailing Address b-29 Krzak Rd.

City	State	Zip Code
North Kingstown	RI	02852

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

Transaction ID : SB30B.22576

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. Crystal Vizcaino**

Mailing Address 8 Chestnut Ave.

City	State	Zip Code
Cranston	RI	02910

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22443

Amount of Each Disbursement this Period

450.00
--------

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

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

960.00
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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 117 OF 178

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Ryan Vongkaison**

Mailing Address 99 Ruggles St.

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

Transaction ID : SB30B.22426

Amount of Each Disbursement this Period

650.00
--------

Full Name (Last, First, Middle Initial)

**B. Andrew Vucci**

Mailing Address 70 Rodney Road

City	State	Zip Code
Warwick	RI	02889

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		30		2014

Transaction ID : SB30B.23135

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

**C. Andrew Vucci**

Mailing Address 70 Rodney Road

City	State	Zip Code
Warwick	RI	02889

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
11		14		2014

Transaction ID : SB30B.23215

Amount of Each Disbursement this Period

1119.62
---------

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

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

2889.24

**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 118 OF 178

<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. Oris Walker**

Mailing Address 623 Douglas Ave.

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
Canvass Stipend

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
11		07		2014

**Transaction ID : SB30B.22441**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Peter Washington**Mailing Address 9 Putname St.  
2F

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Canvass Stipend

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
11		08		2014

**Transaction ID : SB30B.22568**

Amount of Each Disbursement this Period

650.00
--------

Full Name (Last, First, Middle Initial)

**C. Kyle Weinreich**

Mailing Address 3460 Kingstown Road

City	State	Zip Code
West Kingston	RI	02892

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		30		2014

**Transaction ID : SB30B.23125**

Amount of Each Disbursement this Period

1119.62
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2269.62
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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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Winning Connections**

Mailing Address 317 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Generic Voter ID Calls

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
11		12		2014

Transaction ID : SB30B.23264

Amount of Each Disbursement this Period

35000.00
----------

Full Name (Last, First, Middle Initial)

**B. Charles Woodward**

Mailing Address 11 Boss Court

City	State	Zip Code
Newport	ID	02840

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		30		2014

Transaction ID : SB30B.23141

Amount of Each Disbursement this Period

484.06
--------

Full Name (Last, First, Middle Initial)

**C. Charles Woodward**

Mailing Address 11 Boss Court

City	State	Zip Code
Newport	ID	02840

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
11		14		2014

Transaction ID : SB30B.23221

Amount of Each Disbursement this Period

1289.75
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SUBTOTAL of Disbursements This Page (optional).....▶

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

36773.81
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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 121 OF 178

<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. Lihui Yang**

Mailing Address 39 Ida St.

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement  
Canvass Stipend

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB30B.22445

Amount of Each Disbursement this Period

820.00
--------

Full Name (Last, First, Middle Initial)

**B. Jordan Young**

Mailing Address 61 Hyde St.

City	State	Zip Code
Cranston	RI	02920

Purpose of Disbursement  
Canvass Stipend

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2014

Transaction ID : SB30B.22684

Amount of Each Disbursement this Period

310.00
--------

Full Name (Last, First, Middle Initial)

**C. Daniela Zarate**

Mailing Address 47 Pearl Ave.

City	State	Zip Code
North Providence	RI	02904

Purpose of Disbursement  
Canvass Stipend

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB30B.22455

Amount of Each Disbursement this Period

250.00
--------

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

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

1380.00
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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	30b

# Rhode Island Democratic State Committee

### A. Justin Ziobrowski

Mailing Address 33 Barstow St.

City	State	Zip Code
Providence	RI	02909

Purpose of Disbursement	Canvass Stipend

Candidate Name

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

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

Date of Disbursement

Transaction ID : SB30B.22437

Amount of Each Disbursement this Period

700.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

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

### Purpose of Disbursement

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

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

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

### Purpose of Disbursement

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

Amount of Each Disbursement this Period

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

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

700.00

335921.19

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

PAGE 123 OF 178

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 124 OF 178

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 PO BOX 40280

City State

Zip Code

PROVIDENCE

RI

02940

Outstanding Balance Beginning This Period

4.60

Transaction ID : SD9.14176

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.60

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

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

4.60

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

4.60

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

5249.87

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

5254.47

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

PAGE 125 OF 178

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

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	4

## TOTAL AMOUNT TRANSFERRED

43185.61

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

43185.61

Transaction ID : H3.23273

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred).....

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

PAGE 126 OF 178

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

M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014

## TOTAL AMOUNT TRANSFERRED

31288.85

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

31288.85

Transaction ID : H3.23268

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred).....

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

PAGE 127 OF 178

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

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	1	4

## TOTAL AMOUNT TRANSFERRED

1074.53

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

1074.53

Transaction ID : H3.23271

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred).....

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

PAGE 128 OF 178

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

M M / D D / Y Y Y Y Y  
 10 / 24 / 2014

## TOTAL AMOUNT TRANSFERRED

30394.31

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

30394.31

Transaction ID : H3.23270

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred).....



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

PAGE 129 OF 178

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

M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

## TOTAL AMOUNT TRANSFERRED

15221.29

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

15221.29

Transaction ID : H3.23272

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred).....

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

PAGE 130 OF 178

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

M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2014

## TOTAL AMOUNT TRANSFERRED

2326.85

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

2326.85

Transaction ID : H3.23325

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred).....

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

PAGE 131 OF 178

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

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

## TOTAL AMOUNT TRANSFERRED

24172.07

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

24172.07

Transaction ID : H3.23269

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred).....

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

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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

M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2014

## TOTAL AMOUNT TRANSFERRED

11717.16

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

11717.16

Transaction ID : H3.23267

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred).....

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

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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

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

## TOTAL AMOUNT TRANSFERRED

50481.04

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

50481.04

Transaction ID : H3.23266

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred).....

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

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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

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	4

## TOTAL AMOUNT TRANSFERRED

27419.09

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

27419.09

Transaction ID : H3.22988

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

237280.80

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred).....

237280.80

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

PAGE 135 OF 178

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>King's Cathedral</b>		<b>Transaction ID : H4.23079</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 1860 Westminster Street					
City Providence	State RI	Zip Code 02903			
Purpose of Disbursement: Utilities				Allocated Activity or Event Year-To-Date 246149.59	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 16 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
65.35			245.85		311.20

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Susann Della Rosa</b>		<b>Transaction ID : H4.23080</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 60 Don Avenue					
City Rumford	State RI	Zip Code 02916			
Purpose of Disbursement: Accounting Services Non-Employee				Allocated Activity or Event Year-To-Date 249349.59	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 16 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
672.00			2528.00		3200.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>NGP Van</b>		<b>Transaction ID : H4.23081</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 1101 15th Street, NW					
City Washington	State DC	Zip Code 20005			
Purpose of Disbursement: Social Media Lists				Allocated Activity or Event Year-To-Date 250049.59	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 16 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
147.00			553.00		700.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
884.35		3326.85		4211.20

**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>Poland Spring</b>		<b>Transaction ID : H4.23086</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 856192					
City Louisville	State KY	Zip Code 40285			
Purpose of Disbursement: Refreshments				Allocated Activity or Event Year-To-Date 250191.74	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 10 / 17 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.85			112.30		142.15

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Embolden</b>		<b>Transaction ID : H4.23087</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 545 Pawtucket Avenue					
City Pawtucket	State RI	Zip Code 02860			
Purpose of Disbursement: Web Site Support				Allocated Activity or Event Year-To-Date 251441.74	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 17 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
262.50			987.50		1250.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Lori Silverman</b>		<b>Transaction ID : H4.23089</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 2605 S. Kenmore Court					
City Arlington	State VA	Zip Code 22206			
Purpose of Disbursement: Fundraising Non-Event				Allocated Activity or Event Year-To-Date 252972.40	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 17 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
321.44			1209.22		1530.66

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
613.79		2309.02		2922.81

**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>Benenson Strategy Group</b>		<b>Transaction ID : H4.23090</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 720 S. Colorado Blvd.					
City Denver	State CO	Zip Code 80246			
Purpose of Disbursement: Polling and Research				Allocated Activity or Event Year-To-Date 288523.40	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 10 / 17 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
7465.71			28085.29		35551.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Staples</b>		<b>Transaction ID : H4.23099</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 551 North Main Street					
City Providence	State RI	Zip Code 02906			
Purpose of Disbursement: Office Supplies				Allocated Activity or Event Year-To-Date 288796.05	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 20 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
57.26			215.39		272.65

<b>C. Full Name (Last, First, Middle Initial)</b> <b>BJ's Wholesale Club</b>		<b>Transaction ID : H4.23100</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 Stonehill Drive					
City Johnston	State RI	Zip Code 02919			
Purpose of Disbursement: Office Food and Supplies				Allocated Activity or Event Year-To-Date 289120.96	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 20 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
68.23			256.68		324.91

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7591.20		28557.36		36148.56

**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>Benenson Strategy Group</b>		<b>Transaction ID : H4.23102</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 720 S. Colorado Blvd.					
City Denver	State CO	Zip Code 80246			
Purpose of Disbursement: Polling and Research				Allocated Activity or Event Year-To-Date 319120.96	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 10 / 23 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6300.00			23700.00		30000.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Myers Research</b>		<b>Transaction ID : H4.23115</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 1510 6th Street NW					
City Washington	State DC	Zip Code 20001			
Purpose of Disbursement: Polling and Research				Allocated Activity or Event Year-To-Date 338720.96	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 23 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4116.00			15484.00		19600.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Verizon</b>		<b>Transaction ID : H4.23119</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 P.O. Box 1100					
City Albany	State NY	Zip Code 12250			
Purpose of Disbursement: Telephone/Internet				Allocated Activity or Event Year-To-Date 338942.20	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 27 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.46			174.78		221.24

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10462.46		39358.78		49821.24

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**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>United Healthcare</b>		<b>Transaction ID : H4.23155</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address Dept CH 10151				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Palatine	State IL	Zip Code 60055		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Healthcare			Category/ Type	Allocated Activity or Event Year-To-Date 340623.95	
Activity or Event Identifier: Administrative				Date <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
353.19			1328.56		1681.75

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Jonathan Boucher</b>		<b>Transaction ID : H4.23156</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 23 Perkins Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Warwick	State RI	Zip Code 02886		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Net Wages			Category/ Type	Allocated Activity or Event Year-To-Date 342107.35	
Activity or Event Identifier: Administrative				Date <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
311.51			1171.89		1483.40

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Anne Pease</b>		<b>Transaction ID : H4.23157</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 75 Signal Way				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City East Greenwich	State RI	Zip Code 02818		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Net Wages			Category/ Type	Allocated Activity or Event Year-To-Date 343094.97	
Activity or Event Identifier: Administrative				Date <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
207.40			780.22		987.62

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
872.10		3280.67		4152.77

**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>Andrew Sia</b>		<b>Transaction ID : H4.23158</b>		Allocated Activity or Event:	
Mailing Address 127 Trenton Street				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Pawtucket	State RI	Zip Code 02860		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Net Wages				344141.54	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date	
				M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
219.78			826.79		1046.57

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Kyle Lynch</b>		<b>Transaction ID : H4.23159</b>		Allocated Activity or Event:	
Mailing Address 33 8th Street				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Providence	State RI	Zip Code 02906		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Net Wages				345261.16	
Activity or Event Identifier: Administrative		Category/ Type		Date	
				M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
235.12			884.50		1119.62

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Ingrid Ardaya</b>		<b>Transaction ID : H4.23160</b>		Allocated Activity or Event:	
Mailing Address 11 North Avenue				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Providence	State RI	Zip Code 02906		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Net Wages				345640.35	
Activity or Event Identifier: Administrative		Category/ Type		Date	
				M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
79.63			299.56		379.19

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
534.53		2010.85		2545.38

**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>Kelly Harris</b>		<b>Transaction ID : H4.23161</b>		Allocated Activity or Event:	
Mailing Address 48 Malbone Street				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Providence		State RI	Zip Code 02908	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Net Wages				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Allocated Activity or Event Year-To-Date	
				<div> <div>10</div> <div>30</div> <div>2014</div> </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
253.69			954.37		1208.06

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Kathryn Ramstad Albert</b>		<b>Transaction ID : H4.23162</b>		Allocated Activity or Event:	
Mailing Address 30A Jenckes Street				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Providence		State RI	Zip Code 02903	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Net Wages				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/ Type		Allocated Activity or Event Year-To-Date	
				<div> <div>10</div> <div>30</div> <div>2014</div> </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
253.69			954.37		1208.06

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Matthew Golderese</b>		<b>Transaction ID : H4.23163</b>		Allocated Activity or Event:	
Mailing Address 25 Carpenter Court				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City West Warwick		State RI	Zip Code 02893	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Net Wages				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/ Type		Allocated Activity or Event Year-To-Date	
				<div> <div>10</div> <div>30</div> <div>2014</div> </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
235.12			884.50		1119.62

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
742.50		2793.24		3535.74

**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>Kimmy Lim</b>		<b>Transaction ID : H4.23164</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 34 McBeth Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02920		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Net Wages			Category/ Type	Allocated Activity or Event Year-To-Date 349476.89	
Activity or Event Identifier: Administrative				Date <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
63.17			237.63		300.80

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Melba DePena Affigne</b>		<b>Transaction ID : H4.23165</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 14 Elmcrest Avenue				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02908		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Net Wages			Category/ Type	Allocated Activity or Event Year-To-Date 351915.50	
Activity or Event Identifier: Administrative				Date <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
512.01			1926.60		2438.61

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Laura Rokoff</b>		<b>Transaction ID : H4.23166</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 903 Providence Place				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02903		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Net Wages			Category/ Type	Allocated Activity or Event Year-To-Date 353591.49	
Activity or Event Identifier: Administrative				Date <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
351.96			1324.03		1675.99

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
927.14		3488.26		4415.40

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**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>Courtney Madden</b>		<b>Transaction ID : H4.23167</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 6 Tilden Circle					
City Quincy	State MA	Zip Code 02171			
Purpose of Disbursement: Net Wages				Allocated Activity or Event Year-To-Date 355112.55	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 30 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
319.42			1201.64		1521.06

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Division of Taxation</b>		<b>Transaction ID : H4.23168</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 One Capitol Hill					
City Providence	State RI	Zip Code 02908			
Purpose of Disbursement: State Payroll Taxes				Allocated Activity or Event Year-To-Date 356003.91	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 30 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
187.19			704.17		891.36

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Department of Employment &amp; Training</b>		<b>Transaction ID : H4.23171</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 One Capitol Hill					
City Providence	State RI	Zip Code 02908			
Purpose of Disbursement: State Unemployment Taxes				Allocated Activity or Event Year-To-Date 357558.94	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 30 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
326.56			1228.47		1555.03

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
833.17		3134.28		3967.45

**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>Cox Communications</b>		<b>Transaction ID : H4.23172</b>		Allocated Activity or Event:	
Mailing Address P.O. Box 39				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Newark	State NJ	Zip Code 07101		Allocated Activity or Event Year-To-Date 358008.94	
Purpose of Disbursement: Telephone/Internet				Date <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
94.50			355.50		450.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Susann Della Rosa</b>		<b>Transaction ID : H4.23173</b>		Allocated Activity or Event:	
Mailing Address 60 Don Avenue				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Rumford	State RI	Zip Code 02916		Allocated Activity or Event Year-To-Date 361408.94	
Purpose of Disbursement: Accounting Services Non-Employee				Date <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>	
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
714.00			2686.00		3400.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Shuster Realty</b>		<b>Transaction ID : H4.23174</b>		Allocated Activity or Event:	
Mailing Address 1769 Elmwood Avenue				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Warwick	State RI	Zip Code 02888		Allocated Activity or Event Year-To-Date 362368.94	
Purpose of Disbursement: Utilities				Date <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>	
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
240.00			720.00		960.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1048.50		3761.50		4810.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)****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>Perkins Coie</b>		<b>Transaction ID : H4.23175</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 1201 Third Avenue					
City Seattle	State WA	Zip Code 98101			
Purpose of Disbursement: Legal Services				Allocated Activity or Event Year-To-Date 371150.88	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 10 / 30 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
1844.21			6937.73		8781.94

<b>B. Full Name (Last, First, Middle Initial)</b> <b>A T &amp; T Universal Card</b>		<b>Transaction ID : H4.23176</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 8214					
City So. Hackensack	State NJ	Zip Code 07606			
Purpose of Disbursement: Credit Card Payment				Allocated Activity or Event Year-To-Date 371806.01	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 30 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
137.58			517.55		655.13

<b>C. Full Name (Last, First, Middle Initial)</b> <b>BJ's Wholesale Club</b>		<b>Transaction ID : H4.23184</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 Stonehill Drive					
City Johnston	State RI	Zip Code 02919			
Purpose of Disbursement: Office Supplies				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative		Category/ Type		Date 09 / 26 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
137.58			517.55		655.13

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1981.79		7455.28		9437.07

**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>Laura Rokoff</b>		<b>Transaction ID : H4.23177</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 903 Providence Place				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02903		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Reimbursement				Allocated Activity or Event Year-To-Date 372099.53	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.64			231.88		293.52

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Verizon Wireless</b>		<b>Transaction ID : H4.23185</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 15023				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Worcester	State MA	Zip Code 01615		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Cell Phone				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.64			231.88		293.52

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Clarity Labs</b>		<b>Transaction ID : H4.23178</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 803 7th Street NW				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Washington	State DC	Zip Code 20001		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Support and Messaging Models				Allocated Activity or Event Year-To-Date 414099.53	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8820.00			33180.00		42000.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8881.64		33411.88		42293.52

**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>Walsworth Landset Research</b>		<b>Transaction ID : H4.23180</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 3460 14th Street NW					
City Washington	State DC	Zip Code 20010			
Purpose of Disbursement: Research				Allocated Activity or Event Year-To-Date 421224.53	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 30 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
1496.25			5628.75		7125.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>BJ's Wholesale Club</b>		<b>Transaction ID : H4.23189</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 200 Stonehill Drive					
City Johnston	State RI	Zip Code 02919			
Purpose of Disbursement: Office and Food Supplies				Allocated Activity or Event Year-To-Date 423571.85	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 31 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
492.94			1854.38		2347.32

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Benny's</b>		<b>Transaction ID : H4.23190</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 66 Branch Avenue					
City Providence	State RI	Zip Code 02904			
Purpose of Disbursement: Canvass Supplies				Allocated Activity or Event Year-To-Date 424277.69	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 31 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
148.23			557.61		705.84

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2137.42		8040.74		10178.16

**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>Staples</b>		<b>Transaction ID : H4.23191</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 551 North Main Street					
City Providence	State RI	Zip Code 02906			
Purpose of Disbursement: Canvass Supplies				Allocated Activity or Event Year-To-Date 428916.31	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
974.11			3664.51		4638.62

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Papa Gino's-</b>		<b>Transaction ID : H4.23336</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 Narragansett Park Drive					
City East Providence	State RI	Zip Code 02916			
Purpose of Disbursement: Canvass Food				Allocated Activity or Event Year-To-Date 428987.53	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
14.96			56.26		71.22

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Papa Gino's-</b>		<b>Transaction ID : H4.23338</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 Narragansett Park Drive					
City East Providence	State RI	Zip Code 02916			
Purpose of Disbursement: Canvass Food				Allocated Activity or Event Year-To-Date 429059.84	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
15.19			57.12		72.31

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1004.26		3777.89		4782.15

**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>Dunkin Donuts</b>		<b>Transaction ID : H4.23342</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 1245 North Main Street					
City Providence	State RI	Zip Code 02906			
Purpose of Disbursement: Canvass Food				Allocated Activity or Event Year-To-Date 430567.67	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 11 / 01 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
316.64			1191.19		1507.83

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Domino's Pizza</b>		<b>Transaction ID : H4.23348</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 845 North Main Street					
City Providence	State RI	Zip Code 02906			
Purpose of Disbursement: Canvass Food				Allocated Activity or Event Year-To-Date 430942.84	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 01 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
78.79			296.38		375.17

<b>C. Full Name (Last, First, Middle Initial)</b> <b>McDonald's-</b>		<b>Transaction ID : H4.23351</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 649 North Main Street					
City Providence	State RI	Zip Code 02904			
Purpose of Disbursement: Canvass Food				Allocated Activity or Event Year-To-Date 431178.93	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 01 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
49.58			186.51		236.09

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
445.01		1674.08		2119.09

**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>Benny's</b>		<b>Transaction ID : H4.23193</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 66 Branch Avenue					
City Providence	State RI	Zip Code 02904			
Purpose of Disbursement: Canvass Supplies				Allocated Activity or Event Year-To-Date 431373.36	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
40.83			153.60		194.43

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Papa Gino's-</b>		<b>Transaction ID : H4.23341</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 Narragansett Park Drive					
City East Providence	State RI	Zip Code 02916			
Purpose of Disbursement: Canvass Food				Allocated Activity or Event Year-To-Date 431418.13	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
9.40			35.37		44.77

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Dunkin Donuts</b>		<b>Transaction ID : H4.23343</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 1245 North Main Street					
City Providence	State RI	Zip Code 02906			
Purpose of Disbursement: Canvass Food				Allocated Activity or Event Year-To-Date 432456.91	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
218.14			820.64		1038.78

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
268.37		1009.61		1277.98

**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>Domino's Pizza</b>		<b>Transaction ID : H4.23349</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 845 North Main Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02906		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Canvass Food				Allocated Activity or Event Year-To-Date 432814.82	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 11 / 02 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
75.16			282.75		357.91

<b>B. Full Name (Last, First, Middle Initial)</b> <b>McDonald's</b>		<b>Transaction ID : H4.23353</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address Southwest Terminal				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Linthicum	State MD	Zip Code 21240		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Canvass Food				Allocated Activity or Event Year-To-Date 433052.31	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 02 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
49.87			187.62		237.49

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Papa Gino's-</b>		<b>Transaction ID : H4.23339</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 12 Narragansett Park Drive				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City East Providence	State RI	Zip Code 02916		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Canvass Food				Allocated Activity or Event Year-To-Date 433389.01	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 03 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
70.71			265.99		336.70

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
195.74		736.36		932.10

**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>Dunkin Donuts</b>		<b>Transaction ID : H4.23344</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 1245 North Main Street					
City Providence	State RI	Zip Code 02906			
Purpose of Disbursement: Canvass Food				Allocated Activity or Event Year-To-Date 434122.88	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
154.11			579.76		733.87

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Stop &amp; Shop</b>		<b>Transaction ID : H4.23346</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 333 West River					
City Providence	State RI	Zip Code 02904			
Purpose of Disbursement: Canvass Food				Allocated Activity or Event Year-To-Date 434284.80	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.00			127.92		161.92

<b>C. Full Name (Last, First, Middle Initial)</b> <b>McDonald's-</b>		<b>Transaction ID : H4.23354</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 649 North Main Street					
City Providence	State RI	Zip Code 02904			
Purpose of Disbursement: Canvass Food				Allocated Activity or Event Year-To-Date 434519.70	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
49.33			185.57		234.90

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
237.44		893.25		1130.69

**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>Providence Biltmore</b>		<b>Transaction ID : H4.23196</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address Kennedy Plaza				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02903		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Election Night Equipment Rental		Category/ Type		Allocated Activity or Event Year-To-Date 436058.90	
Activity or Event Identifier: <b>Administrative</b>				Date 11 / 04 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
323.23			1215.97		1539.20

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Pauly Penta's Italian Deli</b>		<b>Transaction ID : H4.23197</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1290 Mineral Spring Avenue				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City No Providence	State RI	Zip Code 02904		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Election Night Catering		Category/ Type		Allocated Activity or Event Year-To-Date 436502.78	
Activity or Event Identifier: Administrative				Date 11 / 04 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
93.01			350.87		443.88

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Papa Gino's-</b>		<b>Transaction ID : H4.23340</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 12 Narragansett Park Drive				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City East Providence	State RI	Zip Code 02916		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Election Day Food		Category/ Type		Allocated Activity or Event Year-To-Date 437171.43	
Activity or Event Identifier: Administrative				Date 11 / 04 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
140.42			528.23		668.65

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
556.66		2095.07		2651.73

**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>Dunkin Donuts</b>		<b>Transaction ID : H4.23345</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 1245 North Main Street					
City Providence	State RI	Zip Code 02906			
Purpose of Disbursement: Election Day Food				Allocated Activity or Event Year-To-Date 437535.76	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 11 / 04 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
76.51			287.82		364.33

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Stop &amp; Shop</b>		<b>Transaction ID : H4.23347</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 333 West River					
City Providence	State RI	Zip Code 02904			
Purpose of Disbursement: Election Day Food				Allocated Activity or Event Year-To-Date 437598.44	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 04 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
13.20			49.48		62.68

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Dave's Marketplace</b>		<b>Transaction ID : H4.23350</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 18 Airport Road					
City Warwick	State RI	Zip Code 02886			
Purpose of Disbursement: Election Day Food				Allocated Activity or Event Year-To-Date 438114.39	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 04 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
108.35			407.60		515.95

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
198.06		744.90		942.96

**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>McDonald's-</b>		<b>Transaction ID : H4.23355</b>		Allocated Activity or Event:	
Mailing Address 649 North Main Street				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Providence	State RI	Zip Code 02904			
Purpose of Disbursement: Election Day Food				Allocated Activity or Event Year-To-Date 438457.40	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 11 / 04 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
72.03			270.98		343.01

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Matthew Golderese</b>		<b>Transaction ID : H4.23362</b>		Allocated Activity or Event:	
Mailing Address 25 Carpenter Court				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City West Warwick	State RI	Zip Code 02893			
Purpose of Disbursement: Reimbursement				Allocated Activity or Event Year-To-Date 438735.40	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 07 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
58.38			219.62		278.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Blue Cross Blue Shield of Rhode Island</b>		<b>Transaction ID : H4.23363</b>		Allocated Activity or Event:	
Mailing Address PO Box 1057				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Providence	State RI	Zip Code 02901			
Purpose of Disbursement: Health Insurance				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 01 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
58.38			219.62		278.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
130.41		490.60		621.01

**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>DJ Nova</b>		<b>Transaction ID : H4.23198</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 121 Amanda Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Cranston	State RI	Zip Code 02920		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Election Night Entertainment		Category/ Type		Allocated Activity or Event Year-To-Date 439155.40	
Activity or Event Identifier: <b>Administrative</b>				Date <input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
0.00			420.00		420.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>JetBlue</b>		<b>Transaction ID : H4.23203</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 300 Terminal C				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Boston	State MA	Zip Code 02128		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Airfare		Category/ Type		Allocated Activity or Event Year-To-Date 439412.38	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
53.97			203.01		256.98

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Got Junk</b>		<b>Transaction ID : H4.23200</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1193 Eddie Dowling Highway				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City No Smithfield	State RI	Zip Code 02896		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Trash Pick Up		Category/ Type		Allocated Activity or Event Year-To-Date 440191.38	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
163.59			615.41		779.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
217.56		1238.42		1455.98

**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>30 Kennedy Partners</b>		<b>Transaction ID : H4.23248</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 30 Kennedy Plaza					
City Providence	State RI	Zip Code 02903			
Purpose of Disbursement: Rent				Allocated Activity or Event Year-To-Date 440791.38	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.00			474.00		600.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>National Grid</b>		<b>Transaction ID : H4.23249</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 Processing Center					
City Woburn	State MA	Zip Code 01807			
Purpose of Disbursement: Electricity				Allocated Activity or Event Year-To-Date 440889.05	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.52			77.15		97.67

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Susann Della Rosa</b>		<b>Transaction ID : H4.23250</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 60 Don Avenue					
City Rumford	State RI	Zip Code 02916			
Purpose of Disbursement: Accounting Services Non-Employee				Allocated Activity or Event Year-To-Date 443289.05	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
504.00			1896.00		2400.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
650.52		2447.15		3097.67

**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>Amy Gabarra</b>		<b>Transaction ID : H4.23253</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 62 Bellman Avenue				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Warwick	State RI	Zip Code 02889		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Fundraising Consultant Non-Event				Allocated Activity or Event Year-To-Date 444289.05	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
790.00			210.00		1000.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Connie Grosch Photography</b>		<b>Transaction ID : H4.23254</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 20 Freese Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02908		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Photography Services				Allocated Activity or Event Year-To-Date 444489.05	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.00			158.00		200.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>TVEyes</b>		<b>Transaction ID : H4.23256</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1150 Post Road				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Fairfield	State CT	Zip Code 06824		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Media Monitoring Service				Allocated Activity or Event Year-To-Date 445089.05	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.00			474.00		600.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
958.00		842.00		1800.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****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>CitiBusiness Card</b>		<b>Transaction ID : H4.23310</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 182564					
City Columbus	State OH	Zip Code 43210			
Purpose of Disbursement: Credit Card Payment				Allocated Activity or Event Year-To-Date 445779.04	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 11 / 13 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
144.90			545.09		689.99

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Amtrak</b>		<b>Transaction ID : H4.23311</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 100 Gaspee Street					
City Providence	State RI	Zip Code 02903			
Purpose of Disbursement: Train Fare				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 05 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
55.02			206.98		262.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Iron Works Tavern</b>		<b>Transaction ID : H4.23312</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 697 Jefferson Boulevard					
City Warwick	State RI	Zip Code 02886			
Purpose of Disbursement: Meals				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 08 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
8.19			30.81		39.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
144.90		545.09		689.99

**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>Clear</b>		<b>Transaction ID : H4.23314</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 Dept CH 14365					
City Palatine	State IL	Zip Code 60065			
Purpose of Disbursement: Internet Access				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]		Category/ Type		Date 10 / 21 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
11.55			43.44		54.99

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Top of the Bay</b>		<b>Transaction ID : H4.23315</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 898 Oakland Beach Avenue					
City Warwick	State RI	Zip Code 02889			
Purpose of Disbursement: Meals				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 10 / 28 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
79.00			21.00		100.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Papa Razzi</b>		<b>Transaction ID : H4.23317</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 Garden City Center					
City Cranston	State RI	Zip Code 02920			
Purpose of Disbursement: Meals				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 10 / 27 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
11.97			45.03		57.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(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>Dave's Bar &amp; Grill</b>		<b>Transaction ID : H4.23318</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 2339 Post Road					
City Warwick	State RI	Zip Code 02886			
Purpose of Disbursement: Food and Beverage				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]		Category/ Type		Date 11 / 02 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.17			139.83		177.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Andrew Sia</b>		<b>Transaction ID : H4.23237</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 127 Trenton Street					
City Pawtucket	State RI	Zip Code 02860			
Purpose of Disbursement: Net Wages				Allocated Activity or Event Year-To-Date 446825.61	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 14 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
219.78			826.79		1046.57

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Kyle Lynch</b>		<b>Transaction ID : H4.23238</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 33 8th Street					
City Providence	State RI	Zip Code 02906			
Purpose of Disbursement: Net Wages				Allocated Activity or Event Year-To-Date 447945.23	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 14 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
235.12			884.50		1119.62

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
454.90		1711.29		2166.19

**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>Ingrid Ardaya</b>		<b>Transaction ID : H4.23239</b>		Allocated Activity or Event:	
Mailing Address 11 North Avenue				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Providence		State RI	Zip Code 02906	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Net Wages				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Allocated Activity or Event Year-To-Date	
				<div> <div>11</div> <div>14</div> <div>2014</div> </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
79.63			299.56		379.19

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Kelly Harris</b>		<b>Transaction ID : H4.23240</b>		Allocated Activity or Event:	
Mailing Address 48 Malbone Street				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Providence		State RI	Zip Code 02908	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Net Wages				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/ Type		Allocated Activity or Event Year-To-Date	
				<div> <div>11</div> <div>14</div> <div>2014</div> </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
253.69			954.37		1208.06

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Kathryn Ramstad Albert</b>		<b>Transaction ID : H4.23241</b>		Allocated Activity or Event:	
Mailing Address 30A Jenckes Street				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Providence		State RI	Zip Code 02903	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Net Wages				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/ Type		Allocated Activity or Event Year-To-Date	
				<div> <div>11</div> <div>14</div> <div>2014</div> </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
253.69			954.37		1208.06

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
587.01		2208.30		2795.31

**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>Matthew Golderese</b>		<b>Transaction ID : H4.23242</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 25 Carpenter Court				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City West Warwick	State RI	Zip Code 02893		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Net Wages		Category/ Type		Allocated Activity or Event Year-To-Date 451860.16	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
235.12			884.50		1119.62

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Kimmy Lim</b>		<b>Transaction ID : H4.23243</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 34 McBeth Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02920		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Net Wages		Category/ Type		Allocated Activity or Event Year-To-Date 452160.96	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
63.17			237.63		300.80

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Melba DePena Affigne</b>		<b>Transaction ID : H4.23244</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 14 Elmcrest Avenue				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02908		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Net Wages		Category/ Type		Allocated Activity or Event Year-To-Date 454599.57	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
512.01			1926.60		2438.61

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
810.30		3048.73		3859.03

**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>Laura Rokoff</b>		<b>Transaction ID : H4.23245</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 903 Providence Place				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02903		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Net Wages			Category/ Type	Allocated Activity or Event Year-To-Date 456275.56	
Activity or Event Identifier: Administrative				Date 11 / 14 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
351.96			1324.03		1675.99

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Courtney Madden</b>		<b>Transaction ID : H4.23246</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 6 Tilden Circle				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Quincy	State MA	Zip Code 02171		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Net Wages			Category/ Type	Allocated Activity or Event Year-To-Date 457796.62	
Activity or Event Identifier: Administrative				Date 11 / 14 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
319.42			1201.64		1521.06

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Talia Policelli</b>		<b>Transaction ID : H4.23247</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 39 Taft Avenue				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02906		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Net Wages			Category/ Type	Allocated Activity or Event Year-To-Date 459396.72	
Activity or Event Identifier: Administrative				Date 11 / 14 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
336.02			1264.08		1600.10

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1007.40		3789.75		4797.15

**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>Cox Communications</b>		<b>Transaction ID : H4.23251</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 P.O. Box 39					
City Newark	State NJ	Zip Code 07101			
Purpose of Disbursement: Communications Services				Allocated Activity or Event Year-To-Date 459795.54	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 14 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
83.91			314.91		398.82

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Division of Taxation</b>		<b>Transaction ID : H4.23321</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			
Purpose of Disbursement: State Unemployment Taxes				Allocated Activity or Event Year-To-Date 460480.65	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 14 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
143.88			541.23		685.11

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Everin Perez</b>		<b>Transaction ID : H4.23329</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 27 Stamford Avenue					
City Providence	State RI	Zip Code 02907			
Purpose of Disbursement: Reimbursement				Allocated Activity or Event Year-To-Date 460492.93	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 16 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
2.58			9.70		12.28

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
230.37		865.84		1096.21

**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>Walgreen's</b>		<b>Transaction ID : H4.23332</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 100 Broad Street				Allocated Activity or Event Year-To-Date 0.00	
City Pawtucket	State RI	Zip Code 02860		Date 10 / 23 / 2014	
Purpose of Disbursement: Office Supplies		Category/ Type			
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.58			9.70		12.28

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Jennifer Colwell</b>		<b>Transaction ID : H4.23330</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 449 Mount Pleasant Road				Allocated Activity or Event Year-To-Date 460511.28	
City Harrisville	State RI	Zip Code 02830		Date 11 / 16 / 2014	
Purpose of Disbursement: Reimbursement		Category/ Type			
Activity or Event Identifier: Administrative					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.85			14.50		18.35

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Dunkin Donuts</b>		<b>Transaction ID : H4.23333</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 50 Admiral Street				Allocated Activity or Event Year-To-Date 0.00	
City Providence	State RI	Zip Code 02908		Date 11 / 03 / 2014	
Purpose of Disbursement: Refreshments		Category/ Type			
Activity or Event Identifier: Administrative [MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.85			14.50		18.35

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.85		14.50		18.35

**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**

PAGE 167 OF 178

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>Laura Rokoff</b>		<b>Transaction ID : H4.23331</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 903 Providence Place				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02903		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Reimbursement				Allocated Activity or Event Year-To-Date 460658.03	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.82			115.93		146.75

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Verizon Wireless</b>		<b>Transaction ID : H4.23334</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 15023				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Worcester	State MA	Zip Code 01615		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Cell Phone				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.82			115.93		146.75

<b>C. Full Name (Last, First, Middle Initial)</b> <b>United States Treasury</b>		<b>Transaction ID : H4.23323</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 660351				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Dallas	State TX	Zip Code 75266		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Federal Payroll Taxes				Allocated Activity or Event Year-To-Date 473487.36	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2694.97			10134.36		12829.33

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2725.79		10250.29		12976.08

**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**

PAGE 168 OF 178

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>U-Haul</b>		<b>Transaction ID : H4.23192</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 240 Silver Spring Street					
City Providence	State RI	Zip Code 02904			
Purpose of Disbursement: Truck Rental				Allocated Activity or Event Year-To-Date 473670.01	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.36			144.29		182.65

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Allison Harrington</b>		<b>Transaction ID : H4.23360</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 24 Keene Street					
City Providence	State RI	Zip Code 02906			
Purpose of Disbursement: Clerical Stipend				Allocated Activity or Event Year-To-Date 474170.01	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00			395.00		500.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Got Junk</b>		<b>Transaction ID : H4.23202</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 1193 Eddie Dowling Highway					
City No Smithfield	State RI	Zip Code 02896			
Purpose of Disbursement: Trash Pickup				Allocated Activity or Event Year-To-Date 474507.01	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
70.77			266.23		337.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
214.13		805.52		1019.65

**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
48551.27	180117.35	228668.62



**SCHEDULE H5 (FEC Form 3X)****TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY****(To be used by State, District and Local Party Committees Only)**PAGE 169 OF 178  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

NAME OF ACCOUNT  
Levin Account

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2014

TOTAL AMOUNT TRANSFERRED

34249.72

## BREAKDOWN OF THIS TRANSFER

Transaction ID : H5.23309

i) **Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

0.00

ii) **Voter ID**

VOTER ID

Total Amount Transferred for Voter ID .....

0.00

iii) **GOTV**

GOTV

Total Amount Transferred for GOTV .....

0.00

iv) **Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

34249.72

NAME OF ACCOUNT  
Levin Account

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2014

TOTAL AMOUNT TRANSFERRED

47516.41

## BREAKDOWN OF THIS TRANSFER

Transaction ID : H5.23307

i) **Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

0.00

ii) **Voter ID**

VOTER ID

Total Amount Transferred for Voter ID .....

0.00

iii) **GOTV**

GOTV

Total Amount Transferred for GOTV .....

0.00

iv) **Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

47516.41

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID) .....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

**SCHEDULE H5 (FEC Form 3X)****TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY****(To be used by State, District and Local Party Committees Only)**PAGE 170 OF 178  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

NAME OF ACCOUNT  
Levin Account

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2014

TOTAL AMOUNT TRANSFERRED

50018.52

## BREAKDOWN OF THIS TRANSFER

Transaction ID : H5.23306

i) **Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

0.00

ii) **Voter ID**

VOTER ID

Total Amount Transferred for Voter ID .....

0.00

iii) **GOTV**

GOTV

Total Amount Transferred for GOTV .....

0.00

iv) **Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

50018.52

NAME OF ACCOUNT  
Levin Account

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y  
11 / 11 / 2014

TOTAL AMOUNT TRANSFERRED

1086.25

## BREAKDOWN OF THIS TRANSFER

Transaction ID : H5.23308

i) **Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

0.00

ii) **Voter ID**

VOTER ID

Total Amount Transferred for Voter ID .....

0.00

iii) **GOTV**

GOTV

Total Amount Transferred for GOTV .....

0.00

iv) **Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

1086.25

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

0.00

TOTAL This Period (Voter ID) .....

0.00

TOTAL This Period (GOTV).....

0.00

TOTAL This Period (Generic Campaign Activity).....

132870.90

TOTAL This Period (Total Amount of Transfers Received).....

132870.90

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
**(To be used by State, District and Local Party Committees Only)**

PAGE 171 OF 178

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Petel and Company

Transaction ID : H6.23104

Mailing Address 737 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Generic Citizenship Mailers and Postage

Category/ Type

Type of Allocated Activity or Event:

<input type="checkbox"/> Voter Registration	<input checked="" type="checkbox"/> GOTV
<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign

Allocated Activity or Event Year-To-Date

60147.36
----------

Date

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

12630.95

47516.41

60147.36

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Rising Tide Interactive

Transaction ID : H6.23117

Mailing Address 901 New York Avenue NW

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Interactive Generic Media and Production

Category/ Type

Type of Allocated Activity or Event:

<input type="checkbox"/> Voter Registration	<input checked="" type="checkbox"/> GOTV
<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign

Allocated Activity or Event Year-To-Date

123461.94
-----------

Date

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

50018.52

13296.06

63314.58

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Six One Seven Studios

Transaction ID : H6.23182

Mailing Address 430 Franklin Village Drive

City	State	Zip Code
Franklin	MA	02038

Purpose of Disbursement
Generic Interactive Production Fees

Category/ Type

Type of Allocated Activity or Event:

<input type="checkbox"/> Voter Registration	<input checked="" type="checkbox"/> GOTV
<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign

Allocated Activity or Event Year-To-Date

124836.94
-----------

Date

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

288.75

1086.25

1375.00

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

62938.22

61898.72

124836.94

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

TOTAL This Period for the Levin Share

LEVIN SHARE

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
 (To be used by State, District and Local Party Committees Only)

PAGE 172 OF 178

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Petel and Company

Type of Allocated Activity or Event:

☐ Voter Registration☐ Voter ID☐ GOTV☒ Generic Campaign

Transaction ID : H6.23093

Mailing Address 737 8th Street SE

Allocated Activity or Event Year-To-Date

43354.08

City	State	Zip Code
Washington	DC	20003

Category/  
TypePurpose of Disbursement  
RTW Mailers Printing and Postage

Date

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2014

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

9104.36

34249.72

43354.08

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration☐ Voter ID☐ GOTV☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

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

Category/  
Type

Purpose of Disbursement

Date

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

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration☐ Voter ID☐ GOTV☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

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

Category/  
Type

Purpose of Disbursement

Date

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

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

9104.36

34249.72

43354.08

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

72042.58

LEVIN SHARE

TOTAL AMOUNT

168191.02

TOTAL This Period for the Levin Share

96148.44

**SCHEDULE L (FEC Form 3X)****AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID : SL.23274

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

NAME OF ACCOUNT

Levin Account

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	133500.00	133500.00
(b) Unitemized .....	0.00	0.00
(c) Total .....	133500.00	133500.00
2. OTHER RECEIPTS .....	0.00	0.00
3. TOTAL RECEIPTS ..... (Add Lines 1c and 2)	133500.00	133500.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	0.00	0.00
(b) Voter ID .....	0.00	0.00
(c) GOTV .....	0.00	0.00
(d) Generic Campaign .....	132870.90	132870.90
(e) Total .....	132870.90	132870.90
5. OTHER DISBURSEMENTS .....	0.00	0.00
6. TOTAL DISBURSEMENTS ..... (Add Lines 4e and 5)	132870.90	132870.90
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	0.00	0.00
8. RECEIPTS ..... (from Line 3)	133500.00	133500.00
9. SUBTOTAL ..... (Add Lines 7 and 8)	133500.00	133500.00
10. DISBURSEMENTS ..... (From Line 6)	132870.90	132870.90
11. ENDING CASH ON HAND ..... (Subtract Line 10 From Line 9)	629.10	629.10

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

PAGE 174 OF 178

 FOR LINE NUMBER:  
 (check only one)

☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Kimberly Anderson**

Account : 8659

Mailing Address 170 Adams Point Road

 City State Zip Code  
 Barrington RI 02806

Name of Employer or Principal Place of Business

Ava Anderson LLC

Occupation President

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 25 2014

Transaction ID : SASL1A.23300

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Alfred Carpcionato**

Account : 8659

Mailing Address 1414 Atwood Avenue

 City State Zip Code  
 Johnston RI 02919

Name of Employer or Principal Place of Business

Carpcionato Brothers

Occupation Real Estate

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 25 2014

Transaction ID : SASL1A.23277

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Carla Crane**

Account : 8659

Mailing Address 2485 Broadway

 City State Zip Code  
 San Francisco CA 94115

Name of Employer or Principal Place of Business

Carla &amp; David Crane Foundation

Occupation Director

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 30 2014

Transaction ID : SASL1A.23278

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. David Crane**

Account : 8659

Mailing Address 2485 Broadway

 City State Zip Code  
 San Francisco CA 94115

Name of Employer or Principal Place of Business

Stamford University

Occupation Lecturer

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 30 2014

Transaction ID : SASL1A.23280

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

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

31000.00

31000.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

PAGE 175 OF 178

 FOR LINE NUMBER:  
 (check only one)

☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Peter Dolan**

Account : 8659

Mailing Address 60 Beach Drive

 City State Zip Code  
 Little Compton RI 02837

Name of Employer or Principal Place of Business

Gemin X Pharmaceuticals

Occupation Executive

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 09 2014

Transaction ID : SASL1A.23282

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Davide Dukcevic**

Account : 8659

Mailing Address 112 Congdon Street

 City State Zip Code  
 Providence RI 02906

Name of Employer or Principal Place of Business

Daniele, Inc.

Occupation Sales Executive

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 09 2014

Transaction ID : SASL1A.23284

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Nancy Dunn**

Account : 8659

Mailing Address 270 Benefit Street

 City State Zip Code  
 Providence RI 02906

Name of Employer or Principal Place of Business

Not Employed

Occupation Not Employed

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 02 2014

Transaction ID : SASL1A.23285

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Gerald Harrington**

Account : 8659

Mailing Address 209 Blackberry Hill Drive

 City State Zip Code  
 South Kingstown RI 02879

Name of Employer or Principal Place of Business

Capitol City Group

Occupation Managing Partner

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 26 2014

Transaction ID : SASL1A.23292

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

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

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

30000.00

30000.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

PAGE 176 OF 178

 FOR LINE NUMBER:  
 (check only one)

☒ 1a ☐ 2

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) / Full Organization Name

**A. Samuel Mencoff**

Account : 8659

Mailing Address 1250 N. Lake Shore Drive

 City State Zip Code  
 Chicago IL 60610

Name of Employer or Principal Place of Business

Madison Dearborn Partners

Occupation Executive

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 25 2014

Transaction ID : SASL1A.23276

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Elizabeth Pesce**

Account : 8659

Mailing Address PO Box 568

 City State Zip Code  
 Barrington RI 02806

Name of Employer or Principal Place of Business

Consolidated Concrete

Occupation Executive

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 24 2014

Transaction ID : SASL1A.23287

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. J. Robert Pesce**

Account : 8659

Mailing Address 416 New Meadow Road

 City State Zip Code  
 Barrington RI 02806

Name of Employer or Principal Place of Business

Coast Realty

Occupation Executive

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 24 2014

Transaction ID : SASL1A.23289

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. John Picerne**

Account : 8659

Mailing Address 75 Lambert Lind Hwy

 City State Zip Code  
 Warwick RI 02886

Name of Employer or Principal Place of Business

Picerne Properties

Occupation Principal

Date of Receipt

 M M / D D / Y Y Y Y Y  
 10 28 2014

Transaction ID : SASL1A.23295

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

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

40000.00

40000.00



**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

PAGE 177 OF 178

 FOR LINE NUMBER:  
 (check only one)

☒ 1a

☐ 2

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Jeffrey Siegal**

Account : 8659

Mailing Address 227 Eastover Road

 City State Zip Code  
 Portsmouth RI 02871

Name of Employer or Principal Place of Business

Metal Mark Capital

Occupation Investor

Date of Receipt

 M M / D D / Y Y Y Y Y  
 10 16 2014

Transaction ID : SASL1A.23293

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Archbold Van Beuren**

Account : 8659

Mailing Address 636 Black Rock Road

 City State Zip Code  
 Bryn Mawr PA 19010

Name of Employer or Principal Place of Business

Retired

Occupation Retired

Date of Receipt

 M M / D D / Y Y Y Y Y  
 10 10 2014

Transaction ID : SASL1A.23298

Amount of Each Receipt this Period

7500.00

Aggregate Year-to-Date

7500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Helene Van Beuren**

Account : 8659

Mailing Address 636 Black Rock Road

 City State Zip Code  
 Bryn Mawr PA 19010

Name of Employer or Principal Place of Business

Not Employed

Occupation Not Employed

Date of Receipt

 M M / D D / Y Y Y Y Y  
 10 10 2014

Transaction ID : SASL1A.23296

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Mark Weiner**

Account : 8659

Mailing Address 140 Fox Run

 City State Zip Code  
 East Greenwich RI 02818

Name of Employer or Principal Place of Business

Financial Innovations, Inc.

Occupation Executive

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 21 2014

Transaction ID : SASL1A.23291

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

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

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

32500.00

133500.00

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

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

FOR LINE NUMBER: PAGE 178 OF 178

(check only one) ☐ 4a ☐ 4c ☐ 5  
☐ 4b ☒ 4d

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. RI Democratic Levin Account**

Mailing Address PO Box 6004

City State Zip Code  
Providence RI 02940

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 25 2014

**Transaction ID : SBSL4D.23302**

Amount of Each Disbursement this Period

34249.72

**Account : 8659**

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. RI Democratic Levin Account**

Mailing Address PO Box 6004

City State Zip Code  
Providence RI 02940

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 27 2014

**Transaction ID : SBSL4D.23304**

Amount of Each Disbursement this Period

47516.41

**Account : 8659**

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. RI Democratic Levin Account**

Mailing Address PO Box 6004

City State Zip Code  
Providence RI 02940

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 09 2014

**Transaction ID : SBSL4D.23305**

Amount of Each Disbursement this Period

50018.52

**Account : 8659**

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. RI Democratic Levin Account**

Mailing Address PO Box 6004

City State Zip Code  
Providence RI 02940

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 11 2014

**Transaction ID : SBSL4D.23303**

Amount of Each Disbursement this Period

1086.25

**Account : 8659**

Full Name (Last, First, Middle Initial) / Full Organization Name

**E.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

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

Amount of Each Disbursement this Period

**Account :**

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

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

132870.90

132870.90