

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Rhode Island Democratic State Committee

ADDRESS (number and street)

P.O. Box 6004

Check if different  
than previously  
reported. (ACC)

Providence

RI

02940

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00136200

3. IS THIS  
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  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☒ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

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

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

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

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

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

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
06 01 2017

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2017

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

Padwa, Jeffrey, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Padwa, Jeffrey, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 20 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Rhode Island Democratic State Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2017</span>		15056.42
(b) Cash on Hand at Beginning of Reporting Period.....	13824.14	
(c) Total Receipts (from Line 19) .....	16714.67	109517.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	30538.81	124573.86
7. Total Disbursements (from Line 31).....	20336.78	114371.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	10202.03	10202.03
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. 05/2016)

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	Y	Y
0	6		0	1		2	0	1	7		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	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		
(i) Itemized (use Schedule A).....	0.00	2500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	2500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4.80	11052.82
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4.80	13552.82
12. Transfers From Affiliated/Other Party Committees.....	7941.17	65875.67
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1097.51
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	8768.70	28991.44
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	8768.70	28991.44
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	16714.67	109517.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7945.97	80526.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	1126.11	7209.25
(ii) Non-Federal Share.....	4236.34	27120.21
(b) Other Federal Operating Expenditures .....	14694.33	54202.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	20056.78	88531.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	25000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	280.00	840.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20336.78	114371.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16100.44	87251.62

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	4.80	13552.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4.80	13552.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	15820.44	61411.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	15820.44	61411.62

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

Form/Schedule: F3XN

Transaction ID :

The loan on Schedule C has no interest rate and no determined due date. No employees worked more than 25% on a federal campaign. Schedule Memos A from Joint fundraisers are distributed on a separate schedule than proceeds.

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 33

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Blank, Carole, , ,

Mailing Address 31 Forest View Drive

City  
CumberlandState  
RIZip Code  
02864FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 12 / 2017

Transaction ID : SA11AI.31009

Amount of Each Receipt this Period

15.00

☒ Memo Item  
Dollars for Democrats

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DNC Services Corp

Mailing Address 430 So Capitol St SE

City  
WashingtonState  
DCZip Code  
20003FEC ID number of contributing  
federal political committee.

C C00010603

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2017

Transaction ID : SA11AI.31032

Amount of Each Receipt this Period

1163.75

☒ Memo Item  
RI Party Victory Fund Unitemized

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Driscoll, Frances, , ,

Mailing Address 270 Snake Hill Road

City  
North ScituateState  
IDZip Code  
02857FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 19 / 2017

Transaction ID : SA11AI.31013

Amount of Each Receipt this Period

25.00

☒ Memo Item  
Dollars for Democrats

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

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

0.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.31032

RI Party Victory Fund

Form/Schedule:

Transaction ID:



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

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

FOR LINE NUMBER: PAGE 9 OF 33

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Feibelman, H, Jack, , Mr.**

Mailing Address 11 Baldwin Orchard Dr

City  
Cranston

State  
RI

Zip Code  
02920-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Afco Inc

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2017

Transaction ID : SA11AI.31025

Amount of Each Receipt this Period

237.50

☒ Memo Item

RI Party Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Freymann, Ruth, , ,**

Mailing Address 355 Blackstone Blvd

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2017

Transaction ID : SA11AI.31014

Amount of Each Receipt this Period

50.00

☒ Memo Item

Dollars for Democrats

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kollie, Dakeimue, R, ,**

Mailing Address 254 Japonica St

City

Pawtucket

State

RI

Zip Code

02860-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cooperative Product

Occupation (for Individual)

Human Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2017

Transaction ID : SA11AI.31030

Amount of Each Receipt this Period

109.25

☒ Memo Item

RI Party Victory Fund

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

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

0.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.31025

RI Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.31030

RI Party Victory Fund

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

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

FOR LINE NUMBER: PAGE 11 OF 33

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MCDONNELL, WILLIAM, , ,**

Mailing Address 97 BASSWOOD AVE

City  
PROVIDENCE

State  
RI

Zip Code  
02908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2017

**Transaction ID : SA11AI.31003**

Amount of Each Receipt this Period

15.00

☒ Memo Item  
Dollars for Democrats

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morin, Ann Marie, , ,**

Mailing Address 1306 Brook Haven Lane

City  
Woonsocket

State  
RI

Zip Code  
02895

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2017

**Transaction ID : SA11AI.31011**

Amount of Each Receipt this Period

20.00

☒ Memo Item  
Dollars for Democrats

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. O'Neill Mattson, Edna, O, , Ms.**

Mailing Address 74 Maplewood Dr

City  
North Kingstown

State  
RI

Zip Code  
02852-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community College Of

Occupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2017

**Transaction ID : SA11AI.31023**

Amount of Each Receipt this Period

190.00

☒ Memo Item  
RI Party Victory Fund

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

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

0.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.31023

RI Party Victory Fund

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 13 OF 33

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Parker, Glenn, , ,**

Mailing Address 83 Dana St

City  
Providence

State  
RI

Zip Code  
02906-2619

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information Requested

Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2017

Transaction ID : SA11AI.31027

Amount of Each Receipt this Period

95.00

☒ Memo Item  
RI Party Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Parker, Glenn, , ,**

Mailing Address 83 Dana St

City  
Providence

State  
RI

Zip Code  
02906-2619

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information Requested

Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2017

Transaction ID : SA11AI.31028

Amount of Each Receipt this Period

95.00

☒ Memo Item  
RI Party Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Philo, Jeanne, , ,**

Mailing Address 100 Smith Avenue

City  
Greenville

State  
RI

Zip Code  
02828

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2017

Transaction ID : SA11AI.31004

Amount of Each Receipt this Period

20.00

☒ Memo Item  
Dollars for Democrats

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

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

0.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.31027

RI Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.31028

RI Party Victory Fund

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

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

FOR LINE NUMBER: PAGE 15 OF 33

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pinar, Julie, , ,**

Mailing Address 15 Hibiscus Lane

City  
Warwick

State  
RI

Zip Code  
02817

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2017

**Transaction ID : SA11AI.31017**

Amount of Each Receipt this Period

20.00

☒ Memo Item  
Dollars for Democrats

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sloan, Rita, , ,**

Mailing Address 295 Sharpe Street

City  
West Greenwich

State  
RI

Zip Code  
02817

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2017

**Transaction ID : SA11AI.31006**

Amount of Each Receipt this Period

1.00

☒ Memo Item  
Dollars for Democrats

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sloan, Rita, , ,**

Mailing Address 295 Sharpe Street

City  
West Greenwich

State  
RI

Zip Code  
02817

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2017

**Transaction ID : SA11AI.31019**

Amount of Each Receipt this Period

1.00

☒ Memo Item  
Dollars for Democrats

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 16 OF 33

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Turgeon, Gail, , ,**

Mailing Address 119 Calaman Road

City  
Cranston

State  
RI

Zip Code  
02910

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2017

**Transaction ID : SA11AI.31021**

Amount of Each Receipt this Period

10.00

☒ Memo Item

Dollars for Democrats

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Viau, Jennifer, , ,**

Mailing Address 723 1/2 Delta Avenue

City  
Gladstone

State  
MI

Zip Code  
49837

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Administrative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2017

**Transaction ID : SA11AI.30998**

Amount of Each Receipt this Period

5.00

☒ Memo Item

Act Blue

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Kathleen, , ,**

Mailing Address 93 Ethel Drive

City  
Portsmouth

State  
RI

Zip Code  
02871

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State of Rhode Island

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2017

**Transaction ID : SA11AI.31007**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Dollars for Democrats

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

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

0.00

0.00



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

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

FOR LINE NUMBER: PAGE 17 OF 33  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ACTBLUE**

Mailing Address P.O. Box 382110

City  
Cambridge

State  
MA

Zip Code  
02238

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

52.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2017

Transaction ID : SA11C.30992

Amount of Each Receipt this Period

4.80

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

4.80

4.80

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

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

FOR LINE NUMBER: PAGE 18 OF 33  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Democratic National Committee**

Mailing Address 430 South Capitol St. SE

City  
Washington

State  
DC

Zip Code  
20003

FEC ID number of contributing  
federal political committee.

C

C00010603

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

37934.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2017

**Transaction ID : SA12.30994**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Transfer

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Democratic National Committee**

Mailing Address 430 South Capitol St. SE

City  
Washington

State  
DC

Zip Code  
20003

FEC ID number of contributing  
federal political committee.

C

C00010603

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40875.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2017

**Transaction ID : SA12.31033**

Amount of Each Receipt this Period

2941.17

☐ Memo Item  
In-kind - Voter File Access

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

7941.17

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

7941.17

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

PAGE 19 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Arias, Michelle, , ,**

Mailing Address 1117 Lonsdale Avenue

City  
Central FallsState  
RIZip Code  
02863Purpose of Disbursement  
Net Wages

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2017

FEC Identification Number

**C** **Transaction ID : SB21B.30986**

Amount of Each Disbursement this Period

 231.50☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Capital Skyline Hotel**

Mailing Address 10 I Street, SW

City  
WashingtonState  
DCZip Code  
20024Purpose of Disbursement  
Lodging

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		14		2017

FEC Identification Number

**C** **Transaction ID : SB21B.30980**

Amount of Each Disbursement this Period

 1131.24☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Democratic National Committee**

Mailing Address 430 South Capitol St. SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
In-kind - Voter File Access

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2017

FEC Identification Number

**C** C00010603**Transaction ID : SB21B.31034**

Amount of Each Disbursement this Period

 2941.17☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 4303.91

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

PAGE 20 OF 33

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A. Division of Taxation**

Mailing Address One Capitol Hill

City  
ProvidenceState  
RIZip Code  
02908Purpose of Disbursement  
State Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.30985

Amount of Each Disbursement this Period

193.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Gooding, Ann, , ,**

Mailing Address 265 Narragansett Bay Avenue

City  
WarwickState  
RIZip Code  
02889Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.30976

Amount of Each Disbursement this Period

1233.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 660351

City  
DallasState  
TXZip Code  
75266Purpose of Disbursement  
Federal Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.30982

Amount of Each Disbursement this Period

767.96

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

2195.51

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

PAGE 21 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Lehigh Realty**

Mailing Address One Realty Way

City

East Providence

State

RI

Zip Code

02914

Purpose of Disbursement

Rent and CAM

Candidate Name

Category/  
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.30977

Amount of Each Disbursement this Period

1005.33

☐

Memo Item

Full Name (Last, First, Middle Initial)

**B. Lehigh Realty**

Mailing Address One Realty Way

City

East Providence

State

RI

Zip Code

02914

Purpose of Disbursement

Utilities

Candidate Name

Category/  
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.30981

Amount of Each Disbursement this Period

116.83

☐

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lis, Jakob, , ,**

Mailing Address 95 Ballard Dr.

City

West Hartford

State

CT

Zip Code

06119

Purpose of Disbursement

Net Wages

Candidate Name

Category/  
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.30984

Amount of Each Disbursement this Period

966.07

☐

Memo Item

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

2088.23

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Lynch, William, , ,

Mailing Address One Park Row

City  
ProvidenceState  
RIZip Code  
02903Purpose of Disbursement  
Media Relations

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.30978

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Olasanoye, Tolaulope Kevin, , ,

Mailing Address 394 Plainfield Street

City  
ProvidenceState  
RIZip Code  
02909Purpose of Disbursement  
Net Wages

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.30983

Amount of Each Disbursement this Period

1740.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Southwest Airlines

Mailing Address Theodore Francis Green Airport

City  
WarwickState  
RIZip Code  
02886Purpose of Disbursement  
Airfare

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.30978

Amount of Each Disbursement this Period

365.96

☐ Memo Item

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

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

6106.68

14694.33

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

PAGE 23 OF 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. WHITEHOUSE FOR SENATE**

Mailing Address P.O. BOX 40280

City  
PROVIDENCEState  
RIZip Code  
02940Purpose of Disbursement  
Rent

Candidate Name

WHITEHOUSE, SHELDON II, , ,

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2017

FEC Identification Number

C S6RI00221

Transaction ID : SB23.30959

Amount of Each Disbursement this Period

280.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lehigh Realty**

Mailing Address One Realty Way

City  
East ProvidenceState  
RIZip Code  
02914Purpose of Disbursement  
Rent

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2017

FEC Identification Number

C

Transaction ID : SB23.30959.0

Amount of Each Disbursement this Period

280.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

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

280.00

280.00

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

PAGE 24 OF 33

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/9.5183

Rhode Island Democratic State Committee

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Licht 88 CommitteeN ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 350 Cole Avenue

City

Providence

State

RI

ZIP Code

02906

Original Amount of Loan

5249.87

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5249.87

**TERMS**

Date Incurred

M M / D D / Y Y Y Y Y  
12 / 31 / 1988

Date Due

M M / D D / Y Y Y Y Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5249.87

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

5249.87

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



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

PAGE 25 OF 33

FOR LINE NUMBER:  
(check only one)☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

WHITEHOUSE, SHELDON II, , ,

Nature of Debt (Purpose):

Coordinated expenditures overage

Mailing Address PO BOX 40280

City

PROVIDENCE

State

RI

Zip Code

02940

Outstanding Balance Beginning This Period

4.60

Transaction ID : SD9.14176

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.60

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

4.60

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

4.60

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

5249.87

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

5254.47

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

PAGE 26 OF 33

FOR LINE 18a OF FORM 3X

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

NAME OF ACCOUNT

RI Democratic Non-federal Account

DATE OF RECEIPT

M M	/	D D	/	Y Y Y Y Y Y
06	/	01	/	2017

TOTAL AMOUNT TRANSFERRED

4160.49

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

4160.49

Transaction ID : H3.31000

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

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

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

a) .....

b) .....

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

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

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

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

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

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

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

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

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

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

PAGE 27 OF 33

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
06	/	27	/	2017

TOTAL AMOUNT TRANSFERRED

2762.58

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

2762.58

Transaction ID : H3.31001

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

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

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

a) .....

b) .....

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

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

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

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

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

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

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

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

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

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

PAGE 28 OF 33

FOR LINE 18a OF FORM 3X

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

NAME OF ACCOUNT  
 RI Democratic Non-federal Account

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2017

TOTAL AMOUNT TRANSFERRED

1845.63

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

1845.63

Transaction ID : H3.31002

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

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

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

a) .....

b) .....

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

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

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

8768.70

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).....

8768.70

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

PAGE 29 OF 33

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.30961</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
<b>Dunkin Donuts</b> Mailing Address 27 Jefferson Boulevard				
City Warwick	State RI	Zip Code 02888		
Purpose of Disbursement: Meeting Refreshments		<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 28992.71	
Activity or Event Identifier: <b>Administrative</b>			Date <input type="text"/> 06 / <input type="text"/> 02 / <input type="text"/> 2017	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 5.40			<input type="text"/> 20.30	
		=	TOTAL AMOUNT	
			<input type="text"/> 25.70	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.30962</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
<b>Salk's Hardware</b> Mailing Address 2524 West Shore Road				
City Warwick	State RI	Zip Code 02889		
Purpose of Disbursement: Office Supplies		<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 29001.02	
Activity or Event Identifier: Administrative			Date <input type="text"/> 06 / <input type="text"/> 07 / <input type="text"/> 2017	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 1.75			<input type="text"/> 6.56	
		=	TOTAL AMOUNT	
			<input type="text"/> 8.31	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.30963</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
<b>Cox Communications</b> Mailing Address PO Box 78000				
City Detroit	State MI	Zip Code 48278		
Purpose of Disbursement: Telephone Internet Cable		<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 29247.48	
Activity or Event Identifier: Administrative			Date <input type="text"/> 06 / <input type="text"/> 14 / <input type="text"/> 2017	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 51.76			<input type="text"/> 194.70	
		=	TOTAL AMOUNT	
			<input type="text"/> 246.46	

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 58.91		<input type="text"/> 221.56		<input type="text"/> 280.47

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

PAGE 30 OF 33

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) <b>Transaction ID : H4.30964</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Della Rosa, Susann, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 60 Don Avenue			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Rumford	State RI	Zip Code 02916	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Accounting Services (Non-Employee)		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			30347.48	
Date		<div> <div>MM / DD / YYYY</div> <div>06 / 14 / 2017</div> </div>		
FEDERAL SHARE		+	NONFEDERAL SHARE	
231.00			869.00	
		=	TOTAL AMOUNT	
			1100.00	

B. Full Name (Last, First, Middle Initial) <b>Transaction ID : H4.30995</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
CitiBusiness Card			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 182564			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Columbus	State OH	Zip Code 43210	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Credit Card Payment		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			31422.97	
Date		<div> <div>MM / DD / YYYY</div> <div>06 / 14 / 2017</div> </div>		
FEDERAL SHARE		+	NONFEDERAL SHARE	
225.85			849.64	
		=	TOTAL AMOUNT	
			1075.49	

C. Full Name (Last, First, Middle Initial) <b>Transaction ID : H4.30996</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Capriccio			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2 Pine Street			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02903	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Meeting		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			0.00	
Date		<div> <div>MM / DD / YYYY</div> <div>05 / 03 / 2017</div> </div>		
FEDERAL SHARE		+	NONFEDERAL SHARE	
216.15			813.15	
		=	TOTAL AMOUNT	
			1029.30	

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
456.85		1718.64		2175.49

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

PAGE 31 OF 33

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) <b>Transaction ID : H4.30997</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
CitiBusiness Card			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 182564			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Columbus	State OH	Zip Code 43210	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Fees		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			0.00	
Date		M M / D D / Y Y Y Y Y Y 06 / 02 / 2017		
FEDERAL SHARE		+	NONFEDERAL SHARE	
9.70			36.49	
		=	TOTAL AMOUNT	
			46.19	

B. Full Name (Last, First, Middle Initial) <b>Transaction ID : H4.30965</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Gooding, Ann, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 265 Narragansett Bay Avenue			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Warwick	State RI	Zip Code 02889	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Net Wages		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			32656.70	
Date		M M / D D / Y Y Y Y Y Y 06 / 15 / 2017		
FEDERAL SHARE		+	NONFEDERAL SHARE	
259.08			974.65	
		=	TOTAL AMOUNT	
			1233.73	

C. Full Name (Last, First, Middle Initial) <b>Transaction ID : H4.30966</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Olasanoye, Tolaulope Kevin, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 394 Plainfield Street			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02909	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Net Wages		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			33527.07	
Date		M M / D D / Y Y Y Y Y Y 06 / 15 / 2017		
FEDERAL SHARE		+	NONFEDERAL SHARE	
182.78			687.59	
		=	TOTAL AMOUNT	
			870.37	

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
441.86		1662.24		2104.10

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

PAGE 32 OF 33

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.30969</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
<b>Division of Taxation</b> Mailing Address One Capitol Hill				
City Providence	State RI	Zip Code 02908		
Purpose of Disbursement: State Payroll Taxes		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <input type="text"/> 33630.76	
Activity or Event Identifier: <b>Administrative</b>			Date <input type="text"/> 06 / <input type="text"/> 15 / <input type="text"/> 2017	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 21.77			<input type="text"/> 81.92	
		=	TOTAL AMOUNT	
			<input type="text"/> 103.69	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.30970</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
<b>BJ's Wholesale Club</b> Mailing Address 200 Stonehill Drive				
City Johnston	State RI	Zip Code 02919		
Purpose of Disbursement: Office Supplies		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <input type="text"/> 33685.67	
Activity or Event Identifier: Administrative			Date <input type="text"/> 06 / <input type="text"/> 23 / <input type="text"/> 2017	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 11.53			<input type="text"/> 43.38	
		=	TOTAL AMOUNT	
			<input type="text"/> 54.91	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.30971</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
<b>Best Buy</b> Mailing Address 24 Universal Boulevard				
City Warwick	State RI	Zip Code 02886		
Purpose of Disbursement: Office Equipment		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <input type="text"/> 34049.45	
Activity or Event Identifier: Administrative			Date <input type="text"/> 06 / <input type="text"/> 23 / <input type="text"/> 2017	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 76.39			<input type="text"/> 287.39	
		=	TOTAL AMOUNT	
			<input type="text"/> 363.78	

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 109.69		<input type="text"/> 412.69		<input type="text"/> 522.38

**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
<input type="text"/>		<input type="text"/>		<input type="text"/>



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

PAGE 33 OF 33

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.30972</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
<b>Flowers by LiRog</b> Mailing Address 349 Broadway				
City Providence	State RI	Zip Code 02909		
Purpose of Disbursement: Sympathy Arrangement		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <input type="text"/> 34197.11	
Activity or Event Identifier: <b>Administrative</b>			Date <input type="text"/> 06 / <input type="text"/> 27 / <input type="text"/> 2017	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 31.01			<input type="text"/> 116.65	
		=	TOTAL AMOUNT	
			<input type="text"/> 147.66	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.30973</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
<b>Secretary of State</b> Mailing Address 148 West River Parkway				
City Providence	State RI	Zip Code 02904		
Purpose of Disbursement: Annual Fee		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <input type="text"/> 34217.11	
Activity or Event Identifier: Administrative			Date <input type="text"/> 06 / <input type="text"/> 28 / <input type="text"/> 2017	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 4.20			<input type="text"/> 15.80	
		=	TOTAL AMOUNT	
			<input type="text"/> 20.00	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.30974</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
<b>Regime Printing</b> Mailing Address 208 Laurel Hill Avenue				
City Providence	State RI	Zip Code 02909		
Purpose of Disbursement: Office Printing		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <input type="text"/> 34329.46	
Activity or Event Identifier: Administrative			Date <input type="text"/> 06 / <input type="text"/> 28 / <input type="text"/> 2017	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 23.59			<input type="text"/> 88.76	
		=	TOTAL AMOUNT	
			<input type="text"/> 112.35	

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 58.80		<input type="text"/> 221.21		<input type="text"/> 280.01

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/> 1126.11	<input type="text"/> 4236.34	<input type="text"/> 5362.45