

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

Office Use Only

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

Rhode Island Democratic State Committee

ADDRESS (number and street)

P.O. Box 6004

☐Check if different  
than previously  
reported. (ACC)

Providence

RI

02940

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00136200

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2007

through

07

31

2007

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

10

20

2007

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							
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**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	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		54799.15
(b) Cash on Hand at Beginning of Reporting Period .....	30314.94	
(c) Total Receipts (from Line 19) .....	26437.04	113306.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	56751.98	168105.37
7. Total Disbursements (from Line 31) .....	12611.78	123965.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	44140.20	44140.20
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	5254.47	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ 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	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	7

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	0.00	19300.00
(i) Itemized (use Schedule A) .....	0.00	700.00
(ii) Unitemized .....	0.00	20000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(b) Political Party Committees .....	0.00	650.60
(c) Other Political Committees (such as PACs) .....	0.00	20650.60
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	0.00	0.00
12. Transfers From Affiliated/Other Party Committees .....	3900.00	17586.80
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) .....	16089.25	34630.58
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) .....	6447.79	38974.37
(b) Levin Funds (from Schedule H5) .....	0.00	1463.87
(c) Total Transfer (add 18(a) and 18(b)).	6447.79	40438.24
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	26437.04	113306.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19989.25	72867.98

**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.....	3051.71	26155.42
(ii) Non-Federal Share.....	5188.61	45626.85
(b) Other Federal Operating Expenditures.....	4371.46	36605.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	12611.78	108387.79
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).....	0.00	1262.44
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 .....	0.00	14314.94
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	14314.94
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12611.78	123965.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	7423.17	78338.32

**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) .....	0.00	20650.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	20650.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7423.17	62760.94
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	16089.25	34630.58
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-8666.08	28130.36

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 21

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

**A.** 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 ▼

16500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 5 / 2 0 0 7

Transaction ID: SA12.14519

Amount of Each Receipt this Period

3900.00

In-kind -Voter file access

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

3900.00

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

3900.00

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

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

FOR LINE NUMBER: PAGE 7 / 21

(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) A.B. Data, Ltd.		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 0 / 2 0 0 7	
Mailing Address 8050 N. Port Washington Road		<b>Transaction ID:</b> SA15.14502	
City Milwaukee	State WI	Zip Code 53217	Amount of Each Receipt this Period 15866.25
FEC ID number of contributing federal political committee. C		Purchase of voter file	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15866.25		
<b>B.</b> Full Name (Last, First, Middle Initial) Josh Panger		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 3 / 2 0 0 7	
Mailing Address 7101 Zoar Avenue		<b>Transaction ID:</b> SA15.14482	
City Lubbock	State TX	Zip Code 79424	Amount of Each Receipt this Period 223.00
FEC ID number of contributing federal political committee. C		Cobra payment	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1338.00		

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

16089.25

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

16089.25

# **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 8 / 21

<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

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. Blue Cross Blue Shield of Rhode Island**

Mailing Address PO Box 1057

City  
Providence

State  
RI

Zip Code  
02901

Purpose of Disbursement  
Cobra health insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.14494

Date of Disbursement

07 / 27 / 2007

Amount of Each Disbursement this Period

446.46

Full Name (Last, First, Middle Initial)

## **B. Democratic National Committee**

Mailing Address 430 South Capitol St. SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
In-kind -Voter file access

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.14520

Date of Disbursement

07 / 05 / 2007

Amount of Each Disbursement this Period

3900.00

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

4346.46

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

4346.46



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

PAGE 9 / 21

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

PAGE 10 / 21

FOR LINE NUMBER:  
(check only one)

<input checked="checked" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
Rhode Island Democratic State Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SHELDON II WHITEHOUSE

Nature of Debt (Purpose):  
Coordinated expenditures  
overage

Mailing Address 32 ELMGROVE AVENUE

City State ZIP Code  
PROVIDENCE RI 02906

Outstanding Balance Beginning This Period

4.60

**Transaction ID:** SD9.14176

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.60

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

4.60

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

4.60

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

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

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

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

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

NAME OF ACCOUNT

RI Democratic Non-federal Account

DATE OF RECEIPT

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

TOTAL AMOUNT TRANSFERRED

6447.79

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

6447.79

Transaction ID: H3.14504

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) .....

6447.79

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) .....

6447.79

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

 PAGE 12 / 21  
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 modem and cable

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

63224.27

 Date MM / DD / YYYY  
07 / 13 / 2007

Transaction ID: H4.14483

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.04		67.63		105.67

**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-non employee

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

64399.27

 Date MM / DD / YYYY  
07 / 13 / 2007

Transaction ID: H4.14484

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
423.00		752.00		1175.00

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

 Mailing Address  
481 Charles Street

 City State Zip Code  
Providence RI 02904

 Purpose of Disbursement:  
Net wages

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

66219.87

 Date MM / DD / YYYY  
07 / 13 / 2007

Transaction ID: H4.14487

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
655.42		1165.18		1820.60

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1116.46		1984.81		3101.27

**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 13 / 21

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

**A. 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 feesCategory/  
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

66585.02

Date 07 / 13 / 2007

Transaction ID: H4.14490

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

131.45

233.70

365.15

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

Mailing Address

249 Roosevelt Avenue

City	State	Zip Code
Pawtucket	RI	02860

Purpose of Disbursement:  
July rent & electricityCategory/  
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

67385.02

Date 07 / 13 / 2007

Transaction ID: H4.14491

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

288.00

512.00

800.00

**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

67482.06

Date 07 / 13 / 2007

Transaction ID: H4.14493

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

34.93

62.11

97.04

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

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

454.38

807.81

1262.19

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 14 / 21  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Bank of America

Mailing Address

PO Box 15719

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

67596.69

Date 07 / 13 / 2007

Transaction ID: H4.14496

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

41.27

73.36

114.63

**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 6/20/07Category/  
TypeActivity 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 07 / 13 / 2007

Transaction ID: H4.14507

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

9.68

17.21

26.89

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

Imondi &amp; Son Florists

Mailing Address

182 Smithfield Avenue

City State Zip Code

Pawtucket

RI

02860

Purpose of Disbursement:  
Funeral arrangementCategory/  
TypeActivity 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 07 / 13 / 2007

Transaction ID: H4.14508

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

31.59

56.15

87.74

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

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

41.27

73.36

114.63

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 15 / 21  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address

1500 Bloomfield Street

City	State	Zip Code
Columbus	OH	43228

Purpose of Disbursement:  
 Credit Card Payment

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

67866.69

Date 

M	M
0	7

 / 

D	D
1	3

 / 

Y	Y	Y	Y
2	0	0	7

Transaction ID: H4.14497

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

97.20

172.80

270.00

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

Mailing Address

1601 Trapelo Road

City	State	Zip Code
Waltham	MA	02451

Purpose of Disbursement:  
 E-mail delivery service

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	7

 / 

D	D
1	3

 / 

Y	Y	Y	Y
2	0	0	7

Transaction ID: H4.14509

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

97.20

172.80

270.00

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

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

67951.55

Date 

M	M
0	7

 / 

D	D
2	7

 / 

Y	Y	Y	Y
2	0	0	7

Transaction ID: H4.14485

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

30.55

54.31

84.86

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

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

127.75

227.11

354.86

**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 16 / 21  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

**A. 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 Lease

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

68174.55

Date 07 / 27 / 2007

Transaction ID: H4.14489

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
80.28		142.72		223.00

**B. 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

68411.20

Date 07 / 27 / 2007

Transaction ID: H4.14492

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
85.19		151.46		236.65

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

Mailing Address

PO Box 15719

City	State	Zip Code
Wilmington	DE	19886

Purpose of Disbursement:  
 Credit Card Payment

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

68677.22

Date 07 / 27 / 2007

Transaction ID: H4.14499

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
180.96		85.06		266.02

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
346.43		379.24		725.67

**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 17 / 21

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

**A. Full Name (Last, First, Middle Initial)**  
East Greenwich Photo & Studio Inc

Mailing Address

631 Main Street

City	State	Zip Code
East Greenwich	RI	02818

Purpose of Disbursement:  
Gifts-photographsCategory/  
TypeActivity 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 07 / 27 / 2007

Transaction ID: H4.14514

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

79.46

141.25

220.71

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

Mailing Address

PO Box 15719

City	State	Zip Code
Wilmington	DE	19886

Purpose of Disbursement:  
Credit card feesCategory/  
TypeActivity 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 07 / 01 / 2007

Transaction ID: H4.14515

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

16.31

29.00

45.31

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

Mailing Address

300 South Riverside Plaza

City	State	Zip Code
Chicago	IL	60606

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

69133.93

Date 07 / 27 / 2007

Transaction ID: H4.14500

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

164.42

292.29

456.71

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

164.42

292.29

456.71

**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 18 / 21

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address  
 2 Pine Street

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:  
 Meeting 6/21/07

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 07 / 27 / 2007

Transaction ID: H4.14516

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

30.60

54.40

85.00

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

Mailing Address  
 One Cookson Place

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:  
 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 07 / 11 / 2007

Transaction ID: H4.14517

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

63.17

112.31

175.48

**C. Full Name (Last, First, Middle Initial)**  
 Ruth Chris Steakhouse Boston

Mailing Address  
 45 School Street

City	State	Zip Code
Boston	MA	02108

Purpose of Disbursement:  
 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 07 / 12 / 2007

Transaction ID: H4.14521

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

12.01

21.34

33.35

**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 19 / 21  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Waterplace Restaurant

Mailing Address

One Finance Way

City State Zip Code

Providence RI 02903

Purpose of Disbursement:  
MeetingCategory/  
TypeActivity 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 07 / 14 / 2007

Transaction ID: H4.14523

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

58.64

104.24

162.88

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

Chase Card Services

Mailing Address

PO Box 15153

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

69538.32

Date 07 / 27 / 2007

Transaction ID: H4.14501

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

145.58

258.81

404.39

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

Home Depot

Mailing Address

387 Charles Street

City State Zip Code

Providence RI 02908

Purpose of Disbursement:  
Volunteer appreciation - gift cardCategory/  
TypeActivity 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 07 / 13 / 2007

Transaction ID: H4.14511

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

144.00

256.00

400.00

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

145.58

258.81

404.39

**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 20 / 21

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

K Mart

Mailing Address

1130 Newport Avenue

City

State

Zip Code

S Attleboro

MA

02703

Purpose of Disbursement:  
Office suppliesCategory/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Administrative**[MEMO ITEM]**Date 

M	M
0	7

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	0	7

Transaction ID: H4.14512

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1.58

2.81

4.39

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

Timothy Grilo

Mailing Address

481 Charles Street

City

State

Zip Code

Providence

RI

02904

Purpose of Disbursement:  
Net wagesCategory/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

71358.92

Activity or Event Identifier:  
AdministrativeDate 

M	M
0	7

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	0	7

Transaction ID: H4.14488

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

655.42

1165.18

1820.60

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

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

655.42

1165.18

1820.60

**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

3051.71

5188.61

8240.32

Form/Schedule:**F3XA**

The loan on Schedule C has no determined due date and no interest rate. Purchase of the voter file was made at fair market value.

Transaction ID: