

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

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Rhode Island Democratic State Committee

ADDRESS (number and street)

P.O. Box 6004

☐Check if different
than previously
reported. (ACC)

Providence

RI

02940

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00136200

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

07

2006

in the
State of

RI

5. Covering Period

10

19

2006

through

11

27

2006

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

Type or Print Name of Treasurer

John McConnell, Jr.

Signature of Treasurer

Electronically Filed by John McConnell, Jr.

Date

12

07

2006

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. 02/2003)

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
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		110469.32
(b) Cash on Hand at Beginning of Reporting Period	418743.90	
(c) Total Receipts (from Line 19)	964251.61	3320338.75
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1382995.51	3430808.07
7. Total Disbursements (from Line 31)	1227759.02	3275571.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	155236.49	155236.49
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	5249.87	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

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	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	53700.00	464420.00
(i) Itemized (use Schedule A)	1905.00	25133.00
(ii) Unitemized	55605.00	489553.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	93500.00	200000.00
(c) Other Political Committees (such as PACs)	149105.00	689553.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤		
12. Transfers From Affiliated/Other Party Committees	799931.60	2499243.42
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	12065.41
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	15215.01	119476.92
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	15215.01	119476.92
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	964251.61	3320338.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	949036.60	3200861.83

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	19438.84	112476.74
(ii) Non-Federal Share.....	41045.83	157990.86
(b) Other Federal Operating Expenditures.....	82901.26	347799.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	143385.93	618266.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	26103.04	143784.39
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	3600.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	6216.33	6216.33
(ii) "Levin" Share	10918.01	10918.01
(b) Federal Election Activity Paid Entirely With Federal Funds	1041135.71	2492785.95
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	1058270.05	2509920.29
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1227759.02	3275571.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1175795.18	3106662.71

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)	149105.00	689553.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	149105.00	689553.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	102340.10	460276.04
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	12065.41
38. Net Operating Expenditures (subtract Line 37 from Line 36)	102340.10	448210.63

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
David Abbott
Mailing Address 167 Arlington Avenue

City State Zip Code
Providence RI 02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Giant Panther Real Estate

Occupation
Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.12711

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)
Bernstein Liebhard & Lifshitz LLP
Mailing Address 10 East 40th Street

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
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12591

Amount of Each Receipt this Period

10000.00

C. Full Name (Last, First, Middle Initial)
William Titelman
Mailing Address 10 East 40th Street

City State Zip Code
New York NY 10016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bernstein Liebhard & Lifshitz

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12591.0

Amount of Each Receipt this Period

10000.00

Partnership contribution

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

10400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 266

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Lucy Blake
Mailing Address 1411 Native Sons Road

City State Zip Code
Woodside CA 94062

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Environmentalist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.12692

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Ben Cohen
Mailing Address 191 Bank Street

City State Zip Code
Burlington VT 05401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ben & Jerry's

Occupation
Co-founder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12623

Amount of Each Receipt this Period

3000.00

C. Full Name (Last, First, Middle Initial)
Denise Dangremond
Mailing Address 47 Nayatt Road

City State Zip Code
Barrington RI 02806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.12655

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 266

(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. Alexander Fanjul

Mailing Address 110 Chateaux Drive

City State Zip Code
Palm Beach FL 33480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flo-Sun Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12586

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. George Grayson

Mailing Address 2540 Massachusetts Avenue

City State Zip Code
Washington DC 20008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown Advisory

Occupation
Investment Adviser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12621

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. J Joseph Hardy

Mailing Address 2301 North Albemarle Street

City State Zip Code
Arlington VA 22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMI Inc

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.12665

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 266

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Gerald Harrington
Mailing Address 209 Blackberry Hill Drive

City State Zip Code
South Kingstown RI 02879

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol City Group

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12613

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Joseph Voccola & Associates
Mailing Address 454 Broadway

City State Zip Code
Providence RI 02909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.12598

Amount of Each Receipt this Period

900.00

Partnership contribution

C. Full Name (Last, First, Middle Initial)
Joseph Voccola
Mailing Address 7 Tabor Drive

City State Zip Code
Johnston RI 02919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Joseph Voccola & Associat-
es

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.12598.0

Amount of Each Receipt this Period

900.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 266

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Herbert Kohl

Mailing Address 825 N Jefferson Street

City State Zip Code
Milwaukee WI 53202

FEC ID number of contributing
federal political committee.

C

Name of Employer
United State Senate

Occupation
Senator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12584

Amount of Each Receipt this Period

1000.00

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

Donald Listwin

Mailing Address 3480 Woodside Road

City State Zip Code
Woodside CA 94062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Canary Foundation

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
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.12689

Amount of Each Receipt this Period

5800.00

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

Joseph Lubiner

Mailing Address 35 Chestnut Drive

City State Zip Code
East Greenwich RI 02818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metaco Advisory Services

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12608

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

7800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 266

(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. Theodore Lynch

Mailing Address 10507 Clipper Drive

City State Zip Code
 Fairfax Station VA 22039

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMI Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.12667

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Steven Nightingale

Mailing Address PO Box 2071

City State Zip Code
 Reno NV 89505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.12690

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Christopher Ohrstrom

Mailing Address PO Box 500

City State Zip Code
 The Plains VA 20198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11A1.12669

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 266

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Ruth Simmons

Mailing Address 55 Power Street

City State Zip Code
 Providence RI 02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown University

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12619

Amount of Each Receipt this Period

500.00

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

James Street

Mailing Address 107 Wood Trail

City State Zip Code
 Austin TX 78746

FEC ID number of contributing
federal political committee.

C

Name of Employer
James Street Group

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.12657

Amount of Each Receipt this Period

5000.00

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

Hilary Valentine

Mailing Address 3480 Woodside Road

City State Zip Code
 Woodside CA 94062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black & White Design

Occupation
Business Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.12694

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 266

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Christopher Vitale
Mailing Address 21 Academy Avenue

City State Zip Code
Bristol RI 02809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol City Group

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12611

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
David Winton
Mailing Address 80 South 8th Street

City State Zip Code
Minneapolis MN 55402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winton Partners

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.12709

Amount of Each Receipt this Period

1500.00

C. Full Name (Last, First, Middle Initial)
Ariela Zuller
Mailing Address 851 Briar Place

City State Zip Code
Woodmere NY 11598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information requested

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11A1.12646

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

4300.00

TOTAL This Period (last page this line number only)

53700.00

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

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

FOR LINE NUMBER: PAGE 14 / 266

(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. AFL-CIO COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 815 16th Street NW

City State Zip Code
 Washington DC 20006

FEC ID number of contributing
federal political committee.

C C00003806

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
 1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11C.12661

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

Mailing Address 80 F STREET, N.W.

City State Zip Code
 WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C70000104

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 8 / 2 0 0 6

Transaction ID: SA11C.12683

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. AMERICAN FEDERATION OF TEACHERS STAFF UNION COMMITTEE ON POLITICAL EDUCATION

Mailing Address 555 NEW JERSEY AVENUE N W

City State Zip Code
 WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00157545

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11C.12653

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 266

(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. AMERICAN INTERNATIONAL GROUP INC. EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 70 PINE STREET
 19TH FLOOR

City State Zip Code
 NEW YORK NY 10270

FEC ID number of contributing
federal political committee. **C** C00097725

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
 1 1 / 0 8 / 2 0 0 6

Transaction ID: SA11C.12715

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)
B. Bingaman for Senate

Mailing Address PO BOX 16210

City State Zip Code
 ALBUQUERQUE NM 87191

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
 1 1 / 0 2 / 2 0 0 6

Transaction ID: SA11C.12638

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)
C. CITIZENS FOR HOPE RESPONSIBILITY INDEPENDENCE AND SERVICE PAC (CHRIS PAC)

Mailing Address 607 14th Street NW
 Suite 800

City State Zip Code
 Washington DC 20005

FEC ID number of contributing
federal political committee. **C** C00391961

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
 1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11C.12659

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 266

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
COMMITTEE FOR A DEMOCRATIC MAJORITY

Mailing Address 301 4th St. NE Suite 202
Suite 101

City State Zip Code
Washington DC 20002

FEC ID number of contributing
federal political committee. **C** C00302067

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: SA11C.12685

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION)

Mailing Address 100 INDIANA AVE. N. W.

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing
federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: SA11C.12686

Amount of Each Receipt this Period

5000.00

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

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11C.12627

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 266

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Friends of Juan Pichardo

Mailing Address PO Box 27943

City State Zip Code
 Providence RI 02907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: SA11C.12679

Amount of Each Receipt this Period

200.00

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

FRIENDS OF RAHM EMANUEL

Mailing Address P.O. Box 101124

City State Zip Code
 Chicago IL 60610

FEC ID number of contributing
federal political committee.

C C00368829

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5600.00

Date of Receipt

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

Transaction ID: SA11C.12642

Amount of Each Receipt this Period

5600.00

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

GLACIER PAC

Mailing Address 818 Connecticut Ave. NW #1009
 Suite 1009

City State Zip Code
 Washington DC 20006

FEC ID number of contributing
federal political committee.

C C00353953

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
 1 0 / 2 7 / 2 0 0 6

Transaction ID: SA11C.12578

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 266

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) GREEN MOUNTAIN PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address PO Box 1142		Transaction ID: SA11C.12648
City Montpelier	State VT	Zip Code 05601
FEC ID number of contributing federal political committee. C C00409110		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B. Full Name (Last, First, Middle Initial) HOPEFUND INC.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 235 Massachusetts Ave NE		Transaction ID: SA11C.12580
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C C00409052		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) IMPACT		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 509 Madison Ave. Suite 1902		Transaction ID: SA11C.12681
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C C00348607		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 266

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
International Brotherhood of Electrical Workers

Mailing Address 900 Seventh Street NW

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11C.12634

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Joshua Miller for State Senate

Mailing Address 41 Talbot Manor

City State Zip Code
 Cranston RI 02905

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

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11C.12707

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
KEEPING AMERICA'S PROMISE INC.

Mailing Address 511 C Street NE

City State Zip Code
 Washington DC 20002

FEC ID number of contributing
federal political committee. **C** C00409508

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
 1 0 / 2 4 / 2 0 0 6

Transaction ID: SA11C.12662

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

7600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 266

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

M-PAC

Mailing Address 607 14th Street N.W.
Suite 800

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00365270

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11C.12650

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

PAC TO THE FUTURE

Mailing Address PMB 3230
268 Bush Street

City State Zip Code
San Francisco CA 94104

FEC ID number of contributing
federal political committee.

C C00344234

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11C.12644

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

PRAIRIE POLITICAL ACTION COMMITTEE

Mailing Address POST OFFICE BOX 2002

City State Zip Code
SPRINGFIELD IL 62705

FEC ID number of contributing
federal political committee.

C C00347195

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11C.12635

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 266

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
RHODE ISLAND YOUNG DEMOCRATS-FED PAC

Mailing Address PO BOX 41633

City State Zip Code
PROVIDENCE RI 02940
FEC ID number of contributing
federal political committee. **C** C00352013

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11C.12582

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
SEARCHLIGHT LEADERSHIP FUNDMailing Address 422 C Street NE Lower level
Lower level
City State Zip Code
Washington DC 20002
FEC ID number of contributing
federal political committee. **C** C00327395

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
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11C.12629

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)
SEIU C.O.P.E. Fund

Mailing Address 1313 L Street, NW

City State Zip Code
Washington DC 20005
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
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11C.12652

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 266

(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. Steve Smith Committee

Mailing Address 20 Neutaconikanut Road

City State Zip Code
 Providence RI 02919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11C.12625

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Tillinghast Licht LLP PAC Account

Mailing Address 10 Weybosset Street

City State Zip Code
 Providence RI 02903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11C.12664

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. WALT DISNEY PRODUCTIONS EMPLOYEES PAC (DISNEY EMPLOYEES POLITICAL ACTION COMMITTEE)

Mailing Address 1150 17TH STREET NW SUITE 400

City State Zip Code
 WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00197749

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
 1 1 / 0 2 / 2 0 0 6

Transaction ID: SA11C.12640

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3100.00

TOTAL This Period (last page this line number only)

93500.00

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

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

FOR LINE NUMBER: PAGE 23 / 266

(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. Democratic National Committee/Federal State Party Acct

Mailing Address 430 South Capitol St., S.E.

City State Zip Code
 Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4242.53

Date of Receipt

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

Transaction ID: SA12.12588

Amount of Each Receipt this Period

595.15

Full Name (Last, First, Middle Initial)

B. Democratic National Committee Federal

Mailing Address 430 South Capitol Street, SE

City State Zip Code
 Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: SA12.10964

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

C. Democratic National Committee Federal

Mailing Address 430 South Capitol Street, SE

City State Zip Code
 Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 7 / 2 0 0 6

Transaction ID: SA12.10965

Amount of Each Receipt this Period

25000.00

SUBTOTAL of Receipts This Page (optional)

50595.15

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 266

(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. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City State Zip Code
 Washington DC 20002

FEC ID number of contributing
federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1618664.44

Date of Receipt

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

Transaction ID: SA12.10959

Amount of Each Receipt this Period

200000.00

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City State Zip Code
 Washington DC 20002

FEC ID number of contributing
federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1758664.44

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: SA12.10961

Amount of Each Receipt this Period

140000.00

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City State Zip Code
 Washington DC 20002

FEC ID number of contributing
federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1958664.44

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 7 / 2 0 0 6

Transaction ID: SA12.10960

Amount of Each Receipt this Period

200000.00

SUBTOTAL of Receipts This Page (optional)

540000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 266

(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. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City State Zip Code
 Washington DC 20002

FEC ID number of contributing
federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2081444.44

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: SA12.10962

Amount of Each Receipt this Period

122780.00

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City State Zip Code
 Washington DC 20002

FEC ID number of contributing
federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2151444.44

Date of Receipt

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

Transaction ID: SA12.10963

Amount of Each Receipt this Period

70000.00

Full Name (Last, First, Middle Initial)

C. RHODE ISLAND DEMOCRATIC SENATE VICTORY FUND

Mailing Address 607 14TH STREET NW 8TH FLOOR

City State Zip Code
 WASHINGTON DC 20005

FEC ID number of contributing
federal political committee. **C** C00429555

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 8 / 2 0 0 6

Transaction ID: SA12.12745

Amount of Each Receipt this Period

6000.00

SUBTOTAL of Receipts This Page (optional)

198780.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) Peter Freeman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 100 Alumni Avenue		Transaction ID: SA12.12745.0
City Providence	State RI	Zip Code 02906
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Business Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
[MEMO ITEM]		

B. Full Name (Last, First, Middle Initial) Marie Langlois		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 254 Wayland Avenue		Transaction ID: SA12.12745.1
City Providence	State RI	Zip Code 02906
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Washington Trust	Occupation Portfolio Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
[MEMO ITEM]		

C. Full Name (Last, First, Middle Initial) Ella Auchincloss		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 131 Suffolk Road		Transaction ID: SA12.12745.2
City Chestnut Hill	State MA	Zip Code 02467
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
[MEMO ITEM]		

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Brooke Lee
Mailing Address 271 Angell Street

City State Zip Code
Providence RI 02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eugene Lee Inc.

Occupation
Design Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: SA12.12745.3

Amount of Each Receipt this Period

50.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Christopher Walling
Mailing Address PO Box 254

City State Zip Code
Block Island RI 02807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coleman Realtors

Occupation
Real Estate Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: SA12.12745.4

Amount of Each Receipt this Period

1000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Dana Westring
Mailing Address PO Box 348

City State Zip Code
The Plains VA 20198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Landscape Designer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: SA12.12745.5

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Joseph Azrack

Mailing Address PO Box 690

City

Lincoln

State

MA

Zip Code

01773

FEC ID number of contributing
federal political committee.

C

Name of Employer
Citigroup Property Invest-
ors

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA12.12745.6

Amount of Each Receipt this Period

800.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

RHODE ISLAND SENATE 2006

Mailing Address 120 MARYLAND AVE NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

C00427971

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA12.12717

Amount of Each Receipt this Period

7000.00

C.

Full Name (Last, First, Middle Initial)

Merrill Sherman

Mailing Address 24 Channing Avenue

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bank Rhode Island

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 6

Transaction ID: SA12.12717.0

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Gerald Harrington
Mailing Address 209 Blackberry Hill Drive

City State Zip Code
South Kingstown RI 02879

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol City Group

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA12.12717.1

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Daniel Lederer
Mailing Address 193 Medway Street

City State Zip Code
Providence RI 02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Butler Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA12.12717.2

Amount of Each Receipt this Period

750.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Nancy Lloyd
Mailing Address 25 Blackstone Blvd

City State Zip Code
Providence RI 02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trots Zynsty

Occupation
Fine Arts Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA12.12717.3

Amount of Each Receipt this Period

25.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) Ira Magaziner Mailing Address PO Box 319 City Bristol State RI Zip Code 02809 FEC ID number of contributing federal political committee. C Name of Employer STS, Inc. Occupation Business Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA12.12717.4 Amount of Each Receipt this Period 500.00 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Suzanne Magaziner Mailing Address PO Box 319 City Bristol State RI Zip Code 02809 FEC ID number of contributing federal political committee. C Name of Employer Homemaker Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA12.12717.5 Amount of Each Receipt this Period 500.00 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Marcia S Riesman Mailing Address 245 Waterman Street City Providence State RI Zip Code 02906 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA12.12717.6 Amount of Each Receipt this Period 1000.00 [MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Edna O'Neill Mattson
Mailing Address 74 Maplewood Avenue

City State Zip Code
North Kingstown RI 02852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community College of RI

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2006

Transaction ID: SA12.12717.7

Amount of Each Receipt this Period

75.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
James Moore
Mailing Address 5 Ocean Lawn Lane

City State Zip Code
Newport RI 02840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2006

Transaction ID: SA12.12717.8

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Terrence Murray
Mailing Address 218 El Brillo Way

City State Zip Code
Palm Beach FL 33480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: SA12.12717.9

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Dennis J Roberts, II

Mailing Address 40 Westminster Street

City State Zip Code
 Providence RI 02903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 6 / 2 0 0 6

Transaction ID: SA12.12717.10

Amount of Each Receipt this Period

1250.00

[MEMO ITEM]

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

John Hazen White

Mailing Address 1160 Cranston Street

City State Zip Code
 Cranston RI 02920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Taco Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 6 / 2 0 0 6

Transaction ID: SA12.12717.11

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

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

BANK OF AMERICA CORPORATION POLITICAL ACTION COMMITTEE OF FLORIDA

Mailing Address 600 PEACHTREE ST STE 1500
 PO BOX 40789

City State Zip Code
 ATLANTA GA 30308

FEC ID number of contributing
federal political committee.

C C00094656

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
 0 9 / 2 6 / 2 0 0 6

Transaction ID: SA12.12717.12

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☐ 11a ☐ 11b ☐ 11c ☒ 12
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

RHODE ISLAND SENATE 2006

Mailing Address 120 MARYLAND AVE NE

City State Zip Code
 WASHINGTON DC 20002

FEC ID number of contributing
federal political committee.

C C00427971

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
 1 0 / 2 8 / 2 0 0 6

Transaction ID: SA12.12719

Amount of Each Receipt this Period

3000.00

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

Anne Szostak

Mailing Address 70 Stimson Avenue

City State Zip Code
 Providence RI 02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA12.12719.0

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

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

CVS CORPORATION FEDERAL PAC

Mailing Address ONE CVS DRIVE

City State Zip Code
 WOONSOCKET RI 02895

FEC ID number of contributing
federal political committee.

C C00327916

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
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA12.12719.1

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input checked="" type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
RHODE ISLAND SENATE 2006

Mailing Address 120 MARYLAND AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

FEC ID number of contributing
federal political committee.**C** C00427971

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10556.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	0	6

Transaction ID: SA12.12720

Amount of Each Receipt this Period

556.45

SUBTOTAL of Receipts This Page (optional)

556.45

TOTAL This Period (last page this line number only)

799931.60

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Alicia Amdur

Mailing Address 792 McIntyre Avenue

City Winter Prk State FL Zip Code 32709

Purpose of Disbursement
Reimburse office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10980

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

45.81

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address 300 South Riverside Plaza

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12816

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

546.47

Full Name (Last, First, Middle Initial)

C. Expedia.com

Mailing Address 3150 139th Avenue SE

City Bellevue State WA Zip Code 98005

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12816.0

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

546.47

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

592.28

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. American Express

Mailing Address 300 South Riverside Plaza

City Chicago State IL Zip Code 60606

Purpose of Disbursement

Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12782

Date of Disbursement

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

Amount of Each Disbursement this Period

1277.70

B. Radisson Hotel

Mailing Address 220 India Street

City Providence State RI Zip Code 02903

Purpose of Disbursement

Consultant lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12782.0

Date of Disbursement

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

Amount of Each Disbursement this Period

1277.70

[MEMO ITEM]

C. American Express

Mailing Address 300 South Riverside Plaza

City Chicago State IL Zip Code 60606

Purpose of Disbursement

Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12775

Date of Disbursement

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

Amount of Each Disbursement this Period

373.00

SUBTOTAL of Disbursements This Page (optional)

1650.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. U Haul

Mailing Address 711 Branch Avenue

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement

Truck Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12775.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

373.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Gabriel Amo

Mailing Address 29 Ivy Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement

Reimburse lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13329

Date of Disbursement

/ /

Amount of Each Disbursement this Period

236.17

Full Name (Last, First, Middle Initial)

C. Kimberly Bastin

Mailing Address 544 Orange Drive

City
Altamonte Springs

State
FL

Zip Code
32701

Purpose of Disbursement

Reimburse airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13346

Date of Disbursement

/ /

Amount of Each Disbursement this Period

134.30

SUBTOTAL of Disbursements This Page (optional)

370.47

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Benny's

Mailing Address 66 Branch Avenue

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12957

Date of Disbursement

/ /

Amount of Each Disbursement this Period

320.94

Full Name (Last, First, Middle Initial)

B. Benny's

Mailing Address 66 Branch Avenue

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12960

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.36

Full Name (Last, First, Middle Initial)

C. Benny's

Mailing Address 66 Branch Avenue

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12961

Date of Disbursement

/ /

Amount of Each Disbursement this Period

96.11

SUBTOTAL of Disbursements This Page (optional)

446.41

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. Benny's

Mailing Address 66 Branch Avenue

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12958

Date of Disbursement

/ /

Amount of Each Disbursement this Period

53.49

Full Name (Last, First, Middle Initial)

B. Benny's

Mailing Address 66 Branch Avenue

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12959

Date of Disbursement

/ /

Amount of Each Disbursement this Period

149.53

Full Name (Last, First, Middle Initial)

C. BJ's Wholesale Club

Mailing Address 287 Washington Avenue

City
Attleboro

State
MA

Zip Code
02703

Purpose of Disbursement
Food supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13208

Date of Disbursement

/ /

Amount of Each Disbursement this Period

247.46

SUBTOTAL of Disbursements This Page (optional)

450.48

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. BJ's Wholesale Club

Mailing Address 1300 Hartford Avenue

City Johnston State RI Zip Code 02919

Purpose of Disbursement

Food supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12963

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

240.66

Full Name (Last, First, Middle Initial)

B. Joseph Blaszkow

Mailing Address 1100 H Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Reimburse airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.13336

Date of Disbursement

11 / 05 / 2006

Amount of Each Disbursement this Period

232.60

Full Name (Last, First, Middle Initial)

C. Angela Botticella

Mailing Address 18 Phillipsburg

City Irvine State CA Zip Code 92620

Purpose of Disbursement

Reimburse office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10972

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

45.88

SUBTOTAL of Disbursements This Page (optional)

519.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 551 North Main Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10972.0

Date of Disbursement

10 / 21 / 2006

Amount of Each Disbursement this Period

17.03

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 551 North Main Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10972.1

Date of Disbursement

10 / 21 / 2006

Amount of Each Disbursement this Period

5.33

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Adam Brand

Mailing Address 704 Crooked Creek Drive

City
Rockville

State
MD

Zip Code
20850

Purpose of Disbursement
Legal consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12799

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Adam Brand

Mailing Address 704 Crooked Creek Drive

City State Zip Code
Rockville MD 20850

Purpose of Disbursement
Reimburse travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12801

Date of Disbursement

/ /

Amount of Each Disbursement this Period

232.60

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address Theodore Francis Green Airport

City State Zip Code
Warwick RI 02886

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12801.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

232.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Adam Brand

Mailing Address 704 Crooked Creek Drive

City State Zip Code
Rockville MD 20850

Purpose of Disbursement
Reimburse meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10996

Date of Disbursement

/ /

Amount of Each Disbursement this Period

263.08

SUBTOTAL of Disbursements This Page (optional)

495.68

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Providence Marriott

Mailing Address Charles & Orms Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10996.0

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

97.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Gregory Buckland

Mailing Address 9 Kahler Avenue

City
Milton

State
MA

Zip Code
02186

Purpose of Disbursement
Reimburse refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10089

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

42.20

Full Name (Last, First, Middle Initial)

C. Campaign Finance Consultants

Mailing Address 10 G Street NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Reimburse lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13354

Date of Disbursement

11 / 14 / 2006

Amount of Each Disbursement this Period

1060.60

SUBTOTAL of Disbursements This Page (optional)

1102.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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. Sean Cartwright

Mailing Address 2800 Wisconsin Avenue

City Washington State DC Zip Code 20007

Purpose of Disbursement

Reimburse airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10098

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

232.60

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address Theodore Francis Green Airport

City Warwick State RI Zip Code 02886

Purpose of Disbursement

Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10098.0

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

232.60

[MEMO ITEM]

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12964

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

36.00

SUBTOTAL of Disbursements This Page (optional)

268.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12965

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

18.00

Full Name (Last, First, Middle Initial)

B. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12966

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

18.00

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 fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12967

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

12.00

SUBTOTAL of Disbursements This Page (optional)

48.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12979

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.00

B. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12968

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.00

C. Citizens Bank

Full Name (Last, First, Middle Initial)

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12969

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.00

SUBTOTAL of Disbursements This Page (optional)

42.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12970

Date of Disbursement

10 / 27 / 2006

Amount of Each Disbursement this Period

18.00

Full Name (Last, First, Middle Initial)

B. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12980

Date of Disbursement

10 / 27 / 2006

Amount of Each Disbursement this Period

12.00

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 fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12981

Date of Disbursement

10 / 27 / 2006

Amount of Each Disbursement this Period

12.00

SUBTOTAL of Disbursements This Page (optional)

42.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12982

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.00

Full Name (Last, First, Middle Initial)

B. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12971

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.00

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 fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12972

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.00

SUBTOTAL of Disbursements This Page (optional)

48.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12983

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

36.00

Full Name (Last, First, Middle Initial)

B. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12973

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

18.00

Full Name (Last, First, Middle Initial)

C. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Bank fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12974

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

77.00

SUBTOTAL of Disbursements This Page (optional)

131.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Bank fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12984

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

98.00

Full Name (Last, First, Middle Initial)

B. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12985

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

18.00

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 fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12975

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

18.00

SUBTOTAL of Disbursements This Page (optional)

134.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12976

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.00

Full Name (Last, First, Middle Initial)

B. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12986

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.00

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 fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12977

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.00

SUBTOTAL of Disbursements This Page (optional)

54.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12978

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

B. Computer Telephone, Inc.

Mailing Address 60 Alhambra Road

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Phone installations

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12825

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

805.37

Full Name (Last, First, Middle Initial)

C. Computer Telephone, Inc.

Mailing Address 60 Alhambra Road

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Telephone installation and rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10095

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

571.41

SUBTOTAL of Disbursements This Page (optional)

1388.78

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Computer Telephone, Inc.

Mailing Address 60 Alhambra Road

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Equipment removal

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.13282

Date of Disbursement

/ /

Amount of Each Disbursement this Period

207.00

Full Name (Last, First, Middle Initial)

B. Cox Communications

Mailing Address P.O. Box 39

City
Newark

State
NJ

Zip Code
07101

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12824

Date of Disbursement

/ /

Amount of Each Disbursement this Period

757.80

Full Name (Last, First, Middle Initial)

C. Cox Communications

Mailing Address P.O. Box 39

City
Newark

State
NJ

Zip Code
07101

Purpose of Disbursement
Internet service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12821

Date of Disbursement

/ /

Amount of Each Disbursement this Period

111.00

SUBTOTAL of Disbursements This Page (optional)

1075.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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. Cox Communications

Mailing Address P.O. Box 39

City
Newark

State
NJ

Zip Code
07101

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12819

Date of Disbursement

/ /

Amount of Each Disbursement this Period

454.69

Full Name (Last, First, Middle Initial)

B. Cox Communications

Mailing Address P.O. Box 39

City
Newark

State
NJ

Zip Code
07101

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12798

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1144.62

Full Name (Last, First, Middle Initial)

C. Cox Communications

Mailing Address P.O. Box 39

City
Newark

State
NJ

Zip Code
07101

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12826

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3212.30

SUBTOTAL of Disbursements This Page (optional)

4811.61

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Cox Communications

Mailing Address P.O. Box 39

City
Newark

State
NJ

Zip Code
07101

Purpose of Disbursement
Internet service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10967

Date of Disbursement

/ /

Amount of Each Disbursement this Period

356.00

Full Name (Last, First, Middle Initial)

B. Melodie DeMulling

Mailing Address 13981 121st Avenue

City
Dayton

State
MN

Zip Code
55327

Purpose of Disbursement
Reimburse office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10974

Date of Disbursement

/ /

Amount of Each Disbursement this Period

79.10

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 551 North Main Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10974.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

70.55

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

435.10

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Discount Disposal

Mailing Address 19 C Buck Hill Road

City Johnston State RI Zip Code 02919

Purpose of Disbursement
Dumpster rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10987

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

299.00

B. Discount Disposal

Full Name (Last, First, Middle Initial)

Mailing Address 19 C Buck Hill Road

City Johnston State RI Zip Code 02919

Purpose of Disbursement
Dumpster rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10989

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

299.00

C. Dr A C Cleaning

Full Name (Last, First, Middle Initial)

Mailing Address 41 Goldsmith Avenue

City East Providence State RI Zip Code 02914

Purpose of Disbursement
Office maintenance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10977

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

798.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Lacy Dwyer

Mailing Address 47 Wyndham Hill

City
Middletown

State
RI

Zip Code
02842

Purpose of Disbursement
Reimburse office supplies/parking

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10979

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.69

Full Name (Last, First, Middle Initial)

B. Parker Farrington

Mailing Address 37 Devon Road

City
Chestnut Hill

State
MA

Zip Code
02467

Purpose of Disbursement
Reimburse office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12831

Date of Disbursement

/ /

Amount of Each Disbursement this Period

116.54

Full Name (Last, First, Middle Initial)

C. FedExKinko's

Mailing Address 40 Cumberland Avenue

City
North Attleboro

State
MA

Zip Code
02760

Purpose of Disbursement
Copying charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.13205

Date of Disbursement

/ /

Amount of Each Disbursement this Period

974.67

SUBTOTAL of Disbursements This Page (optional)

1216.90

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. FedExKinko's

Mailing Address 40 Cumberland Avenue

City
North Attleboro

State
MA

Zip Code
02760

Purpose of Disbursement
Copying charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.13203

Date of Disbursement

/ /

Amount of Each Disbursement this Period

754.07

Full Name (Last, First, Middle Initial)

B. FedexKinkos

Mailing Address 236 Meeting Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Mailing fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12988

Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.97

Full Name (Last, First, Middle Initial)

C. FedexKinkos

Mailing Address 236 Meeting Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Copying charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12790

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.65

SUBTOTAL of Disbursements This Page (optional)

1079.69

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. FedexKinkos

Mailing Address 236 Meeting Street

City Providence State RI Zip Code 02906

Purpose of Disbursement

Copying Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12989

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

1027.36

Full Name (Last, First, Middle Initial)

B. FedexKinkos

Mailing Address 236 Meeting Street

City Providence State RI Zip Code 02906

Purpose of Disbursement

Copying Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12987

Date of Disbursement

11 / 04 / 2006

Amount of Each Disbursement this Period

974.67

Full Name (Last, First, Middle Initial)

C. Regina Fiorentini

Mailing Address 36 Macon Avenue

City Haverhill State MA Zip Code 01830

Purpose of Disbursement

Reimburse office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12797

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

92.97

SUBTOTAL of Disbursements This Page (optional)

2095.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Timothy Fraser

Mailing Address 78 Fisher Street

City
Medway

State
MA

Zip Code
02053

Purpose of Disbursement
Reimburse office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10973

Date of Disbursement

/ /

Amount of Each Disbursement this Period

84.85

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 551 North Main Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10973.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Stop & Shop

Mailing Address 333 West River

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10973.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.39

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

84.85

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Grassroots Solutions

Mailing Address 2929 University Ave. SE

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Field consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12822

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

B. Grassroots Solutions

Mailing Address 2929 University Ave. SE

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Expense reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12828

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

2111.15

Full Name (Last, First, Middle Initial)

C. Grassroots Solutions

Mailing Address 2929 University Ave. SE

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Reimburse expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10978

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

3578.86

SUBTOTAL of Disbursements This Page (optional)

13190.01

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Grassroots Solutions

Mailing Address 2929 University Ave. SE

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Expenses reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.13328

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

877.91

Full Name (Last, First, Middle Initial)

B. Robert Hanson

Mailing Address Arrowhead

City Washington State DC Zip Code

Purpose of Disbursement
Reimburse lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.13325

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

324.77

Full Name (Last, First, Middle Initial)

C. Kelly Harlow

Mailing Address 3906 West Oak Drive

City Columbia State MO Zip Code 65302

Purpose of Disbursement
Reimburse office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.13347

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

152.09

SUBTOTAL of Disbursements This Page (optional)

1354.77

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Hildebrand Tewes Consulting

Mailing Address 326 E 8th Street

City
Sioux Falls

State
SD

Zip Code
57103

Purpose of Disbursement
REIMBURSE EXPENSES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10995

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3956.43

Full Name (Last, First, Middle Initial)

B. Nicole Hilmer-Heartte

Mailing Address 5 East Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Reimburse copies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13327

Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.65

Full Name (Last, First, Middle Initial)

C. Jessica Hogle

Mailing Address 10 G Street

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Reimburse car rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12771

Date of Disbursement

/ /

Amount of Each Disbursement this Period

647.25

SUBTOTAL of Disbursements This Page (optional)

4628.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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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. Hertz-

Mailing Address TFGreen Airport

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Car rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12771.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Holiday Inn Express

Mailing Address 901 Jefferson Boulevard

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13330

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Holiday Inn Express

Mailing Address 901 Jefferson Boulevard

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13331

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

742.41

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Nicholas Jeffrey

Mailing Address 6 Holiday Court

City
Lincoln

State
RI

Zip Code
02865

Purpose of Disbursement
Reimburse office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10966

Date of Disbursement

/ /

Amount of Each Disbursement this Period

31.49

Full Name (Last, First, Middle Initial)

B. Manuel Jimenez

Mailing Address 1099 Broad Street

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Office rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.13352

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Patricia Kammerer

Mailing Address PO Box 1495

City
Westerly

State
RI

Zip Code
02891

Purpose of Disbursement
Reimburse travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12796

Date of Disbursement

/ /

Amount of Each Disbursement this Period

87.30

SUBTOTAL of Disbursements This Page (optional)

368.79

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Southwest Airlines

Mailing Address Theodore Francis Green Airport

City Warwick State RI Zip Code 02886

Purpose of Disbursement

Car rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12796.0

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

87.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Patricia Kammerer

Mailing Address PO Box 1495

City Westerly State RI Zip Code 02891

Purpose of Disbursement

Reimburse airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12778

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

501.70

Full Name (Last, First, Middle Initial)

C. Southwest Airlines

Mailing Address Theodore Francis Green Airport

City Warwick State RI Zip Code 02886

Purpose of Disbursement

Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12778.0

Date of Disbursement

11 / 04 / 2006

Amount of Each Disbursement this Period

501.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

501.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Steven LaForm

Mailing Address 28 Broadway

City
Newport

State
RI

Zip Code
02840

Purpose of Disbursement
Office rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12791

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brett Lincoln

Mailing Address 28 Irving Road

City
New Hartford

State
NY

Zip Code
13413

Purpose of Disbursement
Reimburse food and office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10975

Date of Disbursement

/ /

Amount of Each Disbursement this Period

408.95

Full Name (Last, First, Middle Initial)

C. Sara Lonardo

Mailing Address 471 Douglas Avenue

City
Providence

State
RI

Zip Code
02908

Purpose of Disbursement
Reimburse refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10103

Date of Disbursement

/ /

Amount of Each Disbursement this Period

28.06

SUBTOTAL of Disbursements This Page (optional)

937.01

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. Rudy Lopez

Mailing Address 1608 Senator Drive

City East Chicago State IL Zip Code 46312

Purpose of Disbursement
Reimbursement supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.13345

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

509.00

Full Name (Last, First, Middle Initial)

B. Rudy Lopez

Mailing Address 1608 Senator Drive

City East Chicago State IL Zip Code 46312

Purpose of Disbursement
Reimburse refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10986

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

198.64

Full Name (Last, First, Middle Initial)

C. Mi Sueno

Mailing Address 1070 Broad Street

City Providence State RI Zip Code 02905

Purpose of Disbursement
Refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10986.2

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

101.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

707.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Rudy Lopez

Mailing Address 1608 Senator Drive

City East Chicago State IL Zip Code 46312

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13353

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

0.00

Full Name (Last, First, Middle Initial)

B. Matthew Lydon

Mailing Address 73 Fremont

City Providence State RI Zip Code 02906

Purpose of Disbursement

Reimburse office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10104

Date of Disbursement

10 / 22 / 2006

Amount of Each Disbursement this Period

165.56

Full Name (Last, First, Middle Initial)

C. Matthew Lydon

Mailing Address 73 Fremont

City Providence State RI Zip Code 02906

Purpose of Disbursement

Reimburse supplies & tokens

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13349

Date of Disbursement

10 / 22 / 2006

Amount of Each Disbursement this Period

165.56

SUBTOTAL of Disbursements This Page (optional)

331.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Matthew Lydon

Mailing Address 73 Fremont

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Reimburse airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10105

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

277.19

Full Name (Last, First, Middle Initial)

B. Matthew Lydon

Mailing Address 73 Fremont

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Reimburse airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13350

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

277.19

Full Name (Last, First, Middle Initial)

C. Matthew Lydon

Mailing Address 73 Fremont

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Reimburse office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10969

Date of Disbursement

11 / 12 / 2006

Amount of Each Disbursement this Period

189.20

SUBTOTAL of Disbursements This Page (optional)

743.58

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Matthew Lydon

Mailing Address 73 Fremont

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.13351

Date of Disbursement

/ /

Amount of Each Disbursement this Period

189.20

Full Name (Last, First, Middle Initial)

B. McBee Systems, Inc.

Mailing Address PO Box 88042

City
Chicago

State
IL

Zip Code
60680

Purpose of Disbursement
Checkbook supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12794

Date of Disbursement

/ /

Amount of Each Disbursement this Period

146.55

Full Name (Last, First, Middle Initial)

C. McBee Systems, Inc.

Mailing Address PO Box 88042

City
Chicago

State
IL

Zip Code
60680

Purpose of Disbursement
Checkbook supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12787

Date of Disbursement

/ /

Amount of Each Disbursement this Period

146.55

SUBTOTAL of Disbursements This Page (optional)

482.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 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. McBee Systems, Inc.

Mailing Address PO Box 88042

City
Chicago

State
IL

Zip Code
60680

Purpose of Disbursement
Checkbook supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12785

Date of Disbursement

/ /

Amount of Each Disbursement this Period

195.04

Full Name (Last, First, Middle Initial)

B. Donald McFarland

Mailing Address 411 Laurel Avenue

City
St Paul

State
MN

Zip Code
55102

Purpose of Disbursement
Reimburse airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10102

Date of Disbursement

/ /

Amount of Each Disbursement this Period

470.20

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address Theodore Francis Green Airport

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10102.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

470.20

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

665.24

TOTAL This Period (last page this line number only)

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

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

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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. Donald McFarland

Mailing Address 411 Laurel Avenue

City
St Paul

State
MN

Zip Code
55102

Purpose of Disbursement
Reimburse lodging, car rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10093

Date of Disbursement

/ /

Amount of Each Disbursement this Period

828.44

Full Name (Last, First, Middle Initial)

B. Donald McFarland

Mailing Address 411 Laurel Avenue

City
St Paul

State
MN

Zip Code
55102

Purpose of Disbursement
Reimburse printing costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13324

Date of Disbursement

/ /

Amount of Each Disbursement this Period

530.74

Full Name (Last, First, Middle Initial)

C. Donald McFarland

Mailing Address 411 Laurel Avenue

City
St Paul

State
MN

Zip Code
55102

Purpose of Disbursement
Reimburse office refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10985

Date of Disbursement

/ /

Amount of Each Disbursement this Period

43.54

SUBTOTAL of Disbursements This Page (optional)

1402.72

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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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. Petty Cashier Michael Dorsey

Mailing Address 845 North Main Street

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Petty Cash

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13338

Date of Disbursement

11 / 05 / 2006

Amount of Each Disbursement this Period

1095.46

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 551 North Main Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13338.0

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

18.38

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. National Grid

Mailing Address Processing Center

City
Woburn

State
MA

Zip Code
01807

Purpose of Disbursement
Utility usage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12818

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

59.35

SUBTOTAL of Disbursements This Page (optional)

1154.81

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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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. National Grid

Mailing Address Processing Center

City Woburn State MA Zip Code 01807

Purpose of Disbursement

Utility usage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12783

Date of Disbursement

11 / 05 / 2006

Amount of Each Disbursement this Period

139.66

Full Name (Last, First, Middle Initial)

B. National Grid

Mailing Address Processing Center

City Woburn State MA Zip Code 01807

Purpose of Disbursement

Electricity

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10984

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

715.31

Full Name (Last, First, Middle Initial)

C. National Grid

Mailing Address Processing Center

City Woburn State MA Zip Code 01807

Purpose of Disbursement

Electricity

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10968

Date of Disbursement

11 / 12 / 2006

Amount of Each Disbursement this Period

450.95

SUBTOTAL of Disbursements This Page (optional)

1305.92

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Deborah Papa

Mailing Address 188 Brookwood Road

City Warwick State RI Zip Code 02889

Purpose of Disbursement
Receptionist stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10970

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Pay Pal Inc

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit card fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12991

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

22.40

Full Name (Last, First, Middle Initial)

C. PMA Engineering

Mailing Address 681 Killingly Street

City Johnston State RI Zip Code 02919

Purpose of Disbursement
Equipment rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13348

Date of Disbursement

11 / 18 / 2006

Amount of Each Disbursement this Period

395.00

SUBTOTAL of Disbursements This Page (optional)

2417.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Postmaster

Mailing Address Turnkey Station

City Providence State RI Zip Code 02940

Purpose of Disbursement

Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12992

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

117.00

Full Name (Last, First, Middle Initial)

B. Providence Marriott

Mailing Address Charles & Orms Street

City Providence State RI Zip Code 02906

Purpose of Disbursement

Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.13233

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

2325.65

Full Name (Last, First, Middle Initial)

C. Providence Marriott

Mailing Address Charles & Orms Street

City Providence State RI Zip Code 02906

Purpose of Disbursement

Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.13234

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

606.81

SUBTOTAL of Disbursements This Page (optional)

3049.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Providence Marriott

Mailing Address Charles & Orms Street

City Providence State RI Zip Code 02906

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13232

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

811.08

Full Name (Last, First, Middle Initial)

B. Providence Marriott

Mailing Address Charles & Orms Street

City Providence State RI Zip Code 02906

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13302

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

395.07

Full Name (Last, First, Middle Initial)

C. Providence Marriott

Mailing Address Charles & Orms Street

City Providence State RI Zip Code 02906

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13303

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

292.67

SUBTOTAL of Disbursements This Page (optional)

1498.82

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Providence Marriott

Mailing Address Charles & Orms Street

City Providence State RI Zip Code 02906

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13231

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

2482.46

Full Name (Last, First, Middle Initial)

B. Providence Marriott

Mailing Address Charles & Orms Street

City Providence State RI Zip Code 02906

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13309

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

745.69

Full Name (Last, First, Middle Initial)

C. Providence Marriott

Mailing Address Charles & Orms Street

City Providence State RI Zip Code 02906

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13310

Date of Disbursement

11 / 13 / 2006

Amount of Each Disbursement this Period

1270.56

SUBTOTAL of Disbursements This Page (optional)

4498.71

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Providence Marriott

Mailing Address Charles & Orms Street

City Providence State RI Zip Code 02906

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13311

Date of Disbursement

11 / 13 / 2006

Amount of Each Disbursement this Period

202.27

Full Name (Last, First, Middle Initial)

B. Providence Marriott

Mailing Address Charles & Orms Street

City Providence State RI Zip Code 02906

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13312

Date of Disbursement

11 / 13 / 2006

Amount of Each Disbursement this Period

248.60

Full Name (Last, First, Middle Initial)

C. Radioshack

Mailing Address 84 Providence Place

City Providence State RI Zip Code 02903

Purpose of Disbursement
Office equipment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13227

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

348.71

SUBTOTAL of Disbursements This Page (optional) ►

799.58

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Rent a Wreck

Mailing Address 1073 Douglas Avenue

City Providence State RI Zip Code 02904

Purpose of Disbursement

Car rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12994

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

396.79

Full Name (Last, First, Middle Initial)

B. Rent a Wreck

Mailing Address 1073 Douglas Avenue

City Providence State RI Zip Code 02904

Purpose of Disbursement

Car rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10976

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

67.94

Full Name (Last, First, Middle Initial)

C. Ronzio Pizza

Mailing Address 422 Warwick Avenue

City Warwick State RI Zip Code 02888

Purpose of Disbursement

Staff appreciation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13206

Date of Disbursement

10 / 27 / 2006

Amount of Each Disbursement this Period

377.62

SUBTOTAL of Disbursements This Page (optional)

842.35

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Yolanda Sanchez

Mailing Address 10886 Mimosa Place

City State Zip Code
Oakton VA 22124

Purpose of Disbursement
Reimbursement travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12788

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2006

Amount of Each Disbursement this Period

1163.00

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address Theodore Francis Green Airport

City State Zip Code
Warwick RI 02886

Purpose of Disbursement
Airlines

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12788.0

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2006

Amount of Each Disbursement this Period

1163.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Hollie Saunders

Mailing Address 29 Russell Avenue

City State Zip Code
East Providence RI 02914

Purpose of Disbursement
Reimburse supplies, refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12823

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2006

Amount of Each Disbursement this Period

122.42

SUBTOTAL of Disbursements This Page (optional)

1285.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Shein Management

Mailing Address 845 North Main Street

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Office rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12792

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Vivian Spencer

Mailing Address 9 University Avenue

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Reimburse food staff appreciation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12795

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.24

Full Name (Last, First, Middle Initial)

C. The Butcher Shop

Mailing Address 157 Elmgrove Avenue

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Refreshments staff appreciation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12795.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.24

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2800.24

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Vivian Spencer

Mailing Address 9 University Avenue

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Reimbursement food supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12786

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1097.80

Full Name (Last, First, Middle Initial)

B. BJ's Wholesale Club

Mailing Address 1300 Hartford Avenue

City
Johnston

State
RI

Zip Code
02919

Purpose of Disbursement
Food supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12786.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1097.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 551 North Main Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12779

Date of Disbursement

/ /

Amount of Each Disbursement this Period

349.17

SUBTOTAL of Disbursements This Page (optional)

1446.97

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 551 North Main Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.13301

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.15

Full Name (Last, First, Middle Initial)

B. Stop & Shop

Mailing Address 333 West River

City State Zip Code
Providence RI 02904

Purpose of Disbursement
Food supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.13257

Date of Disbursement

/ /

Amount of Each Disbursement this Period

17.99

Full Name (Last, First, Middle Initial)

C. Stop & Shop

Mailing Address 333 West River

City State Zip Code
Providence RI 02904

Purpose of Disbursement
Food supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.13313

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.57

SUBTOTAL of Disbursements This Page (optional)

78.71

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Stop & Shop

Mailing Address 333 West River

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement

Food supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13314

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

20.28

Full Name (Last, First, Middle Initial)

B. Stop & Shop

Mailing Address 333 West River

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement

Food supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13315

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

9.98

Full Name (Last, First, Middle Initial)

C. Laura Swanson

Mailing Address Information requested

City

State

Zip Code

Purpose of Disbursement

Reimburse airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12814

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

210.60

SUBTOTAL of Disbursements This Page (optional)

240.86

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Southwest Airlines

Mailing Address Theodore Francis Green Airport

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.12814.0

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

210.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. U P S Store

Mailing Address 11 South Angell Street

City Providence State RI Zip Code 02906

Purpose of Disbursement
Printing Costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.13356

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

627.34

Full Name (Last, First, Middle Initial)

C. Jhomphy Ventura

Mailing Address 32 Farragut Avenue

City Providence State RI Zip Code 02905

Purpose of Disbursement
Reimburse outreach refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10982

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional)

752.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Verizon

Mailing Address P.O. 1

City
Worcester

State
MA

Zip Code
01654

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12820

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4258.69

Full Name (Last, First, Middle Initial)

B. Verizon

Mailing Address P.O. 1

City
Worcester

State
MA

Zip Code
01654

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12817

Date of Disbursement

/ /

Amount of Each Disbursement this Period

710.96

Full Name (Last, First, Middle Initial)

C. Verizon

Mailing Address P.O. 1

City
Worcester

State
MA

Zip Code
01654

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12793

Date of Disbursement

/ /

Amount of Each Disbursement this Period

550.17

SUBTOTAL of Disbursements This Page (optional)

5519.82

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Verizon

Mailing Address P.O. 1

City
Worcester

State
MA

Zip Code
01654

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12827

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1270.98

Full Name (Last, First, Middle Initial)

B. Verizon

Mailing Address P.O. 1

City
Worcester

State
MA

Zip Code
01654

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.12784

Date of Disbursement

/ /

Amount of Each Disbursement this Period

547.94

Full Name (Last, First, Middle Initial)

C. Verizon

Mailing Address P.O. 1

City
Worcester

State
MA

Zip Code
01654

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10983

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1841.69

SUBTOTAL of Disbursements This Page (optional)

3660.61

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Megan Wilbur

Mailing Address 299 Wickenden Street

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Reimburse Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13332

Date of Disbursement

/ /

Amount of Each Disbursement this Period

716.74

SUBTOTAL of Disbursements This Page (optional)

716.74

TOTAL This Period (last page this line number only)

80505.67

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

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

FOR LINE NUMBER:
(check only one)

PAGE 91 / 266

<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. Abar Hutton Media

Mailing Address 6190 Grovedale Court

City Alexandria State VA Zip Code 22310

Purpose of Disbursement
Generic Latino radio

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13196

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

2246.96

Full Name (Last, First, Middle Initial)

B. Sean Abernathy

Mailing Address 11 Central Avenue

City North Providence State RI Zip Code 02911

Purpose of Disbursement
Canvass stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12402

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Nancy Adames

Mailing Address 861 Broad Street

City Providence State RI Zip Code 02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12043

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

2696.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 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. Nancy Adames

Mailing Address 861 Broad Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12552

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Advantage Payroll

Mailing Address 90 Jefferson Boulevard

City
Warwick

State
RI

Zip Code
02888

Purpose of Disbursement
Payroll service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13358

Date of Disbursement

/ /

Amount of Each Disbursement this Period

115.05

Full Name (Last, First, Middle Initial)

C. Advantage Payroll

Mailing Address 90 Jefferson Boulevard

City
Warwick

State
RI

Zip Code
02888

Purpose of Disbursement
Payroll service fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13359

Date of Disbursement

/ /

Amount of Each Disbursement this Period

98.95

SUBTOTAL of Disbursements This Page (optional)

314.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Alicia Amdur

Mailing Address 792 McIntyre Avenue

City Winter Prk State FL Zip Code 32709

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13035

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

B. Alicia Amdur

Mailing Address 792 McIntyre Avenue

City Winter Prk State FL Zip Code 32709

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13036

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address 300 South Riverside Plaza

City Chicago State IL Zip Code 60606

Purpose of Disbursement

Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13212

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2080.95

SUBTOTAL of Disbursements This Page (optional)

3430.51

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Shell.com

Mailing Address PO Box 2463

City
Houston

State
TX

Zip Code
77252

Purpose of Disbursement

Gas cards

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13212.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2080.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address 300 South Riverside Plaza

City
Chicago

State
IL

Zip Code
60606

Purpose of Disbursement

Credit card payment

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13213

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2080.95

Full Name (Last, First, Middle Initial)

C. Shell.com

Mailing Address PO Box 2463

City
Houston

State
TX

Zip Code
77252

Purpose of Disbursement

Gas cards

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13213.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2080.95

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2080.95

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 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. American Express

Mailing Address 300 South Riverside Plaza

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Credit card payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12834

Date of Disbursement

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

Amount of Each Disbursement this Period

12839.47

B. Cingular Wireless

Mailing Address 50 Ann Mary Drive

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement
Portable phones

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12834.0

Date of Disbursement

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

Amount of Each Disbursement this Period

12839.47

[MEMO ITEM]

C. American Express

Mailing Address 300 South Riverside Plaza

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12766

Date of Disbursement

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

Amount of Each Disbursement this Period

14477.06

SUBTOTAL of Disbursements This Page (optional)

27316.53

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Avis Rent a Car

Mailing Address 2000 Post Road

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Van rentals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12766.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14477.06

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMS Communications Inc

Mailing Address 500 Sansome Street

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement
War Literature-exempt

Candidate Name
SHELDON II WHITEHOUSE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: RI District: 00

Transaction ID: SB30B.13180

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60627.00

Full Name (Last, First, Middle Initial)

C. AMS Communications Inc

Mailing Address 500 Sansome Street

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement
Generic Mailing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13181

Date of Disbursement

/ /

Amount of Each Disbursement this Period

24300.00

SUBTOTAL of Disbursements This Page (optional)

84927.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 97 / 266

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. AMS Communications Inc

Mailing Address 500 Sansome Street

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement
Failed Agenda literature-exempt

Candidate Name
SHELDON II WHITEHOUSE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB30B.13182

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

69150.00

Full Name (Last, First, Middle Initial)

B. AMS Communications Inc

Mailing Address 500 Sansome Street

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement
Washington Trust literature-exempt

Candidate Name
SHELDON II WHITEHOUSE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB30B.13184

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

61504.00

Full Name (Last, First, Middle Initial)

C. AMS Communications Inc

Mailing Address 500 Sansome Street

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement
Senate Supporters Literature-exempt

Candidate Name
SHELDON II WHITEHOUSE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB30B.13186

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

30313.00

SUBTOTAL of Disbursements This Page (optional)

160967.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 98 / 266

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. AMS Communications Inc

Mailing Address 500 Sansome Street

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement
Slate mail/doorhangers-exempt

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13185

Date of Disbursement

/ /

Amount of Each Disbursement this Period

114020.00

Full Name (Last, First, Middle Initial)

B. AMS Communications Inc

Mailing Address 500 Sansome Street

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement
Slate mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13187

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80360.00

Full Name (Last, First, Middle Initial)

C. AMS Communications Inc

Mailing Address 500 Sansome Street

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement
Democratic Senate literature-exempt

Candidate Name
SHELDON II WHITEHOUSE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB30B.13189

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5400.00

SUBTOTAL of Disbursements This Page (optional)

199780.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. AMS Communications Inc

Mailing Address 500 Sansome Street

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement
War Views Literature-exempt

Candidate Name
SHELDON II WHITEHOUSE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB30B.13191

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22625.00

Full Name (Last, First, Middle Initial)

B. AMS Communications Inc

Mailing Address 500 Sansome Street

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement
Democrat senate - exempt

Candidate Name
SHELDON II WHITEHOUSE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB30B.13192

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20756.00

Full Name (Last, First, Middle Initial)

C. Matthew Arnold

Mailing Address 83 Oaklawn Avenue

City
Cranston

State
RI

Zip Code
02920

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13037

Date of Disbursement

/ /

Amount of Each Disbursement this Period

574.39

SUBTOTAL of Disbursements This Page (optional)

43955.39

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Matthew Arnold

Mailing Address 83 Oaklawn Avenue

City Cranston State RI Zip Code 02920

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13038

Date of Disbursement

/ /

Amount of Each Disbursement this Period

861.14

Full Name (Last, First, Middle Initial)

B. Derek Arruda

Mailing Address 80 First Street

City East Providence State RI Zip Code 02914

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11845

Date of Disbursement

/ /

Amount of Each Disbursement this Period

280.00

Full Name (Last, First, Middle Initial)

C. Eben Asare

Mailing Address 62 Capitol View Avenue

City North Providence State RI Zip Code 02908

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12418

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

1341.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Avis Rent a Car

Mailing Address 2000 Post Road

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Van rentals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13322

Date of Disbursement

/ /

Amount of Each Disbursement this Period

941.70

Full Name (Last, First, Middle Initial)

B. AVS of Rhode Island

Mailing Address 80 Cambridge Street

City
Burlington

State
MA

Zip Code
01803

Purpose of Disbursement
Van rentals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13229

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2149.91

Full Name (Last, First, Middle Initial)

C. Roger Bacon

Mailing Address 4 Oregon Avenue

City
North Providence

State
RI

Zip Code
02911

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12405

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

3391.61

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Angel Baez

Mailing Address 13 Husted Court

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11121

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Angel Baez

Mailing Address 13 Husted Court

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11175

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Angela Baez

Mailing Address 13 Husted Court

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11076

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 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. Angela Baez

Mailing Address 13 Husted Court

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11179

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Donna Baguchinsky

Mailing Address 175 Sisson Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11255

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. Donna Baguchinsky

Mailing Address 175 Sisson Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11522

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

SUBTOTAL of Disbursements This Page (optional)

320.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Andrew Barbosa

Mailing Address 36 Day Street

City
Fall River

State
MA

Zip Code
02724

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.12474

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

B. Kimberly Bastin

Mailing Address 544 Orange Drive

City
Altamonte Springs

State
FL

Zip Code
32701

Purpose of Disbursement
Operations Coordinator stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.12839

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2200.00

Full Name (Last, First, Middle Initial)

C. Nathan Baxter

Mailing Address 8 Rose Street

City
Warwick

State
RI

Zip Code
02888

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11284

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

2480.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Nathan Baxter

Mailing Address 8 Rose Street

City
Warwick

State
RI

Zip Code
02888

Purpose of Disbursement
Paid Canvass

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11352

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Matthew Beland

Mailing Address 106 Langdon Street

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12074

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ramon Belliard

Mailing Address 20 Tobyhanna

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11163

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

440.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Ramon Belliard

Mailing Address 20 Tobyhanna

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11164

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Ramon Belliard

Mailing Address 20 Tobyhanna

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11269

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

C. Ramon Belliard

Mailing Address 20 Tobyhanna

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11836

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

320.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Mahalia Benbow

Mailing Address 108 Colfax Street

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11901

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. David Bernstein

Mailing Address 1755 S Street, NW

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11012

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. David Bernstein

Mailing Address 1755 S Street, NW

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11013

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.00

SUBTOTAL of Disbursements This Page (optional)

295.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 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. David Bernstein

Mailing Address 1755 S Street, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11153

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

B. David Bernstein

Mailing Address 1755 S Street, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11275

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. David Bernstein

Mailing Address 1755 S Street, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11483

Date of Disbursement

/ /

Amount of Each Disbursement this Period

90.00

SUBTOTAL of Disbursements This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

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

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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. Jennifer Bhogal

Mailing Address 108 Comstock Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11093

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Jennifer Bhogal

Mailing Address 108 Comstock Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11676

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

C. Aaron Blackiston

Mailing Address 231 Orms Street

City
Providence

State
RI

Zip Code
02908

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11774

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

SUBTOTAL of Disbursements This Page (optional)

440.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 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. Andrew Blasko

Mailing Address 23 Bellevue Avenue

City North Smithfield State RI Zip Code 02896

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11638

Date of Disbursement

/ /

Amount of Each Disbursement this Period

260.00

Full Name (Last, First, Middle Initial)

B. Andrew Blasko

Mailing Address 23 Bellevue Avenue

City North Smithfield State RI Zip Code 02896

Purpose of Disbursement
Paid Canvass

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11296

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Jacqueline Blasko

Mailing Address 23 Bellevue Avenue

City North Smithfield State RI Zip Code 02896

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11640

Date of Disbursement

/ /

Amount of Each Disbursement this Period

140.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. 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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13218

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3039.54

Full Name (Last, First, Middle Initial)

B. Gabriel Bluestone

Mailing Address 86 South Angell Street

City Providence State RI Zip Code 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13039

Date of Disbursement

/ /

Amount of Each Disbursement this Period

964.30

Full Name (Last, First, Middle Initial)

C. Gabriel Bluestone

Mailing Address 86 South Angell Street

City Providence State RI Zip Code 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13040

Date of Disbursement

/ /

Amount of Each Disbursement this Period

964.29

SUBTOTAL of Disbursements This Page (optional)

4968.13

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Carolina Bogaert Madera

Mailing Address 133 Mitchell Street

City State Zip Code
Providence RI 02907

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12563

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Sarah Bogdan

Mailing Address 133 Sutton Street

City State Zip Code
Providence RI 02903

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13041

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

C. Sarah Bogdan

Mailing Address 133 Sutton Street

City State Zip Code
Providence RI 02903

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13042

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

SUBTOTAL of Disbursements This Page (optional)

1399.56

TOTAL This Period (last page this line number only)

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

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

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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. Matt Boland

Mailing Address 106 Langdon Street

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Canvass per diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11363

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. Brendon Bolton

Mailing Address 2890 Pawtucket Avenue

City
East Providence

State
RI

Zip Code
02914

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11843

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brendon Bolton

Mailing Address 2890 Pawtucket Avenue

City
East Providence

State
RI

Zip Code
02914

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12481

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. David Bonzagni

Mailing Address 74 South River Drive

City Narragansett State RI Zip Code 02882

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13043

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

B. David Bonzagni

Mailing Address 74 South River Drive

City Narragansett State RI Zip Code 02882

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13044

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

C. Angela Botticella

Mailing Address 18 Phillipsburg

City Irvine State CA Zip Code 92620

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13045

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1142.25

SUBTOTAL of Disbursements This Page (optional)

2448.85

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Angela Botticella

Mailing Address 18 Phillipsburg

City Irvine State CA Zip Code 92620

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13046

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

1142.25

Full Name (Last, First, Middle Initial)

B. Jillian Brackett

Mailing Address 900 Post Road

City Warwick State RI Zip Code 02888

Purpose of Disbursement

Paid Canvass

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11329

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

130.00

Full Name (Last, First, Middle Initial)

C. Jillian Brackett

Mailing Address 900 Post Road

City Warwick State RI Zip Code 02888

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.12082

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

1392.25

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Brett Broesder

Mailing Address 1 Trenton Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13047

Date of Disbursement

/ /

Amount of Each Disbursement this Period

835.36

Full Name (Last, First, Middle Initial)

B. Sean Brophy

Mailing Address 92 Melrose Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13049

Date of Disbursement

/ /

Amount of Each Disbursement this Period

612.23

Full Name (Last, First, Middle Initial)

C. Sean Brophy

Mailing Address 92 Melrose Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13050

Date of Disbursement

/ /

Amount of Each Disbursement this Period

917.87

SUBTOTAL of Disbursements This Page (optional)

2365.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Dylan Brown

Mailing Address 20 Avondale Road

City Westerly State RI Zip Code 02891

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13051

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

B. Dylan Brown

Mailing Address 20 Avondale Road

City Westerly State RI Zip Code 02891

Purpose of Disbursement

Reimburse health insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.10100

Date of Disbursement

/ /

Amount of Each Disbursement this Period

67.32

Full Name (Last, First, Middle Initial)

C. Dylan Brown

Mailing Address 20 Avondale Road

City Westerly State RI Zip Code 02891

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13052

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

SUBTOTAL of Disbursements This Page (optional)

1416.88

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Celina Brunelle

Mailing Address 361 Logee Street

City Woonsocket State RI Zip Code 02895

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11642

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.00

Full Name (Last, First, Middle Initial)

B. Gregory Buckland

Mailing Address 9 Kahler Avenue

City Milton State MA Zip Code 02186

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13053

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

C. Gregory Buckland

Mailing Address 9 Kahler Avenue

City Milton State MA Zip Code 02186

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13054

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

SUBTOTAL of Disbursements This Page (optional)

1516.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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 Burt

Mailing Address 14 Victoria Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11696

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Busbank.com

Mailing Address 200 W Adams Street

City
Chicago

State
IL

Zip Code
60606

Purpose of Disbursement
Bus rentals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13294

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1320.00

Full Name (Last, First, Middle Initial)

C. Busbank.com

Mailing Address 200 W Adams Street

City
Chicago

State
IL

Zip Code
60606

Purpose of Disbursement
Bus rentals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13295

Date of Disbursement

/ /

Amount of Each Disbursement this Period

643.50

SUBTOTAL of Disbursements This Page (optional)

2163.50

TOTAL This Period (last page this line number only)

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

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

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☐ 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. Busbank.com

Mailing Address 200 W Adams Street

City Chicago State IL Zip Code 60606

Purpose of Disbursement

Bus rentals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13296

Date of Disbursement

/ /

Amount of Each Disbursement this Period

495.00

Full Name (Last, First, Middle Initial)

B. Anayka Campbell

Mailing Address 99 Union Avenue

City Providence State RI Zip Code 02909

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12075

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

C. Jordan Campos

Mailing Address 56 Errol Street

City Warwick State RI Zip Code 02888

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11333

Date of Disbursement

/ /

Amount of Each Disbursement this Period

130.00

SUBTOTAL of Disbursements This Page (optional)

975.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Jeremie Campus

Mailing Address 56 Errol Street

City Warwick State RI Zip Code 02888

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11326

Date of Disbursement

/ /

Amount of Each Disbursement this Period

170.00

Full Name (Last, First, Middle Initial)

B. Charlen Caprio

Mailing Address 151 Park Avenue

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11854

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.00

Full Name (Last, First, Middle Initial)

C. Charlen Caprio

Mailing Address 151 Park Avenue

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12391

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

420.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Charlen Caprio

Mailing Address 151 Park Avenue

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12392

Date of Disbursement

/ /

Amount of Each Disbursement this Period

110.00

Full Name (Last, First, Middle Initial)

B. Rosemary Carrillo

Mailing Address 98 Comstock Avenue

City Providence State RI Zip Code 02907

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11697

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Yolanda Carrillo

Mailing Address 98 Comstock Avenue

City Providence State RI Zip Code 02905

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11710

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

510.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Yolanda Carrillo

Mailing Address 98 Comstock Avenue

City State Zip Code
Providence RI 02905

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12447

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Aaron Charniak

Mailing Address 106 Halsey Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11282

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

C. Aaron Charniak

Mailing Address 106 Halsey Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11297

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

460.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Angela Chasebi

Mailing Address PO Box 4470

City
Austintown

State
OH

Zip Code
44515

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13055

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

B. Angela Chasebi

Mailing Address PO Box 4470

City
Austintown

State
OH

Zip Code
44515

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13056

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

C. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement

FUTA deposit

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13177

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

2091.49

SUBTOTAL of Disbursements This Page (optional)

3441.05

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Payroll tax deposit

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13226

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

2877.59

Full Name (Last, First, Middle Initial)

B. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
October payroll tax deposit

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13174

Date of Disbursement

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

Amount of Each Disbursement this Period

30800.12

Full Name (Last, First, Middle Initial)

C. Etta Collins

Mailing Address 69 Fairmont Avenue

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11543

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

33797.71

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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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. Jacob Conarck

Mailing Address 7 Oxford Drive

City Port Jeff Station State NY Zip Code 11776

Purpose of Disbursement

Net wages

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13057

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

B. Jacob Conarck

Mailing Address 7 Oxford Drive

City Port Jeff Station State NY Zip Code 11776

Purpose of Disbursement

Net wages

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13058

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

C. Ruben Contreras

Mailing Address 79 Killingly Street

City Providence State RI Zip Code 02909

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12049

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

1649.56

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Silas Cooper

Mailing Address 45 Dodge Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11535

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Geraldine Cordeiro

Mailing Address 422 Smithfield

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Office management stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13200

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dattco

Mailing Address 583 South Street

City
New Britain

State
CT

Zip Code
06051

Purpose of Disbursement
Bus rentals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13222

Date of Disbursement

/ /

Amount of Each Disbursement this Period

650.00

SUBTOTAL of Disbursements This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Phil Davey

Mailing Address 168 Armington Street

City Cranston State RI Zip Code 02905

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11224

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Phil Davey

Mailing Address 168 Armington Street

City Cranston State RI Zip Code 02905

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11225

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Phil Davey

Mailing Address 168 Armington Street

City Cranston State RI Zip Code 02905

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11226

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 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. Phil Davey

Mailing Address 168 Armington Street

City Cranston State RI Zip Code 02905

Purpose of Disbursement

Canvass per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11227

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Phil Davey

Mailing Address 168 Armington Street

City Cranston State RI Zip Code 02905

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11258

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. Phil Davey

Mailing Address 168 Armington Street

City Cranston State RI Zip Code 02905

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12132

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

460.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 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. Narcisa De La Cruz

Mailing Address 19 Algonquin Street

City State Zip Code
Providence RI 02907

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11686

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

B. Ricardo de Leon

Mailing Address 24 Matson Avenue

City State Zip Code
Providence RI 02909

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11695

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

C. Hector Delgado

Mailing Address 15 Detroit Avenue

City State Zip Code
Providence RI 02907

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11145

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

520.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☐ 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. Hector Delgado

Mailing Address 15 Detroit Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11146

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Hector Delgado

Mailing Address 15 Detroit Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11147

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Hector Delgado

Mailing Address 15 Detroit Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11148

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Hector Delgado

Mailing Address 15 Detroit Avenue

City Providence State RI Zip Code 02907

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11264

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Sharon Delgado

Mailing Address 80 Admiral Street

City Providence State RI Zip Code 02908

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11868

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.00

Full Name (Last, First, Middle Initial)

C. Susann Della Rosa

Mailing Address 60 Don Avenue

City Rumford State RI Zip Code 02916

Purpose of Disbursement

Reimburse portable phones

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12836

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13339.22

SUBTOTAL of Disbursements This Page (optional)

13589.22

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 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. Radio Shack

Mailing Address 623 Atwells Avenue

City State Zip Code
Providence RI 02909

Purpose of Disbursement
Portable phones

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12836.0

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Amount of Each Disbursement this Period

13339.22

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Peter Delossantos

Mailing Address 135 Hazael Avenue

City State Zip Code
Providence RI 02908

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11692

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

C. Melodie DeMulling

Mailing Address 13981 121st Avenue

City State Zip Code
Dayton MN 55327

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13059

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

1731.75

SUBTOTAL of Disbursements This Page (optional)

1971.75

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Melodie DeMulling

Mailing Address 13981 121st Avenue

City Dayton State MN Zip Code 55327

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13060

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1731.75

Full Name (Last, First, Middle Initial)

B. Department of Employment & Training

Mailing Address One Capitol Hill

City Providence State RI Zip Code 02908

Purpose of Disbursement

State unemployment taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13176

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11421.31

Full Name (Last, First, Middle Initial)

C. Rose Dickens

Mailing Address 15 Lehlán Road

City Providence State RI Zip Code 02909

Purpose of Disbursement

Canvass per diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.10890

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

13203.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 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. Rose Dickens

Mailing Address 15 Lehlán Road

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass per diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.10891

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Rose Dickens

Mailing Address 15 Lehlán Road

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11055

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Dickson

Mailing Address 19 Byron Street

City
No Providence

State
RI

Zip Code
02911

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13061

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

SUBTOTAL of Disbursements This Page (optional)

612.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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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 Dickson

Mailing Address 19 Byron Street

City
No Providence

State
RI

Zip Code
02911

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13062

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

B. Yahaira Disla

Mailing Address 10 Gallup Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11094

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Yahaira Disla

Mailing Address 10 Gallup Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11095

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

863.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Yahaira Disla

Mailing Address 10 Gallup Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11096

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Yahaira Disla

Mailing Address 10 Gallup Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11097

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Division of Taxation

Mailing Address One Capitol Hill

City
Providence

State
RI

Zip Code
02908

Purpose of Disbursement
October state withholding

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13175

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3722.06

SUBTOTAL of Disbursements This Page (optional)

3802.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Steve Dominguez

Mailing Address 560 Prospect Street

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11546

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

B. Michael Dorsey

Mailing Address 166 Valley Street

City Providence State RI Zip Code 02909

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13063

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2263.39

Full Name (Last, First, Middle Initial)

C. Michael Dorsey

Mailing Address 166 Valley Street

City Providence State RI Zip Code 02909

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13064

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2263.38

SUBTOTAL of Disbursements This Page (optional)

4686.77

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Veronica DosSantos

Mailing Address 90 Cleveland Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11537

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Lacy Dwyer

Mailing Address 47 Wyndham Hill

City
Middletown

State
RI

Zip Code
02842

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13065

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

Full Name (Last, First, Middle Initial)

C. Lacy Dwyer

Mailing Address 47 Wyndham Hill

City
Middletown

State
RI

Zip Code
02842

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13066

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

SUBTOTAL of Disbursements This Page (optional)

2541.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Robert Elwell

Mailing Address 100 Beachery Ct

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11277

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

B. Jonathan Engel

Mailing Address 45 Junip Road

City
Belmont

State
MA

Zip Code
02478

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13067

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

C. Jonathan Engel

Mailing Address 45 Junip Road

City
Belmont

State
MA

Zip Code
02478

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13068

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

SUBTOTAL of Disbursements This Page (optional)

1509.56

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Hector Escoto

Mailing Address 118 Waverly Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11040

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Hector Escoto

Mailing Address 118 Waverly Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11041

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. Hector Escoto

Mailing Address 118 Waverly Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11117

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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. Hector Escoto

Mailing Address 118 Waverly Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11118

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Hector Escoto

Mailing Address 118 Waverly Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11119

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Hector Escoto

Mailing Address 118 Waverly Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11120

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Hector Escoto

Mailing Address 118 Waverly Street

City State Zip Code
Providence RI 02907

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11674

Date of Disbursement

/ /

Amount of Each Disbursement this Period

320.00

Full Name (Last, First, Middle Initial)

B. Hector Escoto

Mailing Address 118 Waverly Street

City State Zip Code
Providence RI 02907

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12443

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Ruth Estrella

Mailing Address 105 Comstock Avenue

City State Zip Code
Providence RI 02905

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11698

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

SUBTOTAL of Disbursements This Page (optional)

610.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Ruth Estrella

Mailing Address 105 Comstock Avenue

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12446

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Kristian Farman

Mailing Address 11 Archdale Drive

City
Warwick

State
RI

Zip Code
02889

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11279

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

C. Brian Farnkoff

Mailing Address 43 Billings Street

City
Boston

State
MA

Zip Code
02132

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13069

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

SUBTOTAL of Disbursements This Page (optional)

782.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Brian Farnkoff

Mailing Address 43 Billings Street

City
Boston

State
MA

Zip Code
02132

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13070

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

B. Parker Farrington

Mailing Address 37 Devon Road

City
Chestnut Hill

State
MA

Zip Code
02467

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13071

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

C. Parker Farrington

Mailing Address 37 Devon Road

City
Chestnut Hill

State
MA

Zip Code
02467

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13072

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

SUBTOTAL of Disbursements This Page (optional)

2133.36

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Justin Ferland

Mailing Address 10 Cobblestone Terrace

City State Zip Code
Coventry RI 02816

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13073

Date of Disbursement

/ /

Amount of Each Disbursement this Period

130.00

Full Name (Last, First, Middle Initial)

B. Rachel Ferrara

Mailing Address 285 Inez Avenue

City State Zip Code
Warwick RI 02886

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11354

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. Financial Innovations

Mailing Address One Weingeroff Boulevard

City State Zip Code
Cranston RI 02910

Purpose of Disbursement
Generic Lawn signs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12835

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18157.00

SUBTOTAL of Disbursements This Page (optional)

18407.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Financial Innovations

Mailing Address One Weingeroff Boulevard

City Cranston State RI Zip Code 02910

Purpose of Disbursement
Generic lawn signs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13217

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1787.50

Full Name (Last, First, Middle Initial)

B. Financial Innovations

Mailing Address One Weingeroff Boulevard

City Cranston State RI Zip Code 02910

Purpose of Disbursement
Spanish generic lawn signs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12840

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2996.00

Full Name (Last, First, Middle Initial)

C. Financial Innovations

Mailing Address One Weingeroff Boulevard

City Cranston State RI Zip Code 02910

Purpose of Disbursement
Yard signs - exempt

Candidate Name
SHELDON II WHITEHOUSE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB30B.12858

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

6206.00

SUBTOTAL of Disbursements This Page (optional)

10989.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 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. Financial Innovations

Mailing Address One Weingeroff Boulevard

City Cranston State RI Zip Code 02910

Purpose of Disbursement
Generic yard signs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12841

Date of Disbursement

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

Amount of Each Disbursement this Period

1337.50

Full Name (Last, First, Middle Initial)

B. Financial Innovations

Mailing Address One Weingeroff Boulevard

City Cranston State RI Zip Code 02910

Purpose of Disbursement
Yard signs - exempt

Candidate Name
SHELDON II WHITEHOUSE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB30B.13216

Date of Disbursement

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

Amount of Each Disbursement this Period

1337.50

Full Name (Last, First, Middle Initial)

C. Regina Fiorentini

Mailing Address 36 Macon Avenue

City Haverhill State MA Zip Code 01830

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13074

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

1170.57

SUBTOTAL of Disbursements This Page (optional)

3845.57

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 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. Regina Fiorentini

Mailing Address 36 Macon Avenue

City
Haverhill

State
MA

Zip Code
01830

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13075

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

Full Name (Last, First, Middle Initial)

B. Paola Flores

Mailing Address 71 Bellevue Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.11166

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Paola Flores

Mailing Address 71 Bellevue Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.11167

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

1250.57

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 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. Paola Flores

Mailing Address 71 Bellevue Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11168

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Paola Flores

Mailing Address 71 Bellevue Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11271

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

C. Paola Flores

Mailing Address 71 Bellevue Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11728

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

320.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Michael Forgue

Mailing Address 676 Pontiac Avenue

City Cranston State RI Zip Code 02910

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11084

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Michael Forgue

Mailing Address 676 Pontiac Avenue

City Cranston State RI Zip Code 02910

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11085

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Michael Forgue

Mailing Address 676 Pontiac Avenue

City Cranston State RI Zip Code 02910

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11086

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Michael Forgue

Mailing Address 676 Pontiac Avenue

City Cranston State RI Zip Code 02910

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11260

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

B. Michael Forgue

Mailing Address 676 Pontiac Avenue

City Cranston State RI Zip Code 02910

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12127

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Amanda Foster

Mailing Address 19 Byron Street

City North Providence State RI Zip Code 02911

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13076

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

SUBTOTAL of Disbursements This Page (optional)

719.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Amanda Foster

Mailing Address 19 Byron Street

City
North Providence

State
RI

Zip Code
02911

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13077

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

B. Timothy Fraser

Mailing Address 78 Fisher Street

City
Medway

State
MA

Zip Code
02053

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13078

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

Full Name (Last, First, Middle Initial)

C. Timothy Fraser

Mailing Address 78 Fisher Street

City
Medway

State
MA

Zip Code
02053

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13079

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

SUBTOTAL of Disbursements This Page (optional)

3150.71

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Damian Garcia

Mailing Address 1375 Broad Street

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11102

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Kayla Garcia

Mailing Address 112 Anthony Avenue

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11539

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Sherry Garcia

Mailing Address 37 Kimball Street

City
Providence

State
RI

Zip Code
02908

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11714

Date of Disbursement

/ /

Amount of Each Disbursement this Period

280.00

SUBTOTAL of Disbursements This Page (optional)

520.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Sherry Garcia

Mailing Address 37 Kimball Street

City Providence State RI Zip Code 02908

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11783

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dynaunt George

Mailing Address 112 Raymond Avenue

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11532

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Gohringer

Mailing Address 19 Byron Street

City North Providence State RI Zip Code 02911

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13080

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

539.99

SUBTOTAL of Disbursements This Page (optional)

839.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Gohringer

Mailing Address 19 Byron Street

City
North Providence

State
RI

Zip Code
02911

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13081

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

B. Stephanie Gomes

Mailing Address 27 Derby Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11536

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Alba Gonzalez

Mailing Address 183 Barton Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11775

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

SUBTOTAL of Disbursements This Page (optional)

1249.57

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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☐ 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. Alba Gonzalez

Mailing Address 183 Barton Street

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12441

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Juan Gonzalez

Mailing Address 32 Oxford Avenue

City Warwick State RI Zip Code 02889

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12085

Date of Disbursement

/ /

Amount of Each Disbursement this Period

260.00

Full Name (Last, First, Middle Initial)

C. Roberto Gonzalez

Mailing Address 116 Cottage Street

City Central Falls State RI Zip Code 02863

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11563

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

560.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 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. Sherrelle Goodridge

Mailing Address 1469 Warwick Avenue

City State Zip Code
 Warwick RI 02888

Purpose of Disbursement
 Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11157

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

B. Sherrelle Goodridge

Mailing Address 1469 Warwick Avenue

City State Zip Code
 Warwick RI 02888

Purpose of Disbursement
 Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11360

Date of Disbursement

/ /

Amount of Each Disbursement this Period

370.00

Full Name (Last, First, Middle Initial)

C. Gloria Gullon

Mailing Address 101 Lexington Avenue

City State Zip Code
 Providence RI 02907

Purpose of Disbursement
 Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11673

Date of Disbursement

/ /

Amount of Each Disbursement this Period

280.00

SUBTOTAL of Disbursements This Page (optional)

810.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Yahiris Gurdy

Mailing Address 19 Algonquin Street

City Providence State RI Zip Code 02907

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11709

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

B. Yahiris Gurdy

Mailing Address 19 Algonquin Street

City Providence State RI Zip Code 02907

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12451

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Elisabeth Gushlaw

Mailing Address 135 Almy Street

City Providence State RI Zip Code 02909

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11107

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

380.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Elisabeth Gushlaw

Mailing Address 135 Almy Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11108

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Elisabeth Gushlaw

Mailing Address 135 Almy Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Nicole Gushlaw

Mailing Address 135 Almy Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11105

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☐ 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. Nicole Gushlaw

Mailing Address 135 Almy Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11106

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Anna Gustina

Mailing Address 111 University Avenue

City
Buffalo

State
NY

Zip Code
14214

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13083

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1731.75

Full Name (Last, First, Middle Initial)

C. Anna Gustina

Mailing Address 111 University Avenue

City
Buffalo

State
NY

Zip Code
14214

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13084

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1731.75

SUBTOTAL of Disbursements This Page (optional)

3503.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Alan Guzman

Mailing Address 41 Wales Street

City Cranston State RI Zip Code 02910

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.12005

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kelly Harlow

Mailing Address 3906 West Oak Drive

City Columbia State MO Zip Code 65302

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13085

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

Full Name (Last, First, Middle Initial)

C. Kelly Harlow

Mailing Address 3906 West Oak Drive

City Columbia State MO Zip Code 65302

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13086

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

SUBTOTAL of Disbursements This Page (optional)

2591.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Dannybel Hernandez

Mailing Address 57 Laura Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11668

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dominic Hernandez

Mailing Address 133 Olo Street

City
Woonsocket

State
RI

Zip Code
02895

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11646

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.00

Full Name (Last, First, Middle Initial)

C. Ruben Hernandez

Mailing Address 40 Eudora Street

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12050

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

710.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Jane Hill

Full Name (Last, First, Middle Initial)

Mailing Address 7 Leeder Street

City
West Warwick

State
RI

Zip Code
02893

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12522

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

B. Nicole Hilmer-Heartte

Full Name (Last, First, Middle Initial)

Mailing Address 5 East Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13087

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

C. Nicole Hilmer-Heartte

Full Name (Last, First, Middle Initial)

Mailing Address 5 East Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13088

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

SUBTOTAL of Disbursements This Page (optional)

1617.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Bety Huaranga

Mailing Address 77 Alvin Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12539

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Rose Jackson

Mailing Address 5750 Broadway Street

City
Indianapolis

State
IN

Zip Code
46220

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13089

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

C. Rose Jackson

Mailing Address 5750 Broadway Street

City
Indianapolis

State
IN

Zip Code
46220

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13090

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

SUBTOTAL of Disbursements This Page (optional)

1406.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Nicholas Jeffrey

Mailing Address 6 Holiday Court

City Lincoln State RI Zip Code 02865

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13091

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

B. Nicholas Jeffrey

Mailing Address 6 Holiday Court

City Lincoln State RI Zip Code 02865

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13092

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

C. Kathryn Johnson

Mailing Address 40 Willing Avenue

City Warwick State RI Zip Code 02888

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11276

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

SUBTOTAL of Disbursements This Page (optional)

1509.56

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 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. Kathryn Johnson

Mailing Address 40 Willing Avenue

City Warwick State RI Zip Code 02888

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11336

Date of Disbursement

/ /

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

B. Hector Jose

Mailing Address 560 Public Street

City Providence State RI Zip Code 02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.12028

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Patricia Kammerer

Mailing Address PO Box 1495

City Westerly State RI Zip Code 02891

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13093

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1333.63

SUBTOTAL of Disbursements This Page (optional)

1673.63

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Patricia Kammerer

Mailing Address PO Box 1495

City
Westerly

State
RI

Zip Code
02891

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13094

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1333.64

Full Name (Last, First, Middle Initial)

B. Micheal Keane

Mailing Address 166 Valley Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13095

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1333.63

Full Name (Last, First, Middle Initial)

C. Micheal Keane

Mailing Address 166 Valley Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13096

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1333.64

SUBTOTAL of Disbursements This Page (optional)

4000.91

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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<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. Joy Langley

Mailing Address 3754 W Street, NW

City
Washington

State
DC

Zip Code
20007

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12855

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B. Seth Larson

Mailing Address 65 Plantation Drive

City
Saunderstown

State
RI

Zip Code
02874

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13097

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

C. Seth Larson

Mailing Address 65 Plantation Drive

City
Saunderstown

State
RI

Zip Code
02874

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13098

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

SUBTOTAL of Disbursements This Page (optional)

1706.60

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Maricelly Ledee

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB30B.12040

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mindy Leon

Mailing Address 8454 Toll House Road

City

Annandale

State

VA

Zip Code

22003

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB30B.12857

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Gregory Leonard

Mailing Address 80 Shady Hill Drive

City

West Warwick

State

RI

Zip Code

02893

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB30B.11319

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.00

SUBTOTAL of Disbursements This Page (optional)

1210.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Emily LePlante

Mailing Address 142 Royal Avenue

City Cranston State RI Zip Code 02920

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11077

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Emily LePlante

Mailing Address 142 Royal Avenue

City Cranston State RI Zip Code 02920

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11078

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Emily LePlante

Mailing Address 142 Royal Avenue

City Cranston State RI Zip Code 02920

Purpose of Disbursement
Canvass Per diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11079

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

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

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Emily LePlante

Mailing Address 142 Royal Avenue

City Cranston State RI Zip Code 02920

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11080

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Emily LePlante

Mailing Address 142 Royal Avenue

City Cranston State RI Zip Code 02920

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11228

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Emily LePlante

Mailing Address 142 Royal Avenue

City Cranston State RI Zip Code 02920

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11259

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 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. Lightning Radio Inc.

Mailing Address 5781 Lee Boulevard

City State Zip Code
 Lehigh Acres FL 33971

Purpose of Disbursement
 Equipment rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13214

Date of Disbursement

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Amount of Each Disbursement this Period

6475.00

Full Name (Last, First, Middle Initial)

B. Brett Lincoln

Mailing Address 28 Irving Road

City State Zip Code
 New Hartford NY 13413

Purpose of Disbursement
 Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13099

Date of Disbursement

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

C. Brett Lincoln

Mailing Address 28 Irving Road

City State Zip Code
 New Hartford NY 13413

Purpose of Disbursement
 Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13100

Date of Disbursement

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Amount of Each Disbursement this Period

809.57

SUBTOTAL of Disbursements This Page (optional)

7824.56

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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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. Tim Littlefield

Mailing Address 116 Lakeshore Drive

City Warwick State RI Zip Code 02889

Purpose of Disbursement

Canvass stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11361

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

170.00

Full Name (Last, First, Middle Initial)

B. Sara Lonardo

Mailing Address 471 Douglas Avenue

City Providence State RI Zip Code 02908

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13101

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

C. Sara Lonardo

Mailing Address 471 Douglas Avenue

City Providence State RI Zip Code 02908

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13102

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

783.80

SUBTOTAL of Disbursements This Page (optional) ►

1476.60

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Hamlet Lopez

Mailing Address 105 Comstock Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13103

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

B. Hamlet Lopez

Mailing Address 105 Comstock Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13104

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

C. Ricardo Lopez

Mailing Address 154 Beaufort Street

City
Providence

State
RI

Zip Code
02908

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12045

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

1556.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Rudy Lopez

Mailing Address 1608 Senator Drive

City East Chicago State IL Zip Code 46312

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13105

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

2920.24

Full Name (Last, First, Middle Initial)

B. Rudy Lopez

Mailing Address 1608 Senator Drive

City East Chicago State IL Zip Code 46312

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13106

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

2920.25

Full Name (Last, First, Middle Initial)

C. Odell Lora

Mailing Address 404 Union Avenue

City Providence State RI Zip Code 02909

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11691

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

240.00

SUBTOTAL of Disbursements This Page (optional)

6080.49

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Ziary Lora

Mailing Address 404 Union Avenue

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11711

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

B. Matthew Lydon

Mailing Address 73 Fremont

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13107

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

Full Name (Last, First, Middle Initial)

C. Matthew Lydon

Mailing Address 73 Fremont

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13108

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

SUBTOTAL of Disbursements This Page (optional)

2581.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 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. Alexander Malki

Mailing Address 80 Maplewood Avenue

City Warwick State RI Zip Code 02889

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.12086

Date of Disbursement

/ /

Amount of Each Disbursement this Period

220.00

Full Name (Last, First, Middle Initial)

B. Lauren Mandelker

Mailing Address 299 Wickenden Street

City Providence State RI Zip Code 02903

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13109

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

C. Lauren Mandelker

Mailing Address 299 Wickenden Street

City Providence State RI Zip Code 02903

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

SUBTOTAL of Disbursements This Page (optional)

1526.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 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. Denzel Marrow

Mailing Address 195 Tennyson Road

City Warwick State RI Zip Code 02888

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11312

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

170.00

Full Name (Last, First, Middle Initial)

B. Denzel Marrow

Mailing Address 195 Tennyson Road

City Warwick State RI Zip Code 02888

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12084

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

C. Denzel Marrow

Mailing Address 195 Tennyson Road

City Warwick State RI Zip Code 02888

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11285

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

80.00

SUBTOTAL of Disbursements This Page (optional)

410.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Denyz Marrow

Mailing Address 195 Tennyson Road

City Warwick State RI Zip Code 02888

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11313

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2006

Amount of Each Disbursement this Period

130.00

Full Name (Last, First, Middle Initial)

B. Ivarionex Marte

Mailing Address 166 Clarence Street

City Providence State RI Zip Code 02909

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11675

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2006

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

C. Yarelis Matos

Mailing Address 47 Salmon Street

City Providence State RI Zip Code

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.12054

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2006

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

620.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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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. Jason McDowell

Mailing Address 66 Baywood Street

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11325

Date of Disbursement

/ /

Amount of Each Disbursement this Period

270.00

Full Name (Last, First, Middle Initial)

B. Donald McFarland

Mailing Address 411 Laurel Avenue

City
St Paul

State
MN

Zip Code
55102

Purpose of Disbursement
Operations Manager stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.12833

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Arturo Mendoza

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.12011

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

3520.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Minya Mendoza

Mailing Address 560 Public Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12042

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Message Broadcast

Mailing Address 4685 MacArthur Court

City
Newport Beach

State
CA

Zip Code
92660

Purpose of Disbursement
GOTV generic calls

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12765

Date of Disbursement

/ /

Amount of Each Disbursement this Period

17657.41

Full Name (Last, First, Middle Initial)

C. Kayla Montanari

Mailing Address 203 Welles Street

City
Woonsocket

State
RI

Zip Code
02895

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11650

Date of Disbursement

/ /

Amount of Each Disbursement this Period

190.00

SUBTOTAL of Disbursements This Page (optional)

18097.41

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Brian Monteiro

Mailing Address 172 Leonard Avenue

City
East Providence

State
RI

Zip Code
02914

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13111

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

B. Brian Monteiro

Mailing Address 172 Leonard Avenue

City
East Providence

State
RI

Zip Code
02914

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13112

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

C. Mercedes Monteiro

Mailing Address 2 Ridgeway Avenue

City
Warwick

State
RI

Zip Code
02889

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11278

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

1506.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Mercedes Monteiro

Mailing Address 2 Ridgeway Avenue

City Warwick State RI Zip Code 02889

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11347

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

170.00

Full Name (Last, First, Middle Initial)

B. Emily Monti

Mailing Address 40 Gilcrest Drive

City West Warwick State RI Zip Code 02893

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11316

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

C. Brett Moulay

Mailing Address 173 Rathbun Street

City Woonsocket State RI Zip Code 02895

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.11651

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

185.00

SUBTOTAL of Disbursements This Page (optional)

445.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☐ 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. Samuel Muskelly

Mailing Address 21 Appleton Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11699

Date of Disbursement

/ /

Amount of Each Disbursement this Period

280.00

Full Name (Last, First, Middle Initial)

B. Samuel Muskelly

Mailing Address 21 Appleton Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12442

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Nicole Narducci

Mailing Address 36 Langdon Street

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11867

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Tyrone Nared

Mailing Address 147 Rebekah Street

City Woonsocket State RI Zip Code 02895

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11652

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

225.00

Full Name (Last, First, Middle Initial)

B. Amanda Nathaniel

Mailing Address 65 Niagara Street

City Providence State RI Zip Code 02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11820

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Glenda Nathaniel

Mailing Address 65 Niagara Street

City Providence State RI Zip Code 02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11819

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

725.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Jayme Nathaniel

Mailing Address 65 Niagara Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11821

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lawrence O'Brien

Mailing Address 328 Grove Street

City
New Milford

State
NJ

Zip Code
07646

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12421

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Benedict Ojo

Mailing Address 101 Byfield Street

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11777

Date of Disbursement

/ /

Amount of Each Disbursement this Period

320.00

SUBTOTAL of Disbursements This Page (optional)

770.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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<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. Ian Orefice

Mailing Address 70 Barr Road

City
Malvern

State
PA

Zip Code
19355

Purpose of Disbursement
Canvass Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13334

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Theophilus Osei

Mailing Address 28 Volturno Street

City
North Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12417

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. Josh Panger

Mailing Address 7101 Zoar Avenue

City
Lubbock

State
TX

Zip Code
79424

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13113

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

SUBTOTAL of Disbursements This Page (optional)

1822.80

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Josh Panger

Mailing Address 7101 Zoar Avenue

City
Lubbock

State
TX

Zip Code
79424

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13114

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

B. Obapda Papp

Mailing Address 88 Dexter Avenue

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.12044

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jose Perez

Mailing Address 23 Covell Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11735

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

1233.80

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Jose Perez

Mailing Address 23 Covell Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12437

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jose Perez

Mailing Address 23 Covell Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12452

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. Linuchka Perez

Mailing Address 108 Comstock Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11682

Date of Disbursement

/ /

Amount of Each Disbursement this Period

280.00

SUBTOTAL of Disbursements This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Marilyn Perez

Mailing Address 108 Comstock Avenue

City State Zip Code
Providence RI 02907

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11685

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

B. Marilyn Perez

Mailing Address 108 Comstock Avenue

City State Zip Code
Providence RI 02907

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12445

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Caroline Pichado

Mailing Address 20 Wildwood Avenue

City State Zip Code
Providence RI 02907

Purpose of Disbursement

Canvass per diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.10916

Date of Disbursement

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

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

340.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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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. Caroline Pichado

Mailing Address 20 Wildwood Avenue

City Providence State RI Zip Code 02907

Purpose of Disbursement
Canvass per diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11423

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Caroline Pichado

Mailing Address 20 Wildwood Avenue

City Providence State RI Zip Code 02907

Purpose of Disbursement
Canvass per diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11425

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Caroline Pichado

Mailing Address 20 Wildwood Avenue

City Providence State RI Zip Code 02907

Purpose of Disbursement
Canvass per diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.11427

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Caroline Pichado

Mailing Address 20 Wildwood Avenue

City State Zip Code
Providence RI 02907

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11268

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

B. Caroline Pichado

Mailing Address 20 Wildwood Avenue

City State Zip Code
Providence RI 02907

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11805

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Faith Plante

Mailing Address 78 Park Avenue

City State Zip Code
Woonsocket RI 02895

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11655

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.00

SUBTOTAL of Disbursements This Page (optional)

490.00

TOTAL This Period (last page this line number only)

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

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

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<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. PMA Engineering

Mailing Address 681 Killingly Street

City Johnston State RI Zip Code 02919

Purpose of Disbursement
Equipment rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.13297

Date of Disbursement

/ /

Amount of Each Disbursement this Period

363.80

Full Name (Last, First, Middle Initial)

B. Samuel Poku, III

Mailing Address 9 Lockridge Street

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.12397

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. Ivanna Porras

Mailing Address 14 Gray Street

City Providence State RI Zip Code 02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.12030

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

963.80

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Providence Marriott

Mailing Address Charles & Orms Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement
GOTV meeting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13245

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2544.70

Full Name (Last, First, Middle Initial)

B. Providence Marriott

Mailing Address Charles & Orms Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement
Meeting equipment rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13321

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

C. Providence Marriott

Mailing Address Charles & Orms Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement
Meeting equipment rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.13335

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

3444.70

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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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. Clara Puello

Mailing Address 281 Waldo Street

City Providence State RI Zip Code 02909

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11188

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Clara Puello

Mailing Address 281 Waldo Street

City Providence State RI Zip Code 02909

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11189

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Clara Puello

Mailing Address 281 Waldo Street

City Providence State RI Zip Code 02909

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11261

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Clara Puello

Mailing Address 281 Waldo Street

City Providence State RI Zip Code 02909

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12016

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Clara Puello

Mailing Address 281 Waldo Street

City Providence State RI Zip Code 02909

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12541

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Jessica Puello

Mailing Address 281 Waldo Street

City Providence State RI Zip Code 02909

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12032

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 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. Jessica Puello

Mailing Address 281 Waldo Street

City State Zip Code
Providence RI 02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12542

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 6

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Radio Shack

Mailing Address 355 Reservoir Avenue

City State Zip Code
Providence RI 02907

Purpose of Disbursement
Portable phones

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13255

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

430.68

Full Name (Last, First, Middle Initial)

C. Meredith Regine

Mailing Address 155 Purgatory Road

City State Zip Code
Middletown, RI 02842

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13115

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

505.60

SUBTOTAL of Disbursements This Page (optional)

986.28

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Meredith Regine

Mailing Address 155 Purgatory Road

City Middletown, State RI Zip Code 02842

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13116

Date of Disbursement

/ /

Amount of Each Disbursement this Period

758.01

Full Name (Last, First, Middle Initial)

B. Sabrino Rincon

Mailing Address 482 Huntington Avenue

City Providence State RI Zip Code 02907

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12051

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Philip Rivera

Mailing Address 36 Hobson Avenue

City East Providence State RI Zip Code 02914

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11840

Date of Disbursement

/ /

Amount of Each Disbursement this Period

220.00

SUBTOTAL of Disbursements This Page (optional)

1228.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 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. Nicole Robin

Mailing Address 101 Mowry Street

City Woonsocket State RI Zip Code 02895

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11656

Date of Disbursement

/ /

Amount of Each Disbursement this Period

220.00

Full Name (Last, First, Middle Initial)

B. Ashley Rodrigues

Mailing Address 47 Columbus Avenue

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11531

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Domingas Rodrigues

Mailing Address 37 Thornley Street

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11556

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

620.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Dayanarah Rodriguez

Mailing Address 6 Gallup Street

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13118

Date of Disbursement

/ /

Amount of Each Disbursement this Period

505.60

Full Name (Last, First, Middle Initial)

B. Dayanarah Rodriguez

Mailing Address 6 Gallup Street

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13119

Date of Disbursement

/ /

Amount of Each Disbursement this Period

758.01

Full Name (Last, First, Middle Initial)

C. Eduardo Rodriguez

Mailing Address 127 Sumter Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12550

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

1363.61

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 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. Erlin Rodriguez

Mailing Address 560 Prospect Street

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11550

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Gabino Romero

Mailing Address 560 Prospect Street

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11548

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Kenneth Roper

Mailing Address 560 Prospect Street

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11555

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 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. Stephani Rosario

Mailing Address 96 Burns Street

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12448

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. David Rosenthal

Mailing Address 69 Ocean View Road

City
Swampscott

State
MA

Zip Code
01907

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13120

Date of Disbursement

/ /

Amount of Each Disbursement this Period

557.19

Full Name (Last, First, Middle Initial)

C. David Rosenthal

Mailing Address 69 Ocean View Road

City
Swampscott

State
MA

Zip Code
01907

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13121

Date of Disbursement

/ /

Amount of Each Disbursement this Period

835.36

SUBTOTAL of Disbursements This Page (optional)

1492.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<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. Rude Salvatierra

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB30B.12047

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matthew Samson

Mailing Address 80 First Street

City

East Providence

State

RI

Zip Code

02914

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB30B.11844

Date of Disbursement

/ /

Amount of Each Disbursement this Period

280.00

Full Name (Last, First, Middle Initial)

C. Freddy Santana

Mailing Address 560 Prospect Street

City

Pawtucket

State

RI

Zip Code

02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB30B.11549

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

730.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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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. Esther Santos

Mailing Address 71 Bellevue Avenue

City Providence State RI Zip Code 02907

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11169

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Esther Santos

Mailing Address 71 Bellevue Avenue

City Providence State RI Zip Code 02907

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11170

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Esther Santos

Mailing Address 71 Bellevue Avenue

City Providence State RI Zip Code 02907

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11171

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Esther Santos

Mailing Address 71 Bellevue Avenue

City Providence State RI Zip Code 02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11172

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Esther Santos

Mailing Address 71 Bellevue Avenue

City Providence State RI Zip Code 02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11270

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

C. Esther Santos

Mailing Address 71 Bellevue Avenue

City Providence State RI Zip Code 02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11727

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

320.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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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. Esther Santos

Mailing Address 71 Bellevue Avenue

City State Zip Code
Providence RI 02907

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12468

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Hollie Saunders

Mailing Address 29 Russell Avenue

City State Zip Code
East Providence RI 02914

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13122

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

C. Hollie Saunders

Mailing Address 29 Russell Avenue

City State Zip Code
East Providence RI 02914

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13123

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

SUBTOTAL of Disbursements This Page (optional)

1456.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input 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. Melissa Scully

Mailing Address 4 Pine Drive

City
Unionville

State
CT

Zip Code
06085

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13178

Date of Disbursement

/ /

Amount of Each Disbursement this Period

505.60

Full Name (Last, First, Middle Initial)

B. Melissa Scully

Mailing Address 4 Pine Drive

City
Unionville

State
CT

Zip Code
06085

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13179

Date of Disbursement

/ /

Amount of Each Disbursement this Period

758.01

Full Name (Last, First, Middle Initial)

C. Ryan Sears

Mailing Address 2156 Palmetto Terrace

City
Fullerton

State
CA

Zip Code
92831

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13124

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

SUBTOTAL of Disbursements This Page (optional)

1786.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Ryan Sears

Mailing Address 2156 Palmetto Terrace

City Fullerton State CA Zip Code 92831

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13125

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

B. Jeremy Slaughter

Mailing Address 55 Pond Drive

City Fairmont State WV Zip Code 26554

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13126

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1098.26

Full Name (Last, First, Middle Initial)

C. Jeremy Slaughter

Mailing Address 55 Pond Drive

City Fairmont State WV Zip Code 26554

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13127

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1098.26

SUBTOTAL of Disbursements This Page (optional)

2980.32

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Andrew Smeltzer

Mailing Address 74 South River Drive

City Narragansett State RI Zip Code 02882

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12380

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Erica Smith

Mailing Address 74 Glendale Drive

City West Warwick State RI Zip Code 02893

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11317

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. Jenna Soendker

Mailing Address 12507 Hwy D

City Napoleon State MD Zip Code 64074

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13128

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

SUBTOTAL of Disbursements This Page (optional)

1133.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 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. Jenna Soendker

Mailing Address 12507 Hwy D

City
Napoleon

State
MD

Zip Code
64074

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13129

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

B. Sowole Somalke

Mailing Address 6 George Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.11704

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

C. Anisa Somani

Mailing Address 24 South Court Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13130

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

SUBTOTAL of Disbursements This Page (optional)

1563.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Anisa Somani

Mailing Address 24 South Court Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13131

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

B. Sobayo Sonaika

Mailing Address 6 George Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11701

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

C. Squier, Napp, Dunn

Mailing Address 1818 N Street, NW

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement
Generic broadcast production

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12853

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6400.00

SUBTOTAL of Disbursements This Page (optional)

7449.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Squier, Napp, Dunn

Mailing Address 1818 N Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Production generic message

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13219

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

3165.44

Full Name (Last, First, Middle Initial)

B. Squier, Napp, Dunn

Mailing Address 1818 N Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Production generic message

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13220

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

2484.90

Full Name (Last, First, Middle Initial)

C. Zachary Stewart

Mailing Address 3422 Post Road

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11482

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

130.00

SUBTOTAL of Disbursements This Page (optional)

5780.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Zachary Stewart

Mailing Address 3422 Post Road

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12087

Date of Disbursement

/ /

Amount of Each Disbursement this Period

70.00

Full Name (Last, First, Middle Initial)

B. Prospero Suazo

Mailing Address 230 Roger Williams

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13132

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

C. Prospero Suazo

Mailing Address 230 Roger Williams

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13133

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

SUBTOTAL of Disbursements This Page (optional)

1376.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 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. Anand Sudhakar

Mailing Address 93 East George Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13134

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

612.23

Full Name (Last, First, Middle Initial)

B. Anand Sudhakar

Mailing Address 93 East George Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13135

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Amount of Each Disbursement this Period

917.87

Full Name (Last, First, Middle Initial)

C. Emily Sullivan

Mailing Address 580 Wickenden Street

City State Zip Code
Providence RI 02903

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.8840

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

577.84

SUBTOTAL of Disbursements This Page (optional)

2107.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Emily Sullivan

Mailing Address 580 Wickenden Street

City Providence State RI Zip Code 02903

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13136

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

866.31

Full Name (Last, First, Middle Initial)

B. Karina Tavaréz

Mailing Address 74 Sumter Street

City Providence State RI Zip Code 02907

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11098

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Karina Tavaréz

Mailing Address 74 Sumter Street

City Providence State RI Zip Code 02907

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11099

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

946.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 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. Karina Tavaréz

Mailing Address 74 Sumter Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11100

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Karina Tavaréz

Mailing Address 74 Sumter Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11101

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Karina Tavaréz

Mailing Address 74 Sumter Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11681

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

SUBTOTAL of Disbursements This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. The Contact Group

Mailing Address 2304 Hunterwoods Plaza

City Reston State VA Zip Code 20191

Purpose of Disbursement
Generic GOTV calls

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13193

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Amount of Each Disbursement this Period

21423.15

Full Name (Last, First, Middle Initial)

B. The Tyson Organization

Mailing Address 1000 Macon Street

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement
Generic GOTV calls

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13183

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Amount of Each Disbursement this Period

16663.68

Full Name (Last, First, Middle Initial)

C. The Tyson Organization

Mailing Address 1000 Macon Street

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement
Generic GOTV calls

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13190

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Amount of Each Disbursement this Period

91223.25

SUBTOTAL of Disbursements This Page (optional)

129310.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. The Tyson Organization

Mailing Address 1000 Macon Street

City State Zip Code
Forth Worth TX 76102

Purpose of Disbursement
Generic GOTV calls

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13195

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7976.04

Full Name (Last, First, Middle Initial)

B. Jeff Thibeau

Mailing Address 30 Rock Street

City State Zip Code
Bristol RI 02809

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13137

Date of Disbursement

/ /

Amount of Each Disbursement this Period

505.60

Full Name (Last, First, Middle Initial)

C. Jeff Thibeau

Mailing Address 30 Rock Street

City State Zip Code
Bristol RI 02809

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13138

Date of Disbursement

/ /

Amount of Each Disbursement this Period

758.01

SUBTOTAL of Disbursements This Page (optional)

9239.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Dan Thompson

Mailing Address 505 Reservoir Road

City Pascoag State RI Zip Code 02895

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11662

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

140.00

Full Name (Last, First, Middle Initial)

B. John Tobin, III

Mailing Address 1076 Roosevelt Avenue

City Pawtucket State RI Zip Code 02861

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12557

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. Entony Toribio

Mailing Address 138 Hamilton Street

City Providence State RI Zip Code 02907

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11669

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

320.00

SUBTOTAL of Disbursements This Page (optional)

580.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Christopher Torres

Mailing Address 75 Waterman Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13139

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

B. Christopher Torres

Mailing Address 75 Waterman Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13140

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

C. Ben Traverse

Mailing Address 32 Elm Grove Avenue

City State Zip Code
Providence RI 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13141

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

SUBTOTAL of Disbursements This Page (optional)

1889.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Ben Traverse

Mailing Address 32 Elmgrove Avenue

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.13142

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

B. Jesus Trejo

Mailing Address 41 Queen Avenue

City
Methuen

State
MA

Zip Code
01844

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.12089

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

C. Joseph Tufano

Mailing Address 5 Meadowbrook Road

City
North Providence

State
RI

Zip Code
02911

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.12404

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

1189.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Latila Turley

Mailing Address 74 Lincoln Avenue

City Central Falls State RI Zip Code 02863

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11540

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Carlos Vasquez

Mailing Address 560 Prospect Street

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11552

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Jhomphy Ventura

Mailing Address 32 Farragut Avenue

City Providence State RI Zip Code 02905

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13143

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

958.48

SUBTOTAL of Disbursements This Page (optional)

1358.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Jhomphy Ventura

Mailing Address 32 Farragut Avenue

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13144

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1437.00

Full Name (Last, First, Middle Initial)

B. Niza Vinas

Mailing Address 1408 Broad Street

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11689

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

C. Niza Vinas

Mailing Address 1408 Broad Street

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12438

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

1827.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 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. Voter Activation Network

Mailing Address 54 Regent Street

City Cambridge State MA Zip Code 02140

Purpose of Disbursement

Voter file maintenance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12842

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2900.00

Full Name (Last, First, Middle Initial)

B. Albie Watson, Jr.

Mailing Address 3422 Post Road

City Warwick State RI Zip Code 02886

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11286

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Albie Watson, Jr.

Mailing Address 3422 Post Road

City Warwick State RI Zip Code 02886

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11299

Date of Disbursement

/ /

Amount of Each Disbursement this Period

130.00

SUBTOTAL of Disbursements This Page (optional)

3230.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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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. WFKO-AM

Mailing Address 1502 Wamponoag Trail

City Riverside State RI Zip Code 02915

Purpose of Disbursement

Generic radio message

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12851

Date of Disbursement

/ /

Amount of Each Disbursement this Period

289.00

Full Name (Last, First, Middle Initial)

B. Allen Wheeler

Mailing Address 29 Alice Street

City Haverhill State MA Zip Code 01830

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12090

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Megan Wilbur

Mailing Address 299 Wickenden Street

City Providence State RI Zip Code 02903

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13145

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

SUBTOTAL of Disbursements This Page (optional)

1078.99

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 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. Megan Wilbur

Mailing Address 299 Wickenden Street

City State Zip Code
Providence RI 02903

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13146

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

B. Felicia Wisseh-Bryant

Mailing Address 197 Newell Avenue

City State Zip Code
Pawtucket RI 02860

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11256

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. Felicia Wisseh-Bryant

Mailing Address 197 Newell Avenue

City State Zip Code
Pawtucket RI 02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11528

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

969.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. WPRO-AM

Mailing Address 1502 Wamponoag Trail

City Riverside State RI Zip Code 02915

Purpose of Disbursement
Generic radio message

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12845

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

595.00

Full Name (Last, First, Middle Initial)

B. WPRO-FM

Mailing Address 1502 Wamponoag Trail

City Riverside State RI Zip Code 02915

Purpose of Disbursement
Generic radio message

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12843

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

935.00

Full Name (Last, First, Middle Initial)

C. WWKX-FM

Mailing Address 1502 Wamponoag Trail

City Riverside State RI Zip Code 02915

Purpose of Disbursement
Generic radio message

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12849

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

425.00

SUBTOTAL of Disbursements This Page (optional)

1955.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. WWLI

Mailing Address 1502 Wamponoag Trail

City Riverside State RI Zip Code 02915

Purpose of Disbursement

Generic radio message

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12847

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1190.00

Full Name (Last, First, Middle Initial)

B. Seneca Yearwood

Mailing Address 177 Norton Street

City Riverside State RI Zip Code 02915

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11961

Date of Disbursement

/ /

Amount of Each Disbursement this Period

180.00

Full Name (Last, First, Middle Initial)

C. Justin Zorabedian

Mailing Address 33 Scranton Avenue

City Warwick State RI Zip Code 02888

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11280

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

SUBTOTAL of Disbursements This Page (optional)

1530.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 230 / 266

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Justin Zorabedian

Full Name (Last, First, Middle Initial)

Mailing Address 33 Scranton Avenue

City
Warwick

State
RI

Zip Code
02888

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11335

Date of Disbursement

/ /

Amount of Each Disbursement this Period

170.00

B. Justin Zorabedian

Full Name (Last, First, Middle Initial)

Mailing Address 33 Scranton Avenue

City
Warwick

State
RI

Zip Code
02888

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12083

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

210.00

TOTAL This Period (last page this line number only)

953544.52

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Transaction ID: SC/9.5183

LOAN SOURCE Full Name (Last, First, Middle Initial)

Licht 88 Committee

Election:

- ☐ 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

Date Due

Interest Rate

Secured:

M M
1 2D D
3 1Y Y Y Y
1 9 8 8

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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 F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 233 / 266

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee BJ's Wholesale Club				Purpose of Expenditure Supplies communi-ty dinner <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 287 Washington Avenue					
City Attleboro		State MA		ZIP Code 02703	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">X</div>		House Senate Presidential State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; text-align: center;">118073.66</div>				Amount <div style="border: 1px solid black; width: 150px; text-align: right;">155.39</div>	
Transaction ID: SF25.13148				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee BJ's Wholesale Club				Purpose of Expenditure Supplies communi-ty dinner <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 1300 Hartford Avenue					
City Johnston		State RI		ZIP Code 02919	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">X</div>		House Senate Presidential State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; text-align: center;">118128.51</div>				Amount <div style="border: 1px solid black; width: 150px; text-align: right;">54.85</div>	
Transaction ID: SF25.13150				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee BJ's Wholesale Club				Purpose of Expenditure Supplies communi-ty dinner <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 287 Washington Avenue					
City Attleboro		State MA		ZIP Code 02703	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">X</div>		House Senate Presidential State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; text-align: center;">128849.23</div>				Amount <div style="border: 1px solid black; width: 150px; text-align: right;">44.40</div>	
Transaction ID: SF25.13147				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional) ►		<div style="border: 1px solid black; width: 150px; text-align: center;">254.64</div>
TOTAL This Period (last page this line number only) ►		

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 234 / 266

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Sarah Bogdan				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 133 Sutton Street				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>				
City Providence		State RI					ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	House <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	State: RI Senate District: 00					
Presidential								
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">118954.42</div>				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">269.58</div>				
Transaction ID: SF25.12997				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)				

Full Name (Last, First, Middle Initial) of Each Payee David Bonzagni				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 74 South River Drive				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>				
City Narragansett		State RI					ZIP Code 02882	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	House <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	State: RI Senate District: 00					
Presidential								
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">119215.42</div>				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">261.00</div>				
Transaction ID: SF25.12998				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)				

Full Name (Last, First, Middle Initial) of Each Payee Angela Botticella				Purpose of Expenditure Reimburse event food		<input type="checkbox"/> Category/Type		
Mailing Address 18 Phillipsburg				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 0 / 2 0 0 6</div> </div>				
City Irvine		State CA					ZIP Code 92620	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	House <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	State: RI Senate District: 00					
Presidential								
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1798.43</div>				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">52.96</div>				
Transaction ID: SF25.13155				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)				

SUBTOTAL of Expenditures This Page (optional) ►		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">583.54</div>
TOTAL This Period (last page this line number only) ►		

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee Brett Broesder				Purpose of Expenditure Net wages - voter persuasion		<input type="text"/> Category/Type			
Mailing Address 1 Trenton Street				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6					
City Providence		State RI						ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 119493.59 Transaction ID: SF25.12999				Amount 278.17					
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)									

Full Name (Last, First, Middle Initial) of Each Payee Sean Brophy				Purpose of Expenditure Net wages - voter persuasion		<input type="text"/> Category/Type			
Mailing Address 92 Melrose Street				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6					
City Providence		State RI						ZIP Code 02907	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 119799.24 Transaction ID: SF25.13000				Amount 305.65					
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)									

Full Name (Last, First, Middle Initial) of Each Payee Dylan Brown				Purpose of Expenditure Net wages - voter persuasion		<input type="text"/> Category/Type			
Mailing Address 20 Avondale Road				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6					
City Westerly		State RI						ZIP Code 02891	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 120068.82 Transaction ID: SF25.13002				Amount 269.58					
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)									

SUBTOTAL of Expenditures This Page (optional) ►		853.40	
TOTAL This Period (last page this line number only) ►			

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 236 / 266

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Gregory Buckland				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 9 Kahler Avenue				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6				
City Milton		State MA					ZIP Code 02186	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 120329.82 Transaction ID: SF25.13003								
Full Name (Last, First, Middle Initial) of Each Payee Angela Chasebi				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address PO Box 4470				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6				
City Austintown		State OH					ZIP Code 44515	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 120599.40 Transaction ID: SF25.13004								
Full Name (Last, First, Middle Initial) of Each Payee Citizens Bank				Purpose of Expenditure FUTA deposit 3rd quarter		<input type="checkbox"/> Category/Type		
Mailing Address One Citizens Plaza				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6				
City Providence		State RI					ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 3991.88 Transaction ID: SF25.13170								
SUBTOTAL of Expenditures This Page (optional) ►				963.98				
TOTAL This Period (last page this line number only) ►								

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Citizens Bank				Purpose of Expenditure October payroll tax deposit		<input type="checkbox"/> Category/Type																				
Mailing Address One Citizens Plaza				Date <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	6
M	M	/	D				D	/	Y	Y	Y	Y														
1	1		1				0		2	0	0	6														
City Providence		State RI					ZIP Code 02903																			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 6658.63																						
Aggregate General Election Expenditure for this Candidate ▶ 14211.73				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																						
Transaction ID: SF25.13172																										

Full Name (Last, First, Middle Initial) of Each Payee Jacob Conarck				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type																				
Mailing Address 7 Oxford Drive				Date <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">3</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	6
M	M	/	D				D	/	Y	Y	Y	Y														
1	0		3				0		2	0	0	6														
City Port Jeff Station		State NY					ZIP Code 11776																			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 269.58																						
Aggregate General Election Expenditure for this Candidate ▶ 120868.98				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																						
Transaction ID: SF25.13005																										

Full Name (Last, First, Middle Initial) of Each Payee Department of Employment & Training				Purpose of Expenditure State quarterly unemployment		<input type="checkbox"/> Category/Type																				
Mailing Address One Capitol Hill				Date <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">3</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	6
M	M	/	D				D	/	Y	Y	Y	Y														
1	0		3				0		2	0	0	6														
City Providence		State RI					ZIP Code 02908																			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 3121.08																						
Aggregate General Election Expenditure for this Candidate ▶ 7112.96				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																						
Transaction ID: SF25.13171																										

SUBTOTAL of Expenditures This Page (optional) ▶		10049.29
TOTAL This Period (last page this line number only) ▶		

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004 City: Providence State: RI ZIP Code: 02940			

Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Dickson				Purpose of Expenditure Net wages - voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 19 Byron Street				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>	
City: No Providence State: RI ZIP Code: 02911		Amount <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">261.00</div>			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="display: flex; align-items: center;"><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential</div>	State: RI District: 00			
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">121129.98</div> Transaction ID: SF25.13006		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			

Full Name (Last, First, Middle Initial) of Each Payee Division of Taxation				Purpose of Expenditure October withhold- ing taxes <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address One Capitol Hill				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 0 / 2 0 0 6</div> </div>	
City: Providence State: RI ZIP Code: 02908		Amount <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">723.43</div>			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="display: flex; align-items: center;"><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential</div>	State: RI District: 00			
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">14935.16</div> Transaction ID: SF25.13173		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			

Full Name (Last, First, Middle Initial) of Each Payee Jonathan Engel				Purpose of Expenditure Net wages-voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 45 Junip Road				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>	
City: Belmont State: MA ZIP Code: 02478		Amount <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">269.58</div>			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="display: flex; align-items: center;"><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential</div>	State: RI District: 00			
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">121399.56</div> Transaction ID: SF25.13007		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			

SUBTOTAL of Expenditures This Page (optional) ►		<div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">1254.01</div>
TOTAL This Period (last page this line number only) ►		

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee Brian Farnkoff				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 43 Billings Street				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>				
City Boston		State MA					ZIP Code 02132	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="display: flex; align-items: center;"><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential</div>					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 121660.56 Transaction ID: SF25.13008								
Full Name (Last, First, Middle Initial) of Each Payee Parker Farrington				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 37 Devon Road				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>				
City Chestnut Hill		State MA					ZIP Code 02467	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="display: flex; align-items: center;"><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential</div>					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 121930.14 Transaction ID: SF25.13009								
Full Name (Last, First, Middle Initial) of Each Payee Regina Fiorentini				Purpose of Expenditure Reimburse event food		<input type="checkbox"/> Category/Type		
Mailing Address 36 Macon Avenue				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 0 / 2 0 0 6</div> </div>				
City Haverhill		State MA					ZIP Code 01830	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="display: flex; align-items: center;"><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential</div>					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 1745.47 Transaction ID: SF25.13154								
SUBTOTAL of Expenditures This Page (optional) ► 573.34								
TOTAL This Period (last page this line number only) ►								

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee Amanda Foster				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type			
Mailing Address 19 Byron Street				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6					
City North Providence		State RI						ZIP Code 02911	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 122199.72 Transaction ID: SF25.13010				Amount 269.58					
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Gohringer				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type			
Mailing Address 19 Byron Street				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6					
City North Providence		State RI						ZIP Code 02911	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 122469.30 Transaction ID: SF25.13011				Amount 269.58					
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Rose Jackson				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type			
Mailing Address 5750 Broadway Street				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6					
City Indianapolis		State IN						ZIP Code 46220	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 122730.30 Transaction ID: SF25.13012				Amount 261.00					
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

SUBTOTAL of Expenditures This Page (optional) ►		800.16	
TOTAL This Period (last page this line number only) ►			

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Nicholas Jeffrey				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 6 Holiday Court				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>				
City Lincoln		State RI					ZIP Code 02865	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; display: inline-block;">122999.88</div>							Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">269.58</div>	
Transaction ID: SF25.13013				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)				

Full Name (Last, First, Middle Initial) of Each Payee Seth Larson				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 65 Plantation Drive				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>				
City Saunderstown		State RI					ZIP Code 02874	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; display: inline-block;">123260.88</div>							Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">261.00</div>	
Transaction ID: SF25.13014				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)				

Full Name (Last, First, Middle Initial) of Each Payee Brett Lincoln				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 28 Irving Road				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>				
City New Hartford		State NY					ZIP Code 13413	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; display: inline-block;">123530.46</div>							Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">269.58</div>	
Transaction ID: SF25.13015				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)				

SUBTOTAL of Expenditures This Page (optional) ►		<div style="border: 1px solid black; padding: 2px; display: inline-block;">800.16</div>
TOTAL This Period (last page this line number only) ►		

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Sara Lonardo				Purpose of Expenditure Net wages - voter persuasion		<input type="text"/> Category/Type		
Mailing Address 471 Douglas Avenue				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6				
City Providence		State RI					ZIP Code 02908	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 123791.46 Transaction ID: SF25.13016								
Full Name (Last, First, Middle Initial) of Each Payee Hamlet Lopez				Purpose of Expenditure Net wages - voter persuasion		<input type="text"/> Category/Type		
Mailing Address 105 Comstock Street				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6				
City Providence		State RI					ZIP Code 02907	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 124052.46 Transaction ID: SF25.13017								
Full Name (Last, First, Middle Initial) of Each Payee Lauren Mandelker				Purpose of Expenditure Net wages-voter persuasion		<input type="text"/> Category/Type		
Mailing Address 299 Wickenden Street				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6				
City Providence		State RI					ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 124313.46 Transaction ID: SF25.13018								
SUBTOTAL of Expenditures This Page (optional) ►				783.00				
TOTAL This Period (last page this line number only) ►								

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Message Broadcast				Purpose of Expenditure Community dinner calls		<input type="text"/> Category/Type																				
Mailing Address 4685 MacArthur Court				Date <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">9</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0	6
M	M	/	D				D	/	Y	Y	Y	Y														
1	0		1				9		2	0	0	6														
City Newport Beach		State CA					ZIP Code 92660																			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 1259.70																						
Aggregate General Election Expenditure for this Candidate ► 117798.34				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																						
Transaction ID: SF25.13151																										

Full Name (Last, First, Middle Initial) of Each Payee Brian Monteiro				Purpose of Expenditure Net wages - voter persuasion		<input type="text"/> Category/Type																				
Mailing Address 172 Leonard Avenue				Date <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">3</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	6
M	M	/	D				D	/	Y	Y	Y	Y														
1	0		3				0		2	0	0	6														
City East Providence		State RI					ZIP Code 02914																			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 261.00																						
Aggregate General Election Expenditure for this Candidate ► 124574.46				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																						
Transaction ID: SF25.13019																										

Full Name (Last, First, Middle Initial) of Each Payee Old Slater Mill Association				Purpose of Expenditure Event rental		<input type="text"/> Category/Type																				
Mailing Address 67 Roosevelt Avenue				Date <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	6
M	M	/	D				D	/	Y	Y	Y	Y														
1	0		2				2		2	0	0	6														
City Pawtucket		State RI					ZIP Code 02860																			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 800.00																						
Aggregate General Election Expenditure for this Candidate ► 2598.43				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																						
Transaction ID: SF25.13156																										

SUBTOTAL of Expenditures This Page (optional) ►		2320.70
TOTAL This Period (last page this line number only) ►		

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee			
		Mailing Address			
		City		State ZIP Code	

Full Name (Last, First, Middle Initial) of Each Payee Josh Panger				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type			
Mailing Address 7101 Zoar Avenue				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>					
City Lubbock		State TX						ZIP Code 79424	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential </div>						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 124835.46 Transaction ID: SF25.13020				Amount 261.00 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Portuguese American Social Club				Purpose of Expenditure Event rental		<input type="checkbox"/> Category/Type			
Mailing Address 32 Sheldon Avenue				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 9 / 2 0 0 6</div> </div>					
City Providence		State RI						ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential </div>						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 3306.07 Transaction ID: SF25.13164				Amount 150.00 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Meredith Regine				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type			
Mailing Address 155 Purgatory Road				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>					
City Middletown,		State RI						ZIP Code 02842	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential </div>						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 125087.87 Transaction ID: SF25.13021				Amount 252.41 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

SUBTOTAL of Expenditures This Page (optional) ►		663.41	
TOTAL This Period (last page this line number only) ►			

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Dayanarah Rodriguez				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 6 Gallup Street				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>				
City Providence		State RI					ZIP Code 02905	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 125340.28 Transaction ID: SF25.13022								
Full Name (Last, First, Middle Initial) of Each Payee David Rosenthal				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 69 Ocean View Road				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>				
City Swampscott		State MA					ZIP Code 01907	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 125618.45 Transaction ID: SF25.13023								
Full Name (Last, First, Middle Initial) of Each Payee Saratoga Museum Foundation				Purpose of Expenditure Candidate forum		<input type="checkbox"/> Category/Type		
Mailing Address PO Box 845				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 3 / 2 0 0 6</div> </div>				
City No Kingstown		State RI					ZIP Code 02852	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 2698.43 Transaction ID: SF25.13161								
SUBTOTAL of Expenditures This Page (optional) ►				630.58				
TOTAL This Period (last page this line number only) ►								

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee Hollie Saunders				Purpose of Expenditure Net wages - voter persuasion		<input type="text"/> Category/Type		
Mailing Address 29 Russell Avenue				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>				
City East Providence		State RI					ZIP Code 02914	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 125879.45 Transaction ID: SF25.13024								
Full Name (Last, First, Middle Initial) of Each Payee Scottish Rite Masonic Temple				Purpose of Expenditure Event rental		<input type="text"/> Category/Type		
Mailing Address 2115 Broad Street				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 9 / 2 0 0 6</div> </div>				
City Cranston		State RI					ZIP Code 02905	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 1702.71 Transaction ID: SF25.13152								
Full Name (Last, First, Middle Initial) of Each Payee Scottish Rite Masonic Temple				Purpose of Expenditure Event rental		<input type="text"/> Category/Type		
Mailing Address 2115 Broad Street				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 6</div> </div>				
City Cranston		State RI					ZIP Code 02905	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 2838.43 Transaction ID: SF25.13158								
SUBTOTAL of Expenditures This Page (optional) ►				961.00				
TOTAL This Period (last page this line number only) ►								

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Melissa Scully				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 4 Pine Drive				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>				
City Unionville		State CT					ZIP Code 06085	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 3558.48 Transaction ID: SF25.13169								
Full Name (Last, First, Middle Initial) of Each Payee Ryan Sears				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 2156 Palmetto Terrace				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>				
City Fullerton		State CA					ZIP Code 92831	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 126140.45 Transaction ID: SF25.13025								
Full Name (Last, First, Middle Initial) of Each Payee Anisa Somani				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 24 South Court Street				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>				
City Providence		State RI					ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 126410.03 Transaction ID: SF25.13026								
SUBTOTAL of Expenditures This Page (optional) ►				782.99				
TOTAL This Period (last page this line number only) ►								

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Vivian Spencer				Purpose of Expenditure Reimburse food supplies		<input type="text"/> Category/Type		
Mailing Address 9 University Avenue				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 7 / 2 0 0 6</div> </div>				
City Providence		State RI					ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 3006.07 Transaction ID: SF25.13163								
Full Name (Last, First, Middle Initial) of Each Payee Prospero Suazo				Purpose of Expenditure Net wages-voter persuasion		<input type="text"/> Category/Type		
Mailing Address 230 Roger Williams				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>				
City Providence		State RI					ZIP Code 02907	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 126671.03 Transaction ID: SF25.13027								
Full Name (Last, First, Middle Initial) of Each Payee Anand Sudhakar				Purpose of Expenditure Net wages - voter persuasion		<input type="text"/> Category/Type		
Mailing Address 93 East George Street				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>				
City Providence		State RI					ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 126976.68 Transaction ID: SF25.13028								
SUBTOTAL of Expenditures This Page (optional) ►				734.29				
TOTAL This Period (last page this line number only) ►								

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Emily Sullivan				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type	
Mailing Address 580 Wickenden Street				Date <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 1 0 / 3 0 / 2 0 0 6 </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">288.48</div>	
City Providence		State RI					
ZIP Code 02903							
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00			
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right;">127265.16</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
Transaction ID: SF25.13029							

Full Name (Last, First, Middle Initial) of Each Payee Jeff Thibeau				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type	
Mailing Address 30 Rock Street				Date <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 1 0 / 3 0 / 2 0 0 6 </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">252.41</div>	
City Bristol		State RI					
ZIP Code 02809							
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00			
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right;">127517.57</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
Transaction ID: SF25.13030							

Full Name (Last, First, Middle Initial) of Each Payee Toppa's				Purpose of Expenditure Food community dinner		<input type="checkbox"/> Category/Type	
Mailing Address 951 Aquidneck Avenue				Date <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 1 1 / 0 2 / 2 0 0 6 </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">440.14</div>	
City Middletown		State RI					
ZIP Code 02842							
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00			
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right;">7553.10</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
Transaction ID: SF25.13244							

SUBTOTAL of Expenditures This Page (optional) ►		981.03
TOTAL This Period (last page this line number only) ►		

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

_____ Presidential-Only Election Year (28% Federal)

_____ Presidential and Senate Election Year (36% Federal)

 X Senate-Only Election Year (21% Federal)

_____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

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	0		2	7		2	0	0	6

TOTAL AMOUNT TRANSFERRED

4968.22

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

4968.22

Transaction ID: H3.12761

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

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 254 / 266
 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 / 2 7 / 2 0 0 6

TOTAL AMOUNT TRANSFERRED

9821.54

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

9821.54

Transaction ID: H3.12763

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

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	/	2	7	/	2	0	0	6

TOTAL AMOUNT TRANSFERRED

425.25

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

0.00

Transaction ID: H3.12764

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) Hope Awards 2006
(10/16/2006)

425.25

Transaction ID: H3.12764.0

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

425.25

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

14789.76

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

425.25

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)

15215.01

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT 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

A. Full Name (Last, First, Middle Initial)
 W.B. Mason

Mailing Address
 59 Centre Street

City State Zip Code
 Brockton MA 02303

Purpose of Disbursement:
 Office supplies

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

143443.97

Date M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: H4.13251

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

145.96

549.07

695.03

B. Full Name (Last, First, Middle Initial)
 Crimson Imaging Supplies, LLC

Mailing Address
 4011 Pacific Coast Highway

City State Zip Code
 Torrance CA 90505

Purpose of Disbursement:
 Office supplies

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

144633.97

Date M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: H4.13271

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

249.99

940.01

1190.00

C. Full Name (Last, First, Middle Initial)
 Providence Biltmore

Mailing Address
 Kennedy Plaza

City State Zip Code
 Providence RI 02903

Purpose of Disbursement:
 Election night

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

145633.97

Date M M / D D / Y Y Y Y
 1 0 / 2 7 / 2 0 0 6

Transaction ID: H4.13268

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

210.00

790.00

1000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

605.95

2279.08

2885.03

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) **DISBURSEMENT 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

A. Full Name (Last, First, Middle Initial)

Patrick's Pub

Mailing Address

381 Smith Street

City State Zip Code

Providence

RI

02908

Purpose of Disbursement:
Staff appreciationCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

146955.55

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	6

Transaction ID: H4.13237

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

277.54

1044.04

1321.58

B. Full Name (Last, First, Middle Initial)

Adler's Hardware

Mailing Address

173 Wickenden Street

City State Zip Code

Providence

RI

02903

Purpose of Disbursement:
SuppliesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

149416.55

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	6

Transaction ID: H4.13261

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

516.81

1944.19

2461.00

C. Full Name (Last, First, Middle Initial)

Holiday Inn Express

Mailing Address

901 Jefferson Boulevard

City State Zip Code

Warwick

RI

02886

Purpose of Disbursement:
LodgingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

154275.55

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	0	6

Transaction ID: H4.13264

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1020.39

3838.61

4859.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1814.74

6826.84

8641.58

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

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 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)

Sara Glove Company

Mailing Address

PO Box 350

City State Zip Code

Woodbury CT 06798

Purpose of Disbursement:
SuppliesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

155345.80

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: H4.13262

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

224.75

845.50

1070.25

B. Full Name (Last, First, Middle Initial)

BJ's Wholesale Club

Mailing Address

1300 Hartford Avenue

City State Zip Code

Johnston RI 02919

Purpose of Disbursement:
Food suppliesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

156554.47

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: H4.13270

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

253.82

954.85

1208.67

C. Full Name (Last, First, Middle Initial)

Comfort Inn

Mailing Address

2 George Street

City State Zip Code

Pawtucket RI 02860

Purpose of Disbursement:

Category/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

159096.97

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: H4.13274

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

533.92

2008.58

2542.50

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1012.49

3808.93

4821.42

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 259 / 266
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
ATR Treehouse

Mailing Address

812 Charles Street

 City State Zip Code
Providence RI 02904

 Purpose of Disbursement:
Election night equipment
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

166650.80

 Date M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: H4.13269

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1586.31		5967.52		7553.83

B. Full Name (Last, First, Middle Initial)
Steere Orchards

Mailing Address

150 Austin Avenue

 City State Zip Code
Greenville RI 02828

 Purpose of Disbursement:
Food supplies
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

166950.80

 Date M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: H4.13281

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
128.72		171.28		300.00

C. Full Name (Last, First, Middle Initial)
BJ's Wholesale Club

Mailing Address

1300 Hartford Avenue

 City State Zip Code
Johnston RI 02919

 Purpose of Disbursement:
Food supplies
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

167249.21

 Date M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 6

Transaction ID: H4.13239

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.67		235.74		298.41

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1777.70		6374.54		8152.24

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) **DISBURSEMENT 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

A. Full Name (Last, First, Middle Initial)
 Susann Della Rosa

Mailing Address
 60 Don Avenue

City State Zip Code
 Rumford RI 02916

Purpose of Disbursement:
 Accounting services

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

174349.21

Date M M / D D / Y Y Y Y
 1 1 / 0 5 / 2 0 0 6

Transaction ID: H4.13250

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1491.00

5609.00

7100.00

B. Full Name (Last, First, Middle Initial)
 Staples

Mailing Address
 551 North Main Street

City State Zip Code
 Providence RI 02906

Purpose of Disbursement:
 Office supplies

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

174910.48

Date M M / D D / Y Y Y Y
 1 1 / 0 6 / 2 0 0 6

Transaction ID: H4.13259

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

117.87

443.40

561.27

C. Full Name (Last, First, Middle Initial)
 Towne Wine & Liquors

Mailing Address
 179 Newport Avenue

City State Zip Code
 Rumford RI 02916

Purpose of Disbursement:
 Refreshments

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

175817.84

Date M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 0 6

Transaction ID: H4.13288

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

190.54

716.82

907.36

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1799.41

6769.22

8568.63

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT 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

A. Full Name (Last, First, Middle Initial)
 Providence Biltmore

Mailing Address

Kennedy Plaza

City State Zip Code

Providence RI 02903

Purpose of Disbursement:
 Lodging and meals

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

181126.90

Date M M / D D / Y Y Y Y
 1 1 / 0 9 / 2 0 0 6

Transaction ID: H4.13240

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1114.91

4194.15

5309.06

B. Full Name (Last, First, Middle Initial)
 W.B. Mason

Mailing Address

59 Centre Street

City State Zip Code

Brockton MA 02303

Purpose of Disbursement:
 Office supplies

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

183026.92

Date M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 0 6

Transaction ID: H4.13248

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

399.00

1501.02

1900.02

C. Full Name (Last, First, Middle Initial)
 Ronzio Management

Mailing Address

111 John Street

City State Zip Code

Lincoln RI 02865

Purpose of Disbursement:
 Refreshments

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

189469.98

Date M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 0 6

Transaction ID: H4.13272

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

5090.02

1353.04

6443.06

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

6603.93

7048.21

13652.14

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Hope Street Pizza

Mailing Address

772 Hope Street

City State Zip Code

Providence RI 02906

Purpose of Disbursement:
Staff appreciationCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

192731.07

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	0	6

Transaction ID: H4.13266

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

684.83

2576.26

3261.09

B. Full Name (Last, First, Middle Initial)
Vision Strategies

Mailing Address

125 Holden Street

City State Zip Code

Providence RI 02908

Purpose of Disbursement:
Media coordinationCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

198981.07

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	6

Transaction ID: H4.13267

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1312.50

4937.50

6250.00

C. Full Name (Last, First, Middle Initial)
East Greenwich Photo & Studio Inc

Mailing Address

631 Main Street

City State Zip Code

East Greenwich RI 02818

Purpose of Disbursement:
Event photographyCategory/
TypeActivity or Event Identifier:
Hope Awards 2006(10/16/2006)

Type of Allocated Activity:

☐ Administrative ☒ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

67768.99

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	6

Transaction ID: H4.13236

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

481.50

53.50

535.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

2478.83

7567.26

10046.09

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)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 263 / 266
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Craig Minassian

Mailing Address

85 South Street

 City State Zip Code
New York NY 10038

 Purpose of Disbursement:
Reimburse lodging
Category/
Type
 Activity or Event Identifier:
Hope Awards 2006(10/16/2006)

Type of Allocated Activity:

☐ Administrative ☒ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68758.80

 Date MM / DD / YYYY
11 / 10 / 2006

Transaction ID: H4.13277

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
890.83		98.98		989.81

B. Full Name (Last, First, Middle Initial)
Vision Strategies

Mailing Address

125 Holden Street

 City State Zip Code
Providence RI 02908

 Purpose of Disbursement:
Program Books
Category/
Type
 Activity or Event Identifier:
Hope Awards 2006(10/16/2006)

Type of Allocated Activity:

☐ Administrative ☒ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

71486.53

 Date MM / DD / YYYY
11 / 27 / 2006

Transaction ID: H4.13276

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2454.96		272.77		2727.73

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3345.79		371.75		3717.54

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
19438.84		41045.83		60484.67

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR SHARED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

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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

Thrifty Car Rental

Type of Allocated Activity or Event:

☐ Voter Registration ☒ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address
 2329 Post Road

Allocated Activity or Event Year-To-Date

4022.20

City State Zip Code
 Warwick RI 02886

Purpose of Disbursement
 Van rentals

Category/
 Type

Date / /

FEDERAL SHARE

844.66

+

LEVIN SHARE

3177.54

=

TOTAL AMOUNT

4022.20

Transaction ID: H6.13285

B. Full Name (Last ,First, Middle Initial) / Full Organization Name

Dollar Rent A Car

Type of Allocated Activity or Event:

☐ Voter Registration ☒ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address
 9 Alhambra Road

Allocated Activity or Event Year-To-Date

8536.20

City State Zip Code
 Warwick RI 02886

Purpose of Disbursement
 Van rentals

Category/
 Type

Date / /

FEDERAL SHARE

3566.06

+

LEVIN SHARE

947.94

=

TOTAL AMOUNT

4514.00

Transaction ID: H6.13286

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

4410.72

+

LEVIN SHARE

4125.48

=

TOTAL AMOUNT

8536.20

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

LEVIN SHARE

TOTAL This Period for the Levin Share

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR SHARED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)

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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

Budget Rent a CAr

Type of Allocated Activity or Event:

☐

Voter Registration

☒

GOTV

☐

Voter ID

☐

Generic Campaign

Mailing Address

TFG Airport

Allocated Activity or Event Year-To-Date

17134.34

City

Warwick

State

RI

Zip Code

02886

Purpose of Disbursement

Van rentals

Category/
Type

Date

M M /

1 1

D D /

0 8

Y Y Y Y

2 0 0 6

FEDERAL SHARE

1805.61

+

LEVIN SHARE

6792.53

=

TOTAL AMOUNT

8598.14

Transaction ID: H6.13318

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

1805.61

+

LEVIN SHARE

6792.53

=

TOTAL AMOUNT

8598.14

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

6216.33

LEVIN SHARE

10918.01

TOTAL AMOUNT

17134.34

TOTAL This Period for the Levin Share

Form/Schedule:**F3XN** The Loan on Schedule C has no determined due date and no interest rate.
Transaction ID: