

**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  
REPORTNEW  
(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

in the  
State of

5. Covering Period

06

01

2006

through

06

30

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

30

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
0	6	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		110469.32
(b) Cash on Hand at Beginning of Reporting Period .....	155354.01	
(c) Total Receipts (from Line 19) .....	205143.71	520976.64
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	360497.72	631445.96
7. Total Disbursements (from Line 31) .....	121002.64	391950.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	239495.08	239495.08
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	5249.87	
10. Debts and Obligations owed <b>BY</b> 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
0	6	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	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	83750.00	84550.00
(i) Itemized (use Schedule A) .....	125.00	325.00
(ii) Unitemized .....	83875.00	84875.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(b) Political Party Committees .....	10000.00	27600.00
(c) Other Political Committees (such as PACs) .....	93875.00	112475.00
(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 .....	100000.00	327863.35
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) .....	7907.52	10792.52
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) .....	3361.19	69845.77
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	3361.19	69845.77
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	205143.71	520976.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	201782.52	451130.87

**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.....	4939.54	25533.47
(ii) Non-Federal Share.....	11124.62	88597.81
(b) Other Federal Operating Expenditures.....	26459.42	109963.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	42523.58	224095.13
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).....	13498.91	13498.91
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	64980.15	154356.84
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	64980.15	154356.84
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	121002.64	391950.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	109878.02	303353.07

**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) .....	93875.00	112475.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	93875.00	112475.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	31398.96	135497.32
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	7907.52	10792.52
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	23491.44	124704.80

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

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

FOR LINE NUMBER: PAGE 6 / 85

(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)

Cheryl Bock

Mailing Address 210 Tomahawk Trail

City

Cranston

State

RI

Zip Code

02921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.7933

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Milton Bronstein

Mailing Address 34 Bennington Road

City

Cranston

State

RI

Zip Code

02920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.7812

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph Cannon, Jr.

Mailing Address 276 Capstan Street

City

Jamestown

State

RI

Zip Code

02835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAS America

Occupation

Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.7928

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 85

(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)  
Barbara Chapman  
Mailing Address 106 E 85th Street

City State Zip Code  
New York NY 10028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

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

Transaction ID: SA11A1.7809

Amount of Each Receipt this Period

10000.00

**B.** Full Name (Last, First, Middle Initial)  
Duncan Chapman  
Mailing Address 106 E 85th Street

City State Zip Code  
New York NY 10028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lexington Partners

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

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

Transaction ID: SA11A1.7810

Amount of Each Receipt this Period

10000.00

**C.** Full Name (Last, First, Middle Initial)  
Democratic National Committee  
Mailing Address 430 South Capitol St. SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11A1.8014

Amount of Each Receipt this Period

1824.95

RI Party Victory Fund Uni-  
temized

[MEMO ITEM]

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

20000.00

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ellen Drew		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 10271 West Loyola Drive		<b>Transaction ID:</b> SA11A1.7817
City Los Altos	State CA	Zip Code 94024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) John Drew		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 10271 West Loyola Drive		<b>Transaction ID:</b> SA11A1.7818
City Los Altos	State CA	Zip Code 94024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer Technology Crossover Ventures	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Terrence Hassett		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 15 Higgins Avenue		<b>Transaction ID:</b> SA11A1.7932
City Providence	State RI	Zip Code 02908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer State of Rhode Island	Occupation Investigator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

21000.00

**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 9 / 85

(check only one)

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

Rhode Island Democratic State Committee

<b>A.</b> Full Name (Last, First, Middle Initial) James Karam Mailing Address PO Box 2516 City Fall River State MA Zip Code 02722 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer First Bristol Corp Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.7814 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	0		2	0	0	6	2000.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	6		2	0		2	0	0	6																								
2000.00																																	
<b>B.</b> Full Name (Last, First, Middle Initial) Paul Kelly Mailing Address 431 Victory Highway City No Smithfield State RI Zip Code 02896 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Merrill Lynch Occupation Broker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.7805 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	6		1	7		2	0	0	6																								
500.00																																	
<b>C.</b> Full Name (Last, First, Middle Initial) Jerrold Lavine Mailing Address 330 Freeman Parkway City Providence State RI Zip Code 02906 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Freeman Group Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.7815 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	0		2	0	0	6	5000.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	6		2	0		2	0	0	6																								
5000.00																																	

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

7500.00

**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 10 / 85

(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)

Mark Mandell

Mailing Address One Park Row

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 ▼

10000.00

Date of Receipt

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

Transaction ID: SA11A1.7816

Amount of Each Receipt this Period

10000.00

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

John J. McCauley, Jr.

Mailing Address 71 Common Street

City State Zip Code  
 Providence RI 02908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
City of Providence

Occupation  
Inspector

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.7929

Amount of Each Receipt this Period

1000.00

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

RUTH MORGENTHAU

Mailing Address 45 HIGHLAND ST

City State Zip Code  
 CAMBRIDGE MA 02138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.8016

Amount of Each Receipt this Period

250.00

Dollars for Democrats

[MEMO ITEM]

**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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 85

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Ohrstrom Mailing Address 3760 Whitewood Road City State Zip Code The Plains VA 20198 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Larkspur Services Occupation Finance Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 10000.00		Date of Receipt MM / DD / YYYY 06 / 20 / 2006 <b>Transaction ID:</b> SA11A1.7931 Amount of Each Receipt this Period 10000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Hon. Claiborne Pell Mailing Address 45 Ledge Rd City State Zip Code Newport RI 02840 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ .00		Date of Receipt MM / DD / YYYY 04 / 28 / 2006 <b>Transaction ID:</b> SA11A1.8013 Amount of Each Receipt this Period 950.00 RI Party Victory Fund <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) John Petrarca Mailing Address 2 Michael Drive City State Zip Code Lincoln RI 02865 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Providence Auto Body Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt MM / DD / YYYY 06 / 17 / 2006 <b>Transaction ID:</b> SA11A1.7807 Amount of Each Receipt this Period 1000.00

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

11000.00

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

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

FOR LINE NUMBER: PAGE 12 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Carmine Ruggiero Mailing Address 143 Lincoln Avenue City State Zip Code Barrington RI 02806 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7911 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Richard Sardella Mailing Address 35 Wilbur Avenue City State Zip Code Newport RI 02840 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-employed Occupation Restaurateur Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7803 Amount of Each Receipt this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) James Skeffington Mailing Address 2800 Financial Plaza City State Zip Code Providence RI 02903 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Edwards Angell Palmer Dodge Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7804 Amount of Each Receipt this Period 1000.00

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

2250.00

**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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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Brian Snyder		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 7 / 2 0 0 6
Mailing Address 40 E 83rd Street		<b>Transaction ID:</b> SA11A1.7806 Amount of Each Receipt this Period 5000.00
City New York	State NY	
Zip Code 10028		
FEC ID number of contributing federal political committee. C		
Name of Employer Snyder Holdings	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Honorable Bruce Sundlun		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 280 Seaside Drive		<b>Transaction ID:</b> SA11A1.7820 Amount of Each Receipt this Period 500.00
City Jamestown	State RI	
Zip Code 02835		
FEC ID number of contributing federal political committee. C		
Name of Employer University of Rhode Island	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Lesley Taylor		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 912 Fifth Avenue		<b>Transaction ID:</b> SA11A1.8018 Amount of Each Receipt this Period 2000.00
City New York	State NY	
Zip Code 10021		
FEC ID number of contributing federal political committee. C		
Name of Employer Helicopter Flight Services	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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

7500.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

## **A. UNITEMIZED CONTRIBUTIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 430 S CAPITOL ST SE

City State Zip Code  
 WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11A1.8017

Amount of Each Receipt this Period

1035.00

Dollars for Democrats

**[MEMO ITEM]**

## **B.**

Full Name (Last, First, Middle Initial)

Richard Whelan

Mailing Address 10 Spencer's Grant Drive

City State Zip Code  
 East Greenwich RI 02818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.7930

Amount of Each Receipt this Period

1000.00

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

1000.00

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

83750.00

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

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

Rhode Island Democratic State Committee

**A.** Full Name (Last, First, Middle Initial)  
Bricklayers & Allied Craftworkers PAC  
Mailing Address 1776 Eye Street NW

City State Zip Code  
Washington DC 20006

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  
0 6 / 2 5 / 2 0 0 6

Transaction ID: SA11C.7934

Amount of Each Receipt this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
Friends of Charles Moreau  
Mailing Address 150 Jenks Avenue

City State Zip Code  
Central Falls RI 02863

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  
0 6 / 2 0 / 2 0 0 6

Transaction ID: SA11C.7937

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Friends of Ken Vaudreuil  
Mailing Address PO Box 7333

City State Zip Code  
Cumberland RI 02864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11C.7938

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  
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A.** INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO COMMITTEE ON POLITICAL EDUCATION

Mailing Address 17 BATTERY PLACE

City State Zip Code  
 NEW YORK NY 10004

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

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11C.7935

Amount of Each Receipt this Period

3000.00

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11C.7936

Amount of Each Receipt this Period

500.00

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

3500.00

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

10000.00



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

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. 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 ▼

276135.00

Date of Receipt

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

Transaction ID: SA12.7821

Amount of Each Receipt this Period

50000.00

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 ▼

326135.00

Date of Receipt

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

Transaction ID: SA12.7822

Amount of Each Receipt this Period

50000.00

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

100000.00

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

100000.00

# **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)

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Broadway Revival, LLC			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 6	
Mailing Address 296 George Washington Highway			<b>Transaction ID:</b> SA15.7823	
City State Zip Code Smithfield RI 02917			Amount of Each Receipt this Period 7500.00	
FEC ID number of contributing federal political committee. <b>C</b>			Rent Refund	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 7500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Checkoutsoftware.com			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 6	
Mailing Address 16912 Gothard Street			<b>Transaction ID:</b> SA15.7939	
City State Zip Code Huntington Beach CA 92647			Amount of Each Receipt this Period 407.52	
FEC ID number of contributing federal political committee. <b>C</b>			Sale of software	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 407.52		

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

7907.52

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

7907.52

# **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. 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: SB21B.7846

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

144.00

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.7998

Date of Disbursement

06 / 02 / 2006

Amount of Each Disbursement this Period

107.00

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

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

State: District:

Transaction ID: SB21B.7940

Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

10572.68

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

10823.68

**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. Dell Catalog Sales**

Mailing Address One Dell Way

City Round Rock State TX Zip Code 78682

Purpose of Disbursement  
Computer equipment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.7940.0

Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

10572.68

[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  
Intern stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.7990

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

333.50

Full Name (Last, First, Middle Initial)

## **C. Gabriel Amo**

Mailing Address 29 Ivy Street

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement  
Intern stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.7991

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

333.50

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

667.00

**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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(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.7736

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.68

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.7738

Date of Disbursement

/   /

Amount of Each Disbursement this Period

38.48

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.7739

Date of Disbursement

/   /

Amount of Each Disbursement this Period

54.56

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

103.72

**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  
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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.7740

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11.62

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.7741

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.82

Full Name (Last, First, Middle Initial)

**C.** Benedict Bernstein

Mailing Address 104 Governor Street

City  
Providence

State  
RI

Zip Code  
02906

Purpose of Disbursement  
Intern stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

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

524.44

**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.** Bertucci's

Mailing Address 1946 Post Road

City  
Warwick

State  
RI

Zip Code  
02886

Purpose of Disbursement  
Meeting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.7775

Date of Disbursement

/   /

Amount of Each Disbursement this Period

351.36

Full Name (Last, First, Middle Initial)

**B.** Best Buy

Mailing Address 1337 S. Washington Street

City  
No Attleboro

State  
MA

Zip Code  
02760

Purpose of Disbursement  
Computer supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.7743

Date of Disbursement

/   /

Amount of Each Disbursement this Period

136.49

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 system

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.7769

Date of Disbursement

/   /

Amount of Each Disbursement this Period

642.00

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

1129.85

**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. Computer Telephone, Inc.**

Mailing Address 60 Alhambra Road

City  
Warwick

State  
RI

Zip Code  
02886

Purpose of Disbursement  
Telephone Installation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.7770

Date of Disbursement

06 / 05 / 2006

Amount of Each Disbursement this Period

1279.19

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  
Telephone installation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.7771

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

359.26

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

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.7837

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

230.00

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

1868.45

**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 & modem service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.7843

Date of Disbursement

06 / 05 / 2006

Amount of Each Disbursement this Period

1425.00

Full Name (Last, First, Middle Initial)

## **B. Crimson Imaging Supplies, LLC**

Mailing Address 4011 Pacific Coast Highway

City  
Torrance

State  
CA

Zip Code  
90505

Purpose of Disbursement  
Computer supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.7836

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

293.02

Full Name (Last, First, Middle Initial)

## **C. Lacy Dwyer**

Mailing Address 47 Wyndham Hill

City  
Middletown

State  
RI

Zip Code  
02842

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.7767

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

25.00

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

1743.02

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

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

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

FOR LINE NUMBER:  
(check only one)

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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

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.7841

Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

29.25

Full Name (Last, First, Middle Initial)

**B.** Lexisnexis

Mailing Address PO Box 7247-7090

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Subscription

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.7737

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C.** Keenan Lynch

Mailing Address 104 Wilson Avenue

City Rumford State RI Zip Code 02916

Purpose of Disbursement  
Intern stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.7994

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

333.50

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

512.75

**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 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.** Keenan Lynch

Mailing Address 104 Wilson Avenue

City  
Rumford

State  
RI

Zip Code  
02916

Purpose of Disbursement  
Intern stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.7995

Date of Disbursement

/   /

Amount of Each Disbursement this Period

333.50

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.7744

Date of Disbursement

/   /

Amount of Each Disbursement this Period

171.80

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.7835

Date of Disbursement

/   /

Amount of Each Disbursement this Period

318.22

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

823.52

**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. New England Gas**

Mailing Address PO Box 17528

City  
Baltimore

State  
MD

Zip Code  
21297

Purpose of Disbursement  
Utility

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.7747

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

16.34

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.7839

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

529.14

Full Name (Last, First, Middle Initial)

## **C. Perkins Coie**

Mailing Address 1201 Third Avenue

City  
Seattle

State  
WA

Zip Code  
98101

Purpose of Disbursement  
Legal services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.7772

Date of Disbursement

06 / 12 / 2006

Amount of Each Disbursement this Period

750.00

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

1295.48

**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.** 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.7773

Date of Disbursement

06 / 12 / 2006

Amount of Each Disbursement this Period

2500.00

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.7842

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

34.20

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

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

State: District:

Transaction ID: SB21B.7746

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

645.88

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

3180.08

**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 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. 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: SB21B.7745

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2900.00

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

2900.00

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

25571.99

# **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 31 / 85

<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.7858

Date of Disbursement

06 / 15 / 2006

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.7888

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

**C.** 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

State: District:

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

**Transaction ID:** SB30B.8010

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

4133.78

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

5213.76

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

## **A. Blue Cross Blue Shield of Rhode Island**

Mailing Address PO Box 1057

City  
Providence

State  
RI

Zip Code  
02901

Purpose of Disbursement  
Dental insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: SB30B.7749**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

34.16

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.7750**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

856.00

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.7751**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

856.00

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

1746.16

**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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☐ 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.** Sarah Bogdan

Mailing Address 133 Sutton Street

City  
Providence

State  
RI

Zip Code  
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.7965

Date of Disbursement

/   /

Amount of Each Disbursement this Period

218.06

Full Name (Last, First, Middle Initial)

**B.** Sarah Bogdan

Mailing Address 133 Sutton Street

City  
Providence

State  
RI

Zip Code  
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.7966

Date of Disbursement

/   /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

**C.** 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

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.7869

Date of Disbursement

/   /

Amount of Each Disbursement this Period

522.80

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

1280.85

**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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☐ 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.** David Bonzagni

Mailing Address 74 South River Drive

City State Zip Code  
 Narragansett RI 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.7885

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 06 30 2006

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

**B.** Brett Broesder

Mailing Address 1 Trenton 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.7969

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 06 15 2006

Amount of Each Disbursement this Period

557.19

Full Name (Last, First, Middle Initial)

**C.** Brett Broesder

Mailing Address 1 Trenton 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.7970

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 06 30 2006

Amount of Each Disbursement this Period

557.19

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

1637.18

**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 35 / 85

<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.** 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.7957

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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.7958

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.** Citizens Bank

Mailing Address One Citizens Plaza

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

May payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.7951

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**9660.87**

**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 36 / 85

☐ 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.** 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.7982

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

241.28

Full Name (Last, First, Middle Initial)

**B.** 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

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB30B.7776

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

874.14

Full Name (Last, First, Middle Initial)

**C.** Melba DePena

Mailing Address 35 Florance 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.7752

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

1321.18

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

2436.60

**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)

PAGE 37 / 85

☐ 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.** Melba DePena

Mailing Address 35 Florance 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.7753

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1321.18

Full Name (Last, First, Middle Initial)

**B.** 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.7866

Date of Disbursement

/   /

Amount of Each Disbursement this Period

522.80

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

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.7875

Date of Disbursement

/   /

Amount of Each Disbursement this Period

522.80

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

2366.78

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

## **A. Division of Taxation**

Mailing Address One Capitol Hill

City  
Providence

State  
RI

Zip Code  
02908

Purpose of Disbursement  
May payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB30B.7952

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 08 / 2006

Amount of Each Disbursement this Period

1122.11

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

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

State: District:

Transaction ID: SB30B.7754

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 15 / 2006

Amount of Each Disbursement this Period

2217.88

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

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

State: District:

Transaction ID: SB30B.7755

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 30 / 2006

Amount of Each Disbursement this Period

2217.89

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

5557.88

**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)

PAGE 39 / 85

<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.** Katlyn Duquenoy

Mailing Address 120 Progress Street

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.7984

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

228.67

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

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.7756

Date of Disbursement

06 / 15 / 2006

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

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.7757

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

1170.57

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

2569.81

**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:  
(check only one)

PAGE 40 / 85

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A.** Jonathan 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

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.7861

Date of Disbursement

/   /

Amount of Each Disbursement this Period

539.99

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

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.7878

Date of Disbursement

/   /

Amount of Each Disbursement this Period

539.99

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.7974

Date of Disbursement

/   /

Amount of Each Disbursement this Period

522.80

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

1602.78

**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)

PAGE 41 / 85

<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.** 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

State: District:

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

Transaction ID: SB30B.7864

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

539.99

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

State: District:

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

Transaction ID: SB30B.7879

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

539.99

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

State: District:

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

Transaction ID: SB30B.7758

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

1170.57

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

2250.55

**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)

PAGE 42 / 85

<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.** 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.7759

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1170.57

Full Name (Last, First, Middle Initial)

**B.** 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.7863

Date of Disbursement

/   /

Amount of Each Disbursement this Period

539.99

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

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.7877

Date of Disbursement

/   /

Amount of Each Disbursement this Period

539.99

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

2250.55

**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.** 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

State: District:

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

**Transaction ID:** SB30B.7914

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1170.57

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

State: District:

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

**Transaction ID:** SB30B.7921

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1170.57

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.7860

Date of Disbursement

/   /

Amount of Each Disbursement this Period

539.99

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

2881.13

**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.** 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

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.7886

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 30 / 2006

Amount of Each Disbursement this Period

539.99

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.7760

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 15 / 2006

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.7761

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 30 / 2006

Amount of Each Disbursement this Period

1731.75

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

4003.49

**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  
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.** 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

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.7999

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1170.57

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

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.7777

Date of Disbursement

/   /

Amount of Each Disbursement this Period

319.13

Full Name (Last, First, Middle Initial)

**C.** Nicole Hilmer-Heartte

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.7920

Date of Disbursement

/   /

Amount of Each Disbursement this Period

783.80

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

2273.50

**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  
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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.** 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

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.7859

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

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.7918

Date of Disbursement

/   /

Amount of Each Disbursement this Period

539.99

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.7762

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1333.63

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

2413.61

**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

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(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.** 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.7763

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 30 / 2006

Amount of Each Disbursement this Period

1333.64

Full Name (Last, First, Middle Initial)

**B.** Daniel Kidera

Mailing Address 7 East Manning 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.7868

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 15 / 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

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.7871

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 15 / 2006

Amount of Each Disbursement this Period

522.80

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

2379.24

**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  
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(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.** 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

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.7884

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.7976

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  
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.7867

Date of Disbursement

/   /

Amount of Each Disbursement this Period

522.80

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

1568.40

**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  
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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.** Hollie Saunders

Mailing Address 29 Russell 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.7882

Date of Disbursement

/   /

Amount of Each Disbursement this Period

522.80

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

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.7913

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

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.7919

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1098.26

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

2719.32

**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

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.7870

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

**B.** Andrew Smeltzer

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.7876

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

522.80

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

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.7862

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

539.99

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

1585.59

**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 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.7881

Date of Disbursement

/   /

Amount of Each Disbursement this Period

539.99

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

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.7959

Date of Disbursement

/   /

Amount of Each Disbursement this Period

612.22

Full Name (Last, First, Middle Initial)

**C.** 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

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.7960

Date of Disbursement

/   /

Amount of Each Disbursement this Period

612.23

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

1764.44

**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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☐ 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.** 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

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.7856

Date of Disbursement

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

Amount of Each Disbursement this Period

577.83

Full Name (Last, First, Middle Initial)

**B.** 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

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.7874

Date of Disbursement

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

Amount of Each Disbursement this Period

577.84

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

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.7980

Date of Disbursement

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

Amount of Each Disbursement this Period

505.60

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

1661.27

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A.** Ben Traverse

Mailing Address 32 Elmgrove 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.7865

Date of Disbursement

/   /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

**B.** Ben Traverse

Mailing Address 32 Elmgrove 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.7880

Date of Disbursement

/   /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

**C.** Jhomphy Ventura

Mailing Address 32 Farragut Avenue

City State Zip Code  
Providence RI 02905

Purpose of Disbursement

Outreach consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.7986

Date of Disbursement

/   /

Amount of Each Disbursement this Period

825.08

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

1905.06

**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)

PAGE 54 / 85

<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

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

State: District:

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

Transaction ID: SB30B.7987

Date of Disbursement

/   /

Amount of Each Disbursement this Period

958.48

Full Name (Last, First, Middle Initial)

**B.** 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.7978

Date of Disbursement

/   /

Amount of Each Disbursement this Period

292.85

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

1251.33

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

64980.15

**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)

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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			
If YES, name the designating committee:		Mailing Address			
If YES, name the designating committee:		City		State      ZIP Code	

  

Full Name (Last, First, Middle Initial) of Each Payee Alicia Amdur				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type																					
Mailing Address 792 McIntyre Avenue				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: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: none; padding: 0 5px;">/</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;">0</td> <td style="text-align: center;">6</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</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	0	6		1	5		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
0	6		1					5		2	0	0	6														
City      State      ZIP Code Winter Prk      FL      32709																											
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>																					
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">558.06</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																							
Transaction ID: SF25.7872																											

  

Full Name (Last, First, Middle Initial) of Each Payee Alicia Amdur				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type																					
Mailing Address 792 McIntyre Avenue				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: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: none; padding: 0 5px;">/</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;">0</td> <td style="text-align: center;">6</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	0	6		3	0		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
0	6		3					0		2	0	0	6														
City      State      ZIP Code Winter Prk      FL      32709																											
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>																					
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">7486.72</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																							
Transaction ID: SF25.7890																											

  

Full Name (Last, First, Middle Initial) of Each Payee Gabriel Amo				Purpose of Expenditure Stipend - voter persuasion		<input type="checkbox"/> Category/Type																					
Mailing Address 29 Ivy Street				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: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: none; padding: 0 5px;">/</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;">0</td> <td style="text-align: center;">6</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</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	0	6		1	5		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
0	6		1					5		2	0	0	6														
City      State      ZIP Code Pawtucket      RI      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 <div style="border: 1px solid black; padding: 2px; text-align: right;">166.50</div>																					
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">5184.84</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																							
Transaction ID: SF25.7992																											

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ►		<div style="border: 1px solid black; padding: 2px; text-align: right;">705.66</div>	
<b>TOTAL</b> 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 Gabriel Amo				Purpose of Expenditure Stipend - voter persuasion		<input type="checkbox"/> Category/Type																					
Mailing Address 29 Ivy Street				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: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: none; padding: 0 5px;">/</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;">0</td> <td style="text-align: center;">6</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	0	6		3	0		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
0	6		3					0		2	0	0	6														
City      State      ZIP Code Pawtucket      RI      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 166.50																					
Aggregate General Election Expenditure for this Candidate ► 13332.41 <b>Transaction ID: SF25.7993</b>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																							

  

Full Name (Last, First, Middle Initial) of Each Payee Blue Cross Blue Shield of Rhode Island				Purpose of Expenditure Health insurance - organizers		<input type="checkbox"/> Category/Type																					
Mailing Address PO Box 1057				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: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: none; padding: 0 5px;">/</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;">0</td> <td style="text-align: center;">6</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	0	6		1	9		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
0	6		1					9		2	0	0	6														
City      State      ZIP Code Providence      RI      02901																											
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 859.75																					
Aggregate General Election Expenditure for this Candidate ► 6623.01 <b>Transaction ID: SF25.8011</b>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																							

  

Full Name (Last, First, Middle Initial) of Each Payee Sarah Bogdan				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type																					
Mailing Address 133 Sutton Street				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: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: none; padding: 0 5px;">/</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;">0</td> <td style="text-align: center;">6</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</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	0	6		1	5		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
0	6		1					5		2	0	0	6														
City      State      ZIP Code Providence      RI      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 117.75																					
Aggregate General Election Expenditure for this Candidate ► 4740.17 <b>Transaction ID: SF25.7967</b>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																							

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ►		1144.00	
<b>TOTAL</b> 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 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>0 6 / 3 0 / 2 0 0 6</div> </div>					
City      State      ZIP Code Providence      RI      02903		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 ►				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
Transaction ID: SF25.7968									

  

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>0 6 / 1 5 / 2 0 0 6</div> </div>					
City      State      ZIP Code Narragansett      RI      02882		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 ►				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">261.00</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
Transaction ID: SF25.7896									

  

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>0 6 / 3 0 / 2 0 0 6</div> </div>					
City      State      ZIP Code Narragansett      RI      02882		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 ►				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">261.00</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
Transaction ID: SF25.7895									

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ►		<div style="border: 1px solid black; padding: 2px; text-align: right;">791.58</div>	
<b>TOTAL</b> 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 59 / 85

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		Mailing Address	
City		State      ZIP Code	

  

Full Name (Last, First, Middle Initial) of Each Payee Brett Broesder				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type	
Mailing Address 1 Trenton Street				Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>06 / 15 / 2006</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">278.17</div>	
City		State      ZIP Code					
Providence      RI      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 ► <div style="border: 1px solid black; padding: 2px; text-align: right;">5018.34</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
<b>Transaction ID: SF25.7971</b>							

  

Full Name (Last, First, Middle Initial) of Each Payee Brett Broesder				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type	
Mailing Address 1 Trenton Street				Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>06 / 30 / 2006</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">278.17</div>	
City		State      ZIP Code					
Providence      RI      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 ► <div style="border: 1px solid black; padding: 2px; text-align: right;">11532.18</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
<b>Transaction ID: SF25.7973</b>							

  

Full Name (Last, First, Middle Initial) of Each Payee Sean Brophy				Purpose of Expenditure Net wages - Voter persuasion		<input type="checkbox"/> Category/Type	
Mailing Address 92 Melrose Street				Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>06 / 15 / 2006</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">305.65</div>	
City		State      ZIP Code					
Providence      RI      02907							
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; padding: 2px; text-align: right;">4316.77</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
<b>Transaction ID: SF25.7961</b>							

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ►		<div style="border: 1px solid black; padding: 2px; text-align: right;">861.99</div>	
<b>TOTAL</b> 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 Jonathan Engel				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type	
Mailing Address 45 Junip Road				Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>06 / 30 / 2006</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>	
City      State      ZIP Code Belmont      MA      02478							
Name of Federal Candidate Supported    Office Sought:    House    State: RI SHELDON II WHITEHOUSE <input checked="" type="checkbox"/> Senate    District: 00 Presidential							
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right;">9600.46</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
Transaction ID: SF25.7917							

  

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>MM / DD / YY</div> <div>06 / 30 / 2006</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">261.00</div>	
City      State      ZIP Code Boston      MA      02132							
Name of Federal Candidate Supported    Office Sought:    House    State: RI SHELDON II WHITEHOUSE <input checked="" type="checkbox"/> Senate    District: 00 Presidential							
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right;">11793.18</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
Transaction ID: SF25.7975							

  

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>MM / DD / YY</div> <div>06 / 15 / 2006</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>	
City      State      ZIP Code Chestnut Hill      MA      02467							
Name of Federal Candidate Supported    Office Sought:    House    State: RI SHELDON II WHITEHOUSE <input checked="" type="checkbox"/> Senate    District: 00 Presidential							
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right;">3741.54</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
Transaction ID: SF25.7946							

  

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 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 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>MM / DD / YY</div> <div>06 / 30 / 2006</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>	
City		State      ZIP Code					
Chestnut Hill      MA      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 ► <div style="border: 1px solid black; padding: 2px; text-align: right;">10409.20</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
<b>Transaction ID: SF25.7948</b>							

  

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 <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>06 / 15 / 2006</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>	
City		State      ZIP Code					
North Providence      RI      02911							
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; padding: 2px; text-align: right;">3471.96</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
<b>Transaction ID: SF25.7925</b>							

  

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 <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>06 / 30 / 2006</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>	
City		State      ZIP Code					
North Providence      RI      02911							
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; padding: 2px; text-align: right;">10139.62</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
<b>Transaction ID: SF25.7926</b>							

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ►		808.74
<b>TOTAL</b> 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 Nicholas Jeffrey				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type																					
Mailing Address 6 Holiday 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;">0</td> <td style="text-align: center;">6</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	0	6		3	0		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
0	6		3					0		2	0	0	6														
City      State      ZIP Code Lincoln      RI      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		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>																					
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">9330.88</div> <div style="clear: both;"></div> <b>Transaction ID:</b> SF25.7915																											

  

Full Name (Last, First, Middle Initial) of Each Payee Daniel Kidera				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type																					
Mailing Address 7 East Manning Street				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;">0</td> <td style="text-align: center;">6</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</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	0	6		1	5		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
0	6		1					5		2	0	0	6														
City      State      ZIP Code Providence      RI      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		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">261.00</div>																					
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">1341.06</div> <div style="clear: both;"></div> <b>Transaction ID:</b> SF25.7894																											

  

Full Name (Last, First, Middle Initial) of Each Payee Sara Lonardo				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type																					
Mailing Address 471 Douglas 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;">0</td> <td style="text-align: center;">6</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</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	0	6		1	5		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
0	6		1					5		2	0	0	6														
City      State      ZIP Code Providence      RI      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 <div style="border: 1px solid black; padding: 2px; text-align: right;">261.00</div>																					
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">2124.06</div> <div style="clear: both;"></div> <b>Transaction ID:</b> SF25.7901																											

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ►		<div style="border: 1px solid black; padding: 2px; text-align: right;">791.58</div>	
<b>TOTAL</b> 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		Mailing Address	
City		State      ZIP Code	

  

Full Name (Last, First, Middle Initial) of Each Payee Brian Monteiro				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type	
Mailing Address 172 Leonard Avenue				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">261.00</div>	
City		State      ZIP Code					
East Providence      RI      02914							
Name of Federal Candidate Supported		Office Sought:		House		State: RI	
SHELDON II WHITEHOUSE		<input checked="" type="checkbox"/>		Senate		District: 00	
				Presidential			
Aggregate General Election Expenditure for this Candidate ►				12054.18		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.7977							

  

Full Name (Last, First, Middle Initial) of Each Payee Hollie Saunders				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type	
Mailing Address 29 Russell Avenue				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">261.00</div>	
City		State      ZIP Code					
East Providence      RI      02914							
Name of Federal Candidate Supported		Office Sought:		House		State: RI	
SHELDON II WHITEHOUSE		<input checked="" type="checkbox"/>		Senate		District: 00	
				Presidential			
Aggregate General Election Expenditure for this Candidate ►				1080.06		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.7892							

  

Full Name (Last, First, Middle Initial) of Each Payee Hollie Saunders				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type	
Mailing Address 29 Russell Avenue				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">261.00</div>	
City		State      ZIP Code					
East Providence      RI      02914							
Name of Federal Candidate Supported		Office Sought:		House		State: RI	
SHELDON II WHITEHOUSE		<input checked="" type="checkbox"/>		Senate		District: 00	
				Presidential			
Aggregate General Election Expenditure for this Candidate ►				8269.72		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.7898							

  

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 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 Andrew Smeltzer				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>0 6 / 1 5 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">261.00</div>	
City		State      ZIP Code					
Name of Federal Candidate Supported		Office Sought:					
SHELDON II WHITEHOUSE		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ►				1863.06		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
				Transaction ID: SF25.7897			

  

Full Name (Last, First, Middle Initial) of Each Payee Andrew Smeltzer				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>0 6 / 3 0 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">261.00</div>	
City		State      ZIP Code					
Name of Federal Candidate Supported		Office Sought:					
SHELDON II WHITEHOUSE		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ►				8530.72		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
				Transaction ID: SF25.7902			

  

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>0 6 / 1 5 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>	
City		State      ZIP Code					
Name of Federal Candidate Supported		Office Sought:					
SHELDON II WHITEHOUSE		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ►				3202.38		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
				Transaction ID: SF25.7922			

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ►		791.58
<b>TOTAL</b> 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 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>0 6 / 3 0 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>	
City		State      ZIP Code					
Providence      RI      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 ► <div style="border: 1px solid black; padding: 2px; text-align: right;">9870.04</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
<b>Transaction ID: SF25.7924</b>							

  

Full Name (Last, First, Middle Initial) of Each Payee Anand Sudhakar				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> 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>0 6 / 1 5 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">305.65</div>	
City		State      ZIP Code					
Providence      RI      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 ► <div style="border: 1px solid black; padding: 2px; text-align: right;">4622.42</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
<b>Transaction ID: SF25.7963</b>							

  

Full Name (Last, First, Middle Initial) of Each Payee Anand Sudhakar				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> 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>0 6 / 3 0 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">305.65</div>	
City		State      ZIP Code					
Providence      RI      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 ► <div style="border: 1px solid black; padding: 2px; text-align: right;">10984.43</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
<b>Transaction ID: SF25.7964</b>							

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ►		<div style="border: 1px solid black; padding: 2px; text-align: right;">880.88</div>	
<b>TOTAL</b> 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 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;"> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 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="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="float: right; border: 1px solid black; padding: 2px 10px;">288.48</div>				Amount <div style="float: right; border: 1px solid black; padding: 2px 10px;">288.48</div>					
Transaction ID: SF25.7857				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

  

Full Name (Last, First, Middle Initial) of Each Payee Emily Sullivan				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type			
Mailing Address 580 Wickenden Street				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 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="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="float: right; border: 1px solid black; padding: 2px 10px;">7217.14</div>				Amount <div style="float: right; border: 1px solid black; padding: 2px 10px;">288.48</div>					
Transaction ID: SF25.7889				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

  

Full Name (Last, First, Middle Initial) of Each Payee Jeff Thibau				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;"> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 6</div> </div>					
City Bristol		State RI						ZIP Code 02809	
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="float: right; border: 1px solid black; padding: 2px 10px;">12452.79</div>				Amount <div style="float: right; border: 1px solid black; padding: 2px 10px;">252.41</div>					
Transaction ID: SF25.7981				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ►		<div style="border: 1px solid black; padding: 2px 10px; float: right;">829.37</div>	
<b>TOTAL</b> 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 Ben Traverse				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type	
Mailing Address 32 Elmgrove Avenue				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>	
City		State      ZIP Code					
Providence      RI      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 ► <div style="border: 1px solid black; padding: 2px; text-align: right;">4011.12</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
<b>Transaction ID: SF25.7949</b>							

  

Full Name (Last, First, Middle Initial) of Each Payee Ben Traverse				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type	
Mailing Address 32 Elmgrove Avenue				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>	
City		State      ZIP Code					
Providence      RI      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 ► <div style="border: 1px solid black; padding: 2px; text-align: right;">10678.78</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
<b>Transaction ID: SF25.7950</b>							

  

Full Name (Last, First, Middle Initial) of Each Payee Jhomphy Ventura				Purpose of Expenditure Outreach consult- ing		<input type="checkbox"/> Category/Type	
Mailing Address 32 Farragut Avenue				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">411.92</div>	
City		State      ZIP Code					
Providence      RI      02905							
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; padding: 2px; text-align: right;">5763.26</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
<b>Transaction ID: SF25.7988</b>							

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ►		951.08
<b>TOTAL</b> This Period (last page this line number only) ..... ►		





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

PAGE 73 / 85  
 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
0	6		1	2		2	0	0	6

TOTAL AMOUNT TRANSFERRED

3361.19

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

3361.19

Transaction ID: H3.7954

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) .....

3361.19

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

0.00

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

0.00

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

0.00

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

0.00

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

0.00

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

3361.19

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

PAGE 74 / 85

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address

P.O. Box 39

City	State	Zip Code
Newark	NJ	07101

Purpose of Disbursement:  
 Monthly cable and modem fee

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

98279.12

Date 

M	M
0	6

 / 

D	D
1	3

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7722

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

44.52

167.48

212.00

**B. 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

100979.12

Date 

M	M
0	6

 / 

D	D
1	3

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7723

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2133.00

567.00

2700.00

**C. Full Name (Last, First, Middle Initial)**  
 Pui O

Mailing Address

249 Roosevelt Avenue

City	State	Zip Code
Pawtucket	RI	02860

Purpose of Disbursement:  
 June rent and electricity

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

101579.12

Date 

M	M
0	6

 / 

D	D
1	3

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7728

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

126.00

474.00

600.00

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

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2303.52

1208.48

3512.00

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 75 / 85  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

**A. Full Name (Last, First, Middle Initial)**  
 T-Mobile

Mailing Address

PO Box 742596

City	State	Zip Code
Cincinnati	OH	45274

Purpose of Disbursement:  
 Cell Phone expense

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

101704.72

Date 

M	M
0	6

 / 

D	D
1	3

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7729

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

26.36

99.24

125.60

**B. Full Name (Last, First, Middle Initial)**  
 Prime Group

Mailing Address

815 Connecticut Avenue, NW

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement:  
 Polling

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

111704.72

Date 

M	M
0	6

 / 

D	D
1	3

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7730

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2100.00

7900.00

10000.00

**C. Full Name (Last, First, Middle Initial)**  
 VarTec Solutions

Mailing Address

PO Box 78228

City	State	Zip Code
Phoenix	AZ	85062

Purpose of Disbursement:  
 Long distance service

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

111720.12

Date 

M	M
0	6

 / 

D	D
1	3

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7731

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

3.24

12.16

15.40

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2129.60

8011.40

10141.00

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 76 / 85  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address  
 P.O. 1

City State Zip Code  
 Worcester MA 01654

Purpose of Disbursement:  
 Telephone service

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

111913.99

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

Transaction ID: H4.7732

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

40.72

153.15

193.87

**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

112058.40

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

Transaction ID: H4.7733

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

30.33

114.08

144.41

**C. Full Name (Last, First, Middle Initial)**  
 Acorn-OPG Graphics

Mailing Address  
 117 Broadway

City State Zip Code  
 Providence RI 02903

Purpose of Disbursement:  
 Convention printing

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

112118.32

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

Transaction ID: H4.7912

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

12.59

47.33

59.92

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

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

83.64

314.56

398.20

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 77 / 85

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

**A. Full Name (Last, First, Middle Initial)**  
Ikon Financial Services

Mailing Address

PO Box 41564

City	State	Zip Code
Philadelphia	PA	19101

Purpose of Disbursement:  
Copier LeaseCategory/  
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

112282.03

Date 06 / 29 / 2006

Transaction ID: H4.7726

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

34.38

129.33

163.71

**B. Full Name (Last, First, Middle Initial)**  
IKON Office Solutions

Mailing Address

P.O. Box 30069

City	State	Zip Code
Hartford	CT	06150

Purpose of Disbursement:  
Copier Maintenance ContractCategory/  
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

112632.69

Date 06 / 29 / 2006

Transaction ID: H4.7727

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

73.64

277.02

350.66

**C. 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 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

112729.99

Date 06 / 29 / 2006

Transaction ID: H4.7942

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

20.44

76.86

97.30

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

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

128.46

483.21

611.67

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 78 / 85

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Anthony St. Pierre

Mailing Address

68 Fallon Avenue

City State Zip Code

Providence

RI

02908

Purpose of Disbursement:  
Convention entertainmentCategory/  
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

113029.99

Date 

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

Transaction ID: H4.7956

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

63.00

237.00

300.00

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

MBNA

Mailing Address

P.O. Box 15019

City State Zip Code

Wilmington

DE

19886

Purpose of Disbursement:  
Credit card paymentCategory/  
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

113829.37

Date 

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

Transaction ID: H4.8001

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

167.91

631.47

799.38

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

Cafe Paragon

Mailing Address

234 Thayer Street

City State Zip Code

Providence

RI

02906

Purpose of Disbursement:  
Convention meetingCategory/  
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

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	0	6

Transaction ID: H4.8003

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

38.61

145.24

183.85

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

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

230.91

868.47

1099.38

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 79 / 85  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

**A. Full Name (Last, First, Middle Initial)**  
 Gregg's Restaurant

Mailing Address

1303 North Main Street

City State Zip Code  
 Providence RI 02904

Purpose of Disbursement:  
 Meeting with elected officials

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

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

Transaction ID: H4.8004

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.83

40.70

51.53

**B. Full Name (Last, First, Middle Initial)**  
 D'Angelo's

Mailing Address

216 Broadway

City State Zip Code  
 Pawtucket RI 02860

Purpose of Disbursement:  
 Staff meeting

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

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

Transaction ID: H4.8005

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

7.92

29.76

37.68

**C. Full Name (Last, First, Middle Initial)**  
 Picture This

Mailing Address

158 Wickenden Street

City State Zip Code  
 Providence RI 02903

Purpose of Disbursement:  
 Leadership appreciation

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date M M / D D / Y Y Y Y  
 0 5 / 2 3 / 2 0 0 6

Transaction ID: H4.8006

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

83.58

314.41

397.99

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

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

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

PAGE 80 / 85  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

**A. Full Name (Last, First, Middle Initial)**  
 Chelo's of Providence

Mailing Address

505 Silver Spring Avenue

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement:  
 Meeting with elected official

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
0	5

 / 

D	D
2	3

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.8007

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6.34

23.82

30.16

**B. Full Name (Last, First, Middle Initial)**  
 Gregg's Restaurant

Mailing Address

1303 North Main Street

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement:  
 Meeting with elected officials

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
0	5

 / 

D	D
2	4

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.8008

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

7.57

28.44

36.01

**C. Full Name (Last, First, Middle Initial)**  
 Gregg's Restaurant

Mailing Address

1303 North Main Street

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement:  
 Meeting with elected officials

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
0	6

 / 

D	D
0	2

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.8009

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

13.06

49.10

62.16

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

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

0.00

0.00

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT



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

PAGE 81 / 85  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Timothy Grilo

Mailing Address

481 Charles Street

City

State

Zip Code

Providence

RI

02904

Purpose of Disbursement:

Reimburse cell phone expense

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

113979.37

Date 06 / 30 / 2006

Transaction ID: H4.7724

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

31.50

118.50

150.00

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

Verizon Wireless

Mailing Address

PO Box 15023

City

State

Zip Code

Worcester

MA

01615

Purpose of Disbursement:

Cell phone

Category/  
Type

Activity or Event Identifier:

Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 06 / 16 / 2006

Transaction ID: H4.13753

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

31.50

118.50

150.00

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

Timothy Grilo

Mailing Address

481 Charles Street

City

State

Zip Code

Providence

RI

02904

Purpose of Disbursement:

Reimburse 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

114081.28

Date 06 / 30 / 2006

Transaction ID: H4.7725

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

21.41

80.50

101.91

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

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

52.91

199.00

251.91

**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 82 / 85  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address

551 North Main Street

City State Zip Code

Providence RI 02906

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 05 / 01 / 2006

Transaction ID: H4.13754

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

7.07

26.62

33.69

**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

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 05 / 04 / 2006

Transaction ID: H4.13755

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

9.01

33.91

42.92

**C. 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

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 04 / 28 / 2006

Transaction ID: H4.13756

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

4.71

17.70

22.41

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

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

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

PAGE 83 / 85

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Home Depot

Mailing Address

387 Charles Street

City

State

Zip Code

Providence

RI

02908

Purpose of Disbursement:

Office supplies

Category/  
Type

Activity or Event Identifier:

Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

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

Transaction ID: H4.13757

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.62

2.27

2.89

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

Sue Fernandes Graphic Designer

Mailing Address

16 Sabra Street

City

State

Zip Code

Cranston

RI

02910

Purpose of Disbursement:

Logo design

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

114131.28

Date

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

Transaction ID: H4.7927

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

10.50

39.50

50.00

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

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

10.50

39.50

50.00

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

4939.54

11124.62

16064.16

Image# 26930761435

Form/Schedule: **F3XA**

Transaction ID:

The loan on schedule C has no interest rate and no determined due date. Schedule A's provided from joint fundraisers are distributed on a different schedule than proceeds. A miscellaneous text for 2005-2006 has been filed regarding joint fundraisers schedule A's and the timing of transfers. Polling expenses reported on Schedule H4 did not refer to any federal candidates. Itemization on Schedule B has been provided for all reimbursements, however vendors not aggregating to \$200 are unitemized.

Form/Schedule: **SA11A1** Dollars For Democrats

Transaction ID: **SA11A1.8016**

\*\*\*\*\*

**Image# 26930761436**

Form/Schedule: **SA11A1**    Dollars For Democrats

Transaction ID: **SA11A1.8017**

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