

# 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** 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 09 01 2006 through 09 30 2006

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

Type or Print Name of Treasurer John McConnell, Jr.

Signature of Treasurer Electronically Filed by John McConnell, Jr. Date 11 15 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Rhode Island Democratic State Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		110469.32
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	327124.33									
(c) Total Receipts (from Line 19) .....	510050.64	1922403.69								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	837174.97	2032873.01								
7. Total Disbursements (from Line 31) .....	280413.08	1476111.12								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	556761.89	556761.89								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	5249.87									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Rhode Island Democratic State Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	111150.00	279200.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1900.00	2225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	113050.00	281425.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	18300.00	56500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	131350.00	337925.00
12. Transfers From Affiliated/Other Party Committees .....	378165.44	1474311.82
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) .....	535.20	11327.72
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) .....	0.00	98839.15
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	98839.15
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	510050.64	1922403.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	510050.64	1823564.54

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	6320.32	34160.35
(ii) Non-Federal Share.....	9645.22	106919.37
(b) Other Federal Operating Expenditures.....	53433.15	211464.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	69398.69	352544.43
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).....	28945.32	96250.37
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	600.00
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 .....	182069.07	1026716.32
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	182069.07	1026716.32
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	280413.08	1476111.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	270767.86	1369191.75

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	131350.00	337925.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	131350.00	337925.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	59753.47	245625.06
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	535.20	11327.72
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	59218.27	234297.34

**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 / 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ann Mudge Backer</b>		Date of Receipt MM / DD / YYYY 09 / 14 / 2006
Mailing Address 480 Park Avenue		<b>Transaction ID: SA11A1.8951</b>
City State Zip Code New York NY 10022	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 5000.00
Name of Employer Retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. William Backer</b>		Date of Receipt MM / DD / YYYY 09 / 14 / 2006
Mailing Address 7181 Smitten Farm Lane		<b>Transaction ID: SA11A1.8952</b>
City State Zip Code The Plains VA 20198	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 5000.00
Name of Employer Self-employed	Occupation Author	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Sylvia Blake</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2006
Mailing Address 2211 King Place NW		<b>Transaction ID: SA11A1.8958</b>
City State Zip Code Washington DC 20007	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 10000.00
Name of Employer Homemaker	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	20000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Cheryl Bock		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006
Mailing Address 210 Tomahawk Trail		<b>Transaction ID:</b> SA11A1.8965
City Cranston	State RI	Zip Code 02921
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Milton Bronstein		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2006
Mailing Address 34 Bennington Road		<b>Transaction ID:</b> SA11A1.8981
City Cranston	State RI	Zip Code 02920
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Stephen Campo		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006
Mailing Address 6145 Post Road		<b>Transaction ID:</b> SA11A1.9145
City North Kingstown	State RI	Zip Code 02852
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3750.00
Name of Employer Self-employed	Occupation Real estate	In-kind -office space
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Sybil D'Origny

Mailing Address 10 Rue De L'universite

City Paris State ZZ Zip Code 75007

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

Name of Employer Homemaker Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

Transaction ID: SA11A1.8972

Amount of Each Receipt this Period  
1000.00

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: SA11A1.9147

Amount of Each Receipt this Period  
1776.50

RI Party Victory Fund Uni-temized

**[MEMO ITEM]**

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

Mailing Address 37 Horsford Avenue

City Rumford State RI Zip Code 02916

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

Name of Employer Self-employed Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

Transaction ID: SA11A1.8991

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> John Fish		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 77 Corey Lane		<b>Transaction ID:</b> SA11A1.8971	
City Milton	State MA	Zip Code 02186	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Suffolk Construction	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Charles Fradin		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address PO Box 1427		<b>Transaction ID:</b> SA11A1.8987	
City Coventry	State RI	Zip Code 02816	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Copley Distributors	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> E Davisson Hardman, Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 11 St Claire Avenue		<b>Transaction ID:</b> SA11A1.8949	
City Old Greenwich	State CT	Zip Code 06879	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Morgan Stanley	Occupation Investment Banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	16000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 191 Carroll Avenue

City State Zip Code  
Newport RI 02840

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2006

Transaction ID: SA11A1.8946

Amount of Each Receipt this Period  
3000.00

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

Mailing Address 322 Duck Pond Road

City State Zip Code  
Locust Valley NY 11560

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

Name of Employer Occupation  
Goldberg, Lindsay & Company Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

Transaction ID: SA11A1.8950

Amount of Each Receipt this Period  
10000.00

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

Mailing Address 3480 Woodside Road

City State Zip Code  
Woodside CA 94062

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

Name of Employer Occupation  
Canary Foundation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: SA11A1.8944

Amount of Each Receipt this Period  
4200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	17200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8529 W Oak Place

City State Zip Code  
Vienna VA 22182

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

Name of Employer Occupation  
Washington Resource Associates President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2006

**Transaction ID:** SA11A1.8947

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4132 S. Rainbow Blvd

City State Zip Code  
Las Vegas NV 89103

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

Name of Employer Occupation  
Self-employed Real estate developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

**Transaction ID:** SA11A1.8964

Amount of Each Receipt this Period  
1600.00

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

Mailing Address 10624 S. Eastern Avenue

City State Zip Code  
Henderwson NV 89052

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2006

**Transaction ID:** SA11A1.8948

Amount of Each Receipt this Period  
10000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>12600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Elena Pastore		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 353 Blackstone Blvd		<b>Transaction ID:</b> SA11A1.8993	
City Providence	State RI	Amount of Each Receipt this Period 1000.00	
Zip Code 02906		Transaction ID: SA11A1.8993	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00	
Name of Employer Retired	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Hon. Claiborne Pell		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 45 Ledge Rd		<b>Transaction ID:</b> SA11A1.8996	
City Newport	State RI	Amount of Each Receipt this Period 1000.00	
Zip Code 02840		Transaction ID: SA11A1.8996	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00	
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas Quinn		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 557 7th Street, NW		<b>Transaction ID:</b> SA11A1.8956	
City Washington	State DC	Amount of Each Receipt this Period 1000.00	
Zip Code 20004		Transaction ID: SA11A1.8956	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00	
Name of Employer Self-employed	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial) <b>A.</b> Laura Love Rose		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 25 Penrose Avenue		Transaction ID: SA11A1.8945	
City Providence	State RI	Zip Code 02906	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Field & Rose	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Anthony Rossi		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2006	
Mailing Address 355 Larchwood Drive		Transaction ID: SA11A1.8957	
City Warwick	State RI	Zip Code 02886	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Money America Mortgage	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Wendy Rossi		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 355 Larchwood Drive		Transaction ID: SA11A1.8986	
City Warwick	State RI	Zip Code 02886	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Money America	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	22500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3 Park Avenue

City State Zip Code  
New York NY 10016

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

Name of Employer Occupation  
The Seavey Organization Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** SA11A1.8983

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 24 Channing Avenue

City State Zip Code  
Providence RI 02906

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

Name of Employer Occupation  
Bank Rhode Island President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2006

**Transaction ID:** SA11A1.8970

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 5 Crow Hill Road

City State Zip Code  
Uncaville CT 06382

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID:** SA11A1.8994

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 77 Main Street

City State Zip Code  
Wakefield RI 02879

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

Name of Employer Self-employed Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2006

Transaction ID: SA11A1.9129

Amount of Each Receipt this Period  
1200.00

In-kind - office space

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

Mailing Address 430 S CAPITOL ST SE

City State Zip Code  
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: SA11A1.9148

Amount of Each Receipt this Period  
3297.00

Dollars for Democrats

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	111150.00

**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 16 / 129
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Cranston Democratic City Committee</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 14 Garfield Avenue		<b>Transaction ID: SA11C.8999</b>	
City State Zip Code Cranston RI 02920	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Don Torres for Mayor</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 31 Airport Road		<b>Transaction ID: SA11C.9132</b>	
City State Zip Code Warwick RI 02889	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation		In-kind - office space	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Friends of Al Gemma</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 310 Natick Road		<b>Transaction ID: SA11C.8984</b>	
City State Zip Code Warwick RI 02886	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 129
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Friends of Donald Grebien

Mailing Address 101 Vine Street

City State Zip Code  
Pawtucket RI 02861

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: SA11C.8998

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Friends of William J. Murphy

Mailing Address 390 Wakefield Street

City State Zip Code  
West Warwick RI 02893

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

Transaction ID: SA11C.8985

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ironworkers Political Action League

Mailing Address 1750 New York Avenue NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00027359

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2006

Transaction ID: SA11C.8968

Amount of Each Receipt this Period  
4000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 129
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

FEC ID number of contributing federal political committee. **C** C00403592

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

Transaction ID: SA11C.8969

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Paiva-Weed for Senate

Mailing Address 43 Thurston Avenue

City Newport State RI Zip Code 02840

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

Transaction ID: SA11C.9000

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE

Mailing Address 1750 New York Avenue NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

Transaction ID: SA11C.8943

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	18300.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 129
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
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 ▼  
25000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2006

**Transaction ID:** SA12.8962

Amount of Each Receipt this Period  
25000.00

**B.** 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 ▼  
50000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2006

**Transaction ID:** SA12.8963

Amount of Each Receipt this Period  
25000.00

**C.** Full Name (Last, First, Middle Initial)  
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1252999.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2006

**Transaction ID:** SA12.8942

Amount of Each Receipt this Period  
162500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>212500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 129
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1256164.44

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2006

Transaction ID: SA12.8953

Amount of Each Receipt this Period  
3165.44

**B.** Full Name (Last, First, Middle Initial)  
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1418664.44

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2006

Transaction ID: SA12.8955

Amount of Each Receipt this Period  
162500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	165665.44
<b>TOTAL</b> This Period (last page this line number only) .....	▶	378165.44

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 129
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Friends of Patrick Lynch

Mailing Address 320 Newport Avenue

City State Zip Code  
Rumford RI 02916

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.20

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	6

**Transaction ID:** SA15.8960

Amount of Each Receipt this Period  
235.20

Reimburse telephone usage

**B.** Full Name (Last, First, Middle Initial)  
Friends of Patrick Lynch

Mailing Address 320 Newport Avenue

City State Zip Code  
Rumford RI 02916

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.20

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	6

**Transaction ID:** SA15.8961

Amount of Each Receipt this Period  
300.00

Office rent

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	535.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	535.20

# 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Acorn-OPG Graphics</b>		<b>Transaction ID:</b> SB21B.8860 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 117 Broadway		Amount of Each Disbursement this Period 144.45
City Providence State RI Zip Code 02903	Purpose of Disbursement Office printing Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Advantage Payroll</b>		<b>Transaction ID:</b> SB21B.8672 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 90 Jefferson Boulevard		Amount of Each Disbursement this Period 103.75
City Warwick State RI Zip Code 02888	Purpose of Disbursement Payroll service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Advantage Payroll</b>		<b>Transaction ID:</b> SB21B.8673 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 90 Jefferson Boulevard		Amount of Each Disbursement this Period 130.55
City Warwick State RI Zip Code 02888	Purpose of Disbursement Payroll service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	378.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 129

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: SB21B.8878</b>	
Mailing Address 300 South Riverside Plaza		Date of Disbursement MM / DD / YYYY 09 / 21 / 2006	
City Chicago	State IL	Zip Code 60606	Amount of Each Disbursement this Period 2960.70
Purpose of Disbursement Credit Card Payment		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Shell.com</b>		<b>Transaction ID: SB21B.8878.0</b>	
Mailing Address PO Box 2463		Date of Disbursement MM / DD / YYYY 09 / 21 / 2006	
City Houston	State TX	Zip Code 77252	Amount of Each Disbursement this Period 2960.70
Purpose of Disbursement Gas cards		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID: SB21B.8872</b>	
Mailing Address 300 South Riverside Plaza		Date of Disbursement MM / DD / YYYY 09 / 28 / 2006	
City Chicago	State IL	Zip Code 60606	Amount of Each Disbursement this Period 2175.31
Purpose of Disbursement Credit card payment		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5136.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dell Catalog Sales</b>		Transaction ID: SB21B.8872.0 Date of Disbursement 09 / 28 / 2006	
Mailing Address One Dell Way		Amount of Each Disbursement this Period 2175.31  <b>[MEMO ITEM]</b>	
City Round Rock	State TX		Zip Code 78682
Purpose of Disbursement Computer equipment			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: SB21B.8874 Date of Disbursement 09 / 28 / 2006	
Mailing Address 300 South Riverside Plaza		Amount of Each Disbursement this Period 1201.20  <b>[MEMO ITEM]</b>	
City Chicago	State IL		Zip Code 60606
Purpose of Disbursement Credit Card payment			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>C. Shell.com</b>		Transaction ID: SB21B.8874.0 Date of Disbursement 09 / 28 / 2006	
Mailing Address PO Box 2463		Amount of Each Disbursement this Period 1201.20  <b>[MEMO ITEM]</b>	
City Houston	State TX		Zip Code 77252
Purpose of Disbursement Gas cards			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1201.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Benny's</b>		<b>Transaction ID:</b> SB21B.8674 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 66 Branch Avenue		Amount of Each Disbursement this Period 11.75
City Providence State RI Zip Code 02904		
Purpose of Disbursement Office supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Benny's</b>		<b>Transaction ID:</b> SB21B.8676 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 66 Branch Avenue		Amount of Each Disbursement this Period 61.95
City Providence State RI Zip Code 02904		
Purpose of Disbursement Office supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Benny's</b>		<b>Transaction ID:</b> SB21B.8675 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 66 Branch Avenue		Amount of Each Disbursement this Period 160.18
City Providence State RI Zip Code 02904		
Purpose of Disbursement Office supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	233.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Gabriel Bluestone</b>		<b>Transaction ID: SB21B.8876</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 86 South Angell Street		Amount of Each Disbursement this Period 424.00
City Providence State RI Zip Code 02906	Purpose of Disbursement Reimbursement equipment purchase	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Gabriel Bluestone</b>		<b>Transaction ID: SB21B.8875</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 6
Mailing Address 86 South Angell Street		Amount of Each Disbursement this Period 62.19
City Providence State RI Zip Code 02906	Purpose of Disbursement Reimburse office supplies	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Busbank.com</b>		<b>Transaction ID: SB21B.9043</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 200 W Adams Street		Amount of Each Disbursement this Period 715.00
City Chicago State IL Zip Code 60606	Purpose of Disbursement Bus rental	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1201.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Stephen Campo</b>		<b>Transaction ID: SB21B.9146</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 6145 Post Road		Amount of Each Disbursement this Period 3750.00	
City North Kingstown State RI Zip Code 02852	Purpose of Disbursement In-kind -office space	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Citizens Bank</b>		<b>Transaction ID: SB21B.8678</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Citizens Bank</b>		<b>Transaction ID: SB21B.8677</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 12.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3780.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Citizens Bank</b>		<b>Transaction ID: SB21B.8679</b>	
Mailing Address One Citizens Plaza		Date of Disbursement 09 / 11 / 2006	
City Providence	State RI	Zip Code 02903	Amount of Each Disbursement this Period 18.00
Purpose of Disbursement Wire fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Citizens Bank</b>		<b>Transaction ID: SB21B.8680</b>	
Mailing Address One Citizens Plaza		Date of Disbursement 09 / 13 / 2006	
City Providence	State RI	Zip Code 02903	Amount of Each Disbursement this Period 12.00
Purpose of Disbursement Wire fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Citizens Bank</b>		<b>Transaction ID: SB21B.8681</b>	
Mailing Address One Citizens Plaza		Date of Disbursement 09 / 15 / 2006	
City Providence	State RI	Zip Code 02903	Amount of Each Disbursement this Period 12.00
Purpose of Disbursement Wire fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>42.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Complete Campaigns.com</b>		<b>Transaction ID: SB21B.8856</b>	
Mailing Address 610 Gateway Center Way		Date of Disbursement MM / DD / YYYY 09 / 17 / 2006	
City San Diego	State CA	Zip Code 92102	Amount of Each Disbursement this Period 550.00
Purpose of Disbursement Software	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Computer Telephone, Inc.</b>		<b>Transaction ID: SB21B.8682</b>	
Mailing Address 60 Alhambra Road		Date of Disbursement MM / DD / YYYY 09 / 06 / 2006	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 642.00
Purpose of Disbursement Telephone system	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Computer Telephone, Inc.</b>		<b>Transaction ID: SB21B.8857</b>	
Mailing Address 60 Alhambra Road		Date of Disbursement MM / DD / YYYY 09 / 17 / 2006	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 118.00
Purpose of Disbursement Telephone repairs	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1310.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Cox Communications</b>		<b>Transaction ID:</b> SB21B.8864 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 39		Amount of Each Disbursement this Period 3795.61
City Newark State NJ Zip Code 07101	Purpose of Disbursement Telephone & modem service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Crimson Imaging Supplies, LLC</b>		<b>Transaction ID:</b> SB21B.8850 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 4011 Pacific Coast Highway		Amount of Each Disbursement this Period 535.96
City Torrance State CA Zip Code 90505	Purpose of Disbursement Office supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Melodie DeMulling</b>		<b>Transaction ID:</b> SB21B.8855 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 13981 121st Avenue		Amount of Each Disbursement this Period 53.42
City Dayton State MN Zip Code 55327	Purpose of Disbursement Reimburse office supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4384.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Don Torres for Mayor</b>		<b>Transaction ID:</b> SB21B.9133 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 31 Airport Road		Amount of Each Disbursement this Period 1000.00
City Warwick State RI Zip Code 02889	Purpose of Disbursement In-kind - office space	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Dr A C Cleaning</b>		<b>Transaction ID:</b> SB21B.8683 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 41 Goldsmith Avenue		Amount of Each Disbursement this Period 200.00
City East Providence State RI Zip Code 02914	Purpose of Disbursement Office maintenance	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lacy Dwyer</b>		<b>Transaction ID:</b> SB21B.8858 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 6
Mailing Address 47 Wyndham Hill		Amount of Each Disbursement this Period 153.51
City Middletown State RI Zip Code 02842	Purpose of Disbursement Reimburse office supplies	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1353.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FedexKinkos</b>		<b>Transaction ID:</b> SB21B.8867 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 308.64
City Providence State RI Zip Code 02906	Purpose of Disbursement Copying charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. FedexKinkos</b>		<b>Transaction ID:</b> SB21B.8868 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 165.73
City Providence State RI Zip Code 02906	Purpose of Disbursement Copying charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. FedexKinkos</b>		<b>Transaction ID:</b> SB21B.8869 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 199.92
City Providence State RI Zip Code 02906	Purpose of Disbursement Copying Charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	674.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Gary Fernandes</b>		<b>Transaction ID: SB21B.9016</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 45 South Main Street		Amount of Each Disbursement this Period 900.00	
City Woonsocket State RI Zip Code 02895	Purpose of Disbursement Field office rent	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>B. Regina Fiorentini</b>		<b>Transaction ID: SB21B.8877</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 36 Macon Avenue		Amount of Each Disbursement this Period 19.98	
City Haverhill State MA Zip Code 01830	Purpose of Disbursement Reimburse office refreshments	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>C. Anna Gustina</b>		<b>Transaction ID: SB21B.8861</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 111 University Avenue		Amount of Each Disbursement this Period 344.00	
City Buffalo State NY Zip Code 14214	Purpose of Disbursement Reimburse office equipment	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1263.98</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Kelly Harlow</b>		<b>Transaction ID: SB21B.8873</b> Date of Disbursement 09 / 27 / 2006	
Mailing Address 3906 West Oak Drive		Amount of Each Disbursement this Period 129.06	
City Columbia State MO Zip Code 65302	Purpose of Disbursement Reimburse office supplies Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Nicole Hilmer-Heartte</b>		<b>Transaction ID: SB21B.8854</b> Date of Disbursement 09 / 13 / 2006	
Mailing Address 5 East Street		Amount of Each Disbursement this Period 19.99	
City Providence State RI Zip Code 02906	Purpose of Disbursement Reimburse office supplies Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Manuel Jimenez</b>		<b>Transaction ID: SB21B.9051</b> Date of Disbursement 09 / 27 / 2006	
Mailing Address 1099 Broad Street		Amount of Each Disbursement this Period 700.00	
City Providence State RI Zip Code 02905	Purpose of Disbursement Field office rent Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>849.05</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Steven LaForm</b>		<b>Transaction ID: SB21B.8684</b> Date of Disbursement 09 / 03 / 2006
Mailing Address 28 Broadway		Amount of Each Disbursement this Period 1000.00
City Newport	State RI Zip Code 02840	
Purpose of Disbursement Outreach office rent		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lexisnexis</b>		<b>Transaction ID: SB21B.8685</b> Date of Disbursement 09 / 13 / 2006
Mailing Address PO Box 7247-7090		Amount of Each Disbursement this Period 150.00
City Philadelphia	State PA Zip Code 19170	
Purpose of Disbursement Subscription		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Matthew Lydon</b>		<b>Transaction ID: SB21B.8853</b> Date of Disbursement 09 / 13 / 2006
Mailing Address 73 Fremont		Amount of Each Disbursement this Period 90.00
City Providence	State RI Zip Code 02906	
Purpose of Disbursement Reimburse tolls		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1240.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. National Grid</b>		<b>Transaction ID:</b> SB21B.8686 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address Processing Center		Amount of Each Disbursement this Period 1636.94
City Woburn State MA Zip Code 01807	Purpose of Disbursement Electricity Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. National Grid</b>		<b>Transaction ID:</b> SB21B.8699 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address Processing Center		Amount of Each Disbursement this Period 1530.90
City Woburn State MA Zip Code 01807	Purpose of Disbursement Electricity Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. New England Gas</b>		<b>Transaction ID:</b> SB21B.8700 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 6
Mailing Address PO Box 17528		Amount of Each Disbursement this Period 17.21
City Baltimore State MD Zip Code 21297	Purpose of Disbursement Utility Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3185.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. North Main Street Shell</b>		<b>Transaction ID:</b> SB21B.8870 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 11 / 2006
Mailing Address 691 North Main Street		Amount of Each Disbursement this Period 50.00
City Providence State RI Zip Code 02904	Purpose of Disbursement Gas cards	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pay Pal Inc</b>		<b>Transaction ID:</b> SB21B.8687 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 05 / 2006
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 63.33
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit card fees	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pay Pal Inc</b>		<b>Transaction ID:</b> SB21B.8688 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 15 / 2006
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 3.20
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit card fees	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	116.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Pay Pal Inc</b>		<b>Transaction ID: SB21B.8695</b>																					
Mailing Address 2211 North First Street		Date of Disbursement																					
City San Jose State CA Zip Code 95131		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	9		2	0	0	6														
Purpose of Disbursement Credit card fees		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">46.03</td> </tr> </table>		46.03																			
46.03																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) <b>B. Perkins Coie</b>		<b>Transaction ID: SB21B.8689</b>																					
Mailing Address 1201 Third Avenue		Date of Disbursement																					
City Seattle State WA Zip Code 98101		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	6		2	0	0	6														
Purpose of Disbursement Legal services		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">775.38</td> </tr> </table>		775.38																			
775.38																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) <b>C. Perkins Coie</b>		<b>Transaction ID: SB21B.8698</b>																					
Mailing Address 1201 Third Avenue		Date of Disbursement																					
City Seattle State WA Zip Code 98101		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	1		2	0	0	6														
Purpose of Disbursement Legal services		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">750.00</td> </tr> </table>		750.00																			
750.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1571.41</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Poland Spring</b>		<b>Transaction ID: SB21B.8694</b> Date of Disbursement 09 / 17 / 2006	
Mailing Address PO Box 856192		Amount of Each Disbursement this Period 172.24	
City Louisville State KY Zip Code 40285	Purpose of Disbursement Office refreshments Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		<b>Transaction ID: SB21B.8881</b> Date of Disbursement 09 / 15 / 2006	
Mailing Address Turnkey Station		Amount of Each Disbursement this Period 195.00	
City Providence State RI Zip Code 02940	Purpose of Disbursement Postage Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Postmaster</b>		<b>Transaction ID: SB21B.9030</b> Date of Disbursement 09 / 27 / 2006	
Mailing Address Turnkey Station		Amount of Each Disbursement this Period 53.40	
City Providence State RI Zip Code 02940	Purpose of Disbursement Postage Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>420.64</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A. Postmaster</b> Full Name (Last, First, Middle Initial) Mailing Address Turnkey Station City Providence State RI Zip Code 02940 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>Transaction ID:</b> SB21B.8865 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 123.15 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B. Rent a Wreck</b> Full Name (Last, First, Middle Initial) Mailing Address 1073 Douglas Avenue City Providence State RI Zip Code 02904 Purpose of Disbursement Staff transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>Transaction ID:</b> SB21B.9025 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 969.50 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C. Shein Management</b> Full Name (Last, First, Middle Initial) Mailing Address 845 North Main Street City Providence State RI Zip Code 02904 Purpose of Disbursement Office rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>Transaction ID:</b> SB21B.8690 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 2500.00 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3592.65</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		<b>Transaction ID:</b> SB21B.8692 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 35.60
City Providence State RI Zip Code 02906		
Purpose of Disbursement Office supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		<b>Transaction ID:</b> SB21B.8697 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 245.75
City Providence State RI Zip Code 02906		
Purpose of Disbursement Office supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		<b>Transaction ID:</b> SB21B.8701 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 6
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 5.87
City Providence State RI Zip Code 02906		
Purpose of Disbursement Office supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	287.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		<b>Transaction ID: SB21B.8703</b>	
Mailing Address 551 North Main Street		Date of Disbursement MM / DD / YYYY 09 / 28 / 2006	
City Providence	State RI	Zip Code 02906	Amount of Each Disbursement this Period 177.20
Purpose of Disbursement Office supplies		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		<b>Transaction ID: SB21B.8704</b>	
Mailing Address 551 North Main Street		Date of Disbursement MM / DD / YYYY 09 / 28 / 2006	
City Providence	State RI	Zip Code 02906	Amount of Each Disbursement this Period 43.09
Purpose of Disbursement Office supplies		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Stop &amp; Shop</b>		<b>Transaction ID: SB21B.8691</b>	
Mailing Address 333 West River		Date of Disbursement MM / DD / YYYY 09 / 01 / 2006	
City Providence	State RI	Zip Code 02904	Amount of Each Disbursement this Period 47.25
Purpose of Disbursement Refreshments		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>267.54</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Vincent Turco</b>		<b>Transaction ID: SB21B.9130</b> Date of Disbursement MM / DD / YYYY 09 / 24 / 2006	
Mailing Address 77 Main Street		Amount of Each Disbursement this Period 1200.00	
City Wakefield State RI Zip Code 02879	Purpose of Disbursement In-kind - office space	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>B. Jhomphy Ventura</b>		<b>Transaction ID: SB21B.8702</b> Date of Disbursement MM / DD / YYYY 09 / 27 / 2006	
Mailing Address 32 Farragut Avenue		Amount of Each Disbursement this Period 281.50	
City Providence State RI Zip Code 02905	Purpose of Disbursement Reimburse cell phone expense	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		<b>Transaction ID: SB21B.8849</b> Date of Disbursement MM / DD / YYYY 09 / 06 / 2006	
Mailing Address P.O. 1		Amount of Each Disbursement this Period 411.59	
City Worcester State MA Zip Code 01654	Purpose of Disbursement Telephone service	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1893.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		<b>Transaction ID:</b> SB21B.8859 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address P.O. 1		Amount of Each Disbursement this Period 5600.00
City Worcester State MA Zip Code 01654	Purpose of Disbursement Telephone deposit Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		<b>Transaction ID:</b> SB21B.8863 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P.O. 1		Amount of Each Disbursement this Period 7400.00
City Worcester State MA Zip Code 01654	Purpose of Disbursement Telephone deposit Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Voter Activation Network</b>		<b>Transaction ID:</b> SB21B.8851 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 54 Regent Street		Amount of Each Disbursement this Period 2900.00
City Cambridge State MA Zip Code 02140	Purpose of Disbursement Voter file maintenance Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. W.B. Mason</b>		<b>Transaction ID: SB21B.8880</b> Date of Disbursement MM / DD / YYYY 09 / 13 / 2006	
Mailing Address 59 Centre Street		Amount of Each Disbursement this Period 304.74	
City Brockton	State MA	Zip Code 02303	Category/ Type
Purpose of Disbursement Office supplies		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. W.B. Mason</b>		<b>Transaction ID: SB21B.8862</b> Date of Disbursement MM / DD / YYYY 09 / 21 / 2006	
Mailing Address 59 Centre Street		Amount of Each Disbursement this Period 688.27	
City Brockton	State MA	Zip Code 02303	Category/ Type
Purpose of Disbursement Office supplies		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Louis Yip</b>		<b>Transaction ID: SB21B.9033</b> Date of Disbursement MM / DD / YYYY 09 / 15 / 2006	
Mailing Address 244 Main Street		Amount of Each Disbursement this Period 1500.00	
City Pawtucket	State RI	Zip Code 02860	Category/ Type
Purpose of Disbursement Field office rent		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2493.01</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>52775.99</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Alicia Amdur</b>		<b>Transaction ID: SB30B.8761</b> Date of Disbursement 09 / 15 / 2006	
Mailing Address 792 McIntyre Avenue		Amount of Each Disbursement this Period 539.99	
City Winter Prk State FL Zip Code 32709	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Alicia Amdur</b>		<b>Transaction ID: SB30B.8762</b> Date of Disbursement 09 / 29 / 2006	
Mailing Address 792 McIntyre Avenue		Amount of Each Disbursement this Period 539.99	
City Winter Prk State FL Zip Code 32709	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. AMS Communications Inc</b>		<b>Transaction ID: SB30B.9018</b> Date of Disbursement 09 / 11 / 2006	
Mailing Address 500 Sansome Street		Amount of Each Disbursement this Period 5850.00	
City San Francisco State CA Zip Code 94111	Purpose of Disbursement Families Lit Printing/postage-exempt	Category/ Type	
Candidate Name SHELDON II WHITEHOUSE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI       District: 00	Disbursement For:           2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6929.98</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Matthew Arnold</b>		<b>Transaction ID:</b> SB30B.9092 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 83 Oaklawn Avenue		Amount of Each Disbursement this Period 303.36
City Cranston State RI Zip Code 02920	Purpose of Disbursement Net wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Matthew Arnold</b>		<b>Transaction ID:</b> SB30B.9097 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 83 Oaklawn Avenue		Amount of Each Disbursement this Period 574.39
City Cranston State RI Zip Code 02920	Purpose of Disbursement Net wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Blue Cross Blue Shield of Rhode Island</b>		<b>Transaction ID:</b> SB30B.9084 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO Box 1057		Amount of Each Disbursement this Period 7604.27
City Providence State RI Zip Code 02901	Purpose of Disbursement Health Insurance Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8482.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Gabriel Bluestone</b>		<b>Transaction ID: SB30B.8763</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 86 South Angell Street		Amount of Each Disbursement this Period 964.29
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Gabriel Bluestone</b>		<b>Transaction ID: SB30B.8765</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 86 South Angell Street		Amount of Each Disbursement this Period 964.30
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sarah Bogdan</b>		<b>Transaction ID: SB30B.8766</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 133 Sutton Street		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02903	Purpose of Disbursement Net wages	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2468.58</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



**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 49 / 129

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

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

Full Name (Last, First, Middle Initial) <b>A. Sarah Bogdan</b>		<b>Transaction ID: SB30B.8767</b>	
Mailing Address 133 Sutton Street		Date of Disbursement 09 / 29 / 2006	
City Providence	State RI	Zip Code 02903	Amount of Each Disbursement this Period 539.99
Purpose of Disbursement Net wages		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. David Bonzagni</b>		<b>Transaction ID: SB30B.8768</b>	
Mailing Address 74 South River Drive		Date of Disbursement 09 / 15 / 2006	
City Narragansett	State RI	Zip Code 02882	Amount of Each Disbursement this Period 522.80
Purpose of Disbursement Net wages		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. David Bonzagni</b>		<b>Transaction ID: SB30B.8769</b>	
Mailing Address 74 South River Drive		Date of Disbursement 09 / 29 / 2006	
City Narragansett	State RI	Zip Code 02882	Amount of Each Disbursement this Period 522.80
Purpose of Disbursement Net wages		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1585.59</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Angela Botticella</b>		<b>Transaction ID: SB30B.8770</b> Date of Disbursement 09 / 15 / 2006
Mailing Address 18 Phillipsburg		Amount of Each Disbursement this Period 1142.25
City Irvine	State CA	
Zip Code 92620		
Purpose of Disbursement Net wages		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Angela Botticella</b>		<b>Transaction ID: SB30B.8771</b> Date of Disbursement 09 / 29 / 2006
Mailing Address 18 Phillipsburg		Amount of Each Disbursement this Period 1142.25
City Irvine	State CA	
Zip Code 92620		
Purpose of Disbursement Net wages		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Brett Broesder</b>		<b>Transaction ID: SB30B.8772</b> Date of Disbursement 09 / 15 / 2006
Mailing Address 1 Trenton Street		Amount of Each Disbursement this Period 557.19
City Providence	State RI	
Zip Code 02906		
Purpose of Disbursement Net wages		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2841.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Brett Broesder</b>		<b>Transaction ID: SB30B.8773</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 1 Trenton Street		Amount of Each Disbursement this Period 557.19	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sean Brophy</b>		<b>Transaction ID: SB30B.8774</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 92 Melrose Street		Amount of Each Disbursement this Period 612.22	
City Providence State RI Zip Code 02907	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sean Brophy</b>		<b>Transaction ID: SB30B.8775</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 92 Melrose Street		Amount of Each Disbursement this Period 612.23	
City Providence State RI Zip Code 02907	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1781.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dylan Brown</b>		<b>Transaction ID: SB30B.9093</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 20 Avondale Road		Amount of Each Disbursement this Period 515.43	
City Westerly State RI Zip Code 02891	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dylan Brown</b>		<b>Transaction ID: SB30B.9098</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 20 Avondale Road		Amount of Each Disbursement this Period 539.99	
City Westerly State RI Zip Code 02891	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ismael Castro</b>		<b>Transaction ID: SB30B.9102</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 81 Comstock Avenue		Amount of Each Disbursement this Period 569.10	
City Providence State RI Zip Code 02907	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1624.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Eric Chapell</b>		<b>Transaction ID: SB30B.8776</b> Date of Disbursement MM / DD / YYYY 09 / 15 / 2006	
Mailing Address 10203 Geronimo		Amount of Each Disbursement this Period 522.80	
City Casa Grande State AZ Zip Code 85222	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Eric Chapell</b>		<b>Transaction ID: SB30B.9085</b> Date of Disbursement MM / DD / YYYY 09 / 29 / 2006	
Mailing Address 10203 Geronimo		Amount of Each Disbursement this Period 195.04	
City Casa Grande State AZ Zip Code 85222	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Angela Chasebi</b>		<b>Transaction ID: SB30B.9094</b> Date of Disbursement MM / DD / YYYY 09 / 15 / 2006	
Mailing Address PO Box 4470		Amount of Each Disbursement this Period 636.28	
City Austintown State OH Zip Code 44515	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1354.12</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Angela Chasebi</b>		<b>Transaction ID: SB30B.9099</b> Date of Disbursement MM / DD / YYYY 09 / 29 / 2006	
Mailing Address PO Box 4470		Amount of Each Disbursement this Period 539.99	
City Austintown State OH Zip Code 44515	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Citizens Bank</b>		<b>Transaction ID: SB30B.9086</b> Date of Disbursement MM / DD / YYYY 09 / 06 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 23584.25	
City Providence State RI Zip Code 02903	Purpose of Disbursement Payroll tax deposit August Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jacob Conarck</b>		<b>Transaction ID: SB30B.8777</b> Date of Disbursement MM / DD / YYYY 09 / 15 / 2006	
Mailing Address 7 Oxford Drive		Amount of Each Disbursement this Period 539.99	
City Port Jeff Station State NY Zip Code 11776	Purpose of Disbursement Net wages Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	24664.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Jacob Conarck</b>		<b>Transaction ID: SB30B.8778</b> Date of Disbursement MM / DD / YYYY 09 / 29 / 2006
Mailing Address 7 Oxford Drive		Amount of Each Disbursement this Period 539.99
City Port Jeff Station	State NY	
Zip Code 11776		001 Category/ Type
Purpose of Disbursement Net wages		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Melodie DeMulling</b>		<b>Transaction ID: SB30B.8779</b> Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address 13981 121st Avenue		Amount of Each Disbursement this Period 1731.75
City Dayton	State MN	
Zip Code 55327		Category/ Type
Purpose of Disbursement Net wages		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Melodie DeMulling</b>		<b>Transaction ID: SB30B.8780</b> Date of Disbursement MM / DD / YYYY 09 / 29 / 2006
Mailing Address 13981 121st Avenue		Amount of Each Disbursement this Period 1731.75
City Dayton	State MN	
Zip Code 55327		Category/ Type
Purpose of Disbursement Net wages		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4003.49</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Dickson</b>		<b>Transaction ID: SB30B.8781</b> Date of Disbursement 09 / 15 / 2006	
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 522.80	
City No Providence State RI Zip Code 02911	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Dickson</b>		<b>Transaction ID: SB30B.8782</b> Date of Disbursement 09 / 29 / 2006	
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 522.80	
City No Providence State RI Zip Code 02911	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Division of Taxation</b>		<b>Transaction ID: SB30B.9087</b> Date of Disbursement 09 / 06 / 2006	
Mailing Address One Capitol Hill		Amount of Each Disbursement this Period 2821.27	
City Providence State RI Zip Code 02908	Purpose of Disbursement Payroll taxes August Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3866.87</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Michael Dorsey</b>		<b>Transaction ID: SB30B.8783</b> Date of Disbursement 09 / 15 / 2006	
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 2263.38	
City Providence State RI Zip Code 02909	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Michael Dorsey</b>		<b>Transaction ID: SB30B.8784</b> Date of Disbursement 09 / 29 / 2006	
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 2263.39	
City Providence State RI Zip Code 02909	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Lacy Dwyer</b>		<b>Transaction ID: SB30B.8785</b> Date of Disbursement 09 / 15 / 2006	
Mailing Address 47 Wyndham Hill		Amount of Each Disbursement this Period 1170.57	
City Middletown State RI Zip Code 02842	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5697.34</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 129

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

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

Full Name (Last, First, Middle Initial) <b>A. Lacy Dwyer</b>		<b>Transaction ID: SB30B.8786</b> Date of Disbursement 09 / 29 / 2006	
Mailing Address 47 Wyndham Hill			
City Middletown State RI Zip Code 02842	Amount of Each Disbursement this Period 1170.57		
Purpose of Disbursement Net wages Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jonathan Engel</b>		<b>Transaction ID: SB30B.8787</b> Date of Disbursement 09 / 15 / 2006	
Mailing Address 45 Junip Road			
City Belmont State MA Zip Code 02478	Amount of Each Disbursement this Period 539.99		
Purpose of Disbursement Net wages Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jonathan Engel</b>		<b>Transaction ID: SB30B.8788</b> Date of Disbursement 09 / 29 / 2006	
Mailing Address 45 Junip Road			
City Belmont State MA Zip Code 02478	Amount of Each Disbursement this Period 539.99		
Purpose of Disbursement Net wages Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2250.55</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 129

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

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

Full Name (Last, First, Middle Initial) <b>A. Brian Farnkoff</b>		<b>Transaction ID: SB30B.8789</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 43 Billings Street		Amount of Each Disbursement this Period 522.80
City Boston State MA Zip Code 02132		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Brian Farnkoff</b>		<b>Transaction ID: SB30B.8790</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 43 Billings Street		Amount of Each Disbursement this Period 522.80
City Boston State MA Zip Code 02132		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Parker Farrington</b>		<b>Transaction ID: SB30B.8791</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 37 Devon Road		Amount of Each Disbursement this Period 539.99
City Chestnut Hill State MA Zip Code 02467		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1585.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Parker Farrington</b>		<b>Transaction ID:</b> SB30B.8792 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 37 Devon Road		Amount of Each Disbursement this Period 539.99
City Chestnut Hill	State MA	
Zip Code 02467	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Financial Innovations</b>		<b>Transaction ID:</b> SB30B.9141 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address One Weingeroff Boulevard		Amount of Each Disbursement this Period 593.17
City Cranston	State RI	
Zip Code 02910	Category/ Type	
Purpose of Disbursement Lapel stickers - exempt		
Candidate Name SHELDON II WHITEHOUSE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: RI District: 00		

Full Name (Last, First, Middle Initial) <b>C. Financial Innovations</b>		<b>Transaction ID:</b> SB30B.9142 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address One Weingeroff Boulevard		Amount of Each Disbursement this Period 11172.02
City Cranston	State RI	
Zip Code 02910	Category/ Type	
Purpose of Disbursement Lawn signs, stickers- exempt		
Candidate Name SHELDON II WHITEHOUSE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: RI District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12305.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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) <b>A. Regina Fiorentini</b>		<b>Transaction ID:</b> SB30B.8793 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 36 Macon Avenue		Amount of Each Disbursement this Period 1170.57	
City Haverhill State MA Zip Code 01830	Purpose of Disbursement Net wages Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Regina Fiorentini</b>		<b>Transaction ID:</b> SB30B.8794 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 36 Macon Avenue		Amount of Each Disbursement this Period 1170.57	
City Haverhill State MA Zip Code 01830	Purpose of Disbursement Net wages Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Amanda Foster</b>		<b>Transaction ID:</b> SB30B.8795 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 539.99	
City North Providence State RI Zip Code 02911	Purpose of Disbursement Net wages Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2881.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Amanda Foster</b>		<b>Transaction ID: SB30B.8796</b> Date of Disbursement 09 / 29 / 2006	
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 539.99	
City North Providence State RI Zip Code 02911	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Timothy Fraser</b>		<b>Transaction ID: SB30B.8797</b> Date of Disbursement 09 / 15 / 2006	
Mailing Address 78 Fisher Street		Amount of Each Disbursement this Period 1170.57	
City Medway State MA Zip Code 02053	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Timothy Fraser</b>		<b>Transaction ID: SB30B.8798</b> Date of Disbursement 09 / 29 / 2006	
Mailing Address 78 Fisher Street		Amount of Each Disbursement this Period 1170.57	
City Medway State MA Zip Code 02053	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2881.13</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Gohringer</b>		<b>Transaction ID: SB30B.8799</b> Date of Disbursement 09 / 15 / 2006	
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 539.99	
City North Providence State RI Zip Code 02911	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Gohringer</b>		<b>Transaction ID: SB30B.8800</b> Date of Disbursement 09 / 29 / 2006	
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 539.99	
City North Providence State RI Zip Code 02911	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Anna Gustina</b>		<b>Transaction ID: SB30B.8801</b> Date of Disbursement 09 / 15 / 2006	
Mailing Address 111 University Avenue		Amount of Each Disbursement this Period 1731.75	
City Buffalo State NY Zip Code 14214	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2811.73</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Anna Gustina</b>		<b>Transaction ID: SB30B.8802</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 111 University Avenue		Amount of Each Disbursement this Period 1731.75
City Buffalo State NY Zip Code 14214	Purpose of Disbursement Net wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kelly Harlow</b>		<b>Transaction ID: SB30B.8803</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 3906 West Oak Drive		Amount of Each Disbursement this Period 1170.57
City Columbia State MO Zip Code 65302	Purpose of Disbursement Net wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kelly Harlow</b>		<b>Transaction ID: SB30B.8804</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 3906 West Oak Drive		Amount of Each Disbursement this Period 1170.57
City Columbia State MO Zip Code 65302	Purpose of Disbursement Net wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4072.89
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Nicole Hilmer-Heartte</b>		<b>Transaction ID: SB30B.8805</b> Date of Disbursement 09 / 15 / 2006	
Mailing Address 5 East Street		Amount of Each Disbursement this Period 783.80	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Nicole Hilmer-Heartte</b>		<b>Transaction ID: SB30B.8806</b> Date of Disbursement 09 / 29 / 2006	
Mailing Address 5 East Street		Amount of Each Disbursement this Period 783.80	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Rose Jackson</b>		<b>Transaction ID: SB30B.8807</b> Date of Disbursement 09 / 15 / 2006	
Mailing Address 5750 Broadway Street		Amount of Each Disbursement this Period 522.80	
City Indianapolis State IN Zip Code 46220	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2090.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Rose Jackson</b>		<b>Transaction ID: SB30B.8808</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 5750 Broadway Street		Amount of Each Disbursement this Period 522.80	
City Indianapolis State IN Zip Code 46220	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Nicholas Jeffrey</b>		<b>Transaction ID: SB30B.8809</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 6 Holiday Court		Amount of Each Disbursement this Period 539.99	
City Lincoln State RI Zip Code 02865	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Nicholas Jeffrey</b>		<b>Transaction ID: SB30B.8810</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 6 Holiday Court		Amount of Each Disbursement this Period 539.99	
City Lincoln State RI Zip Code 02865	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1602.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Patricia Kammerer</b>		<b>Transaction ID: SB30B.8811</b> Date of Disbursement 09 / 15 / 2006	
Mailing Address PO Box 1495		Amount of Each Disbursement this Period 809.57	
City Westerly	State RI	Zip Code 02891	Category/ Type
Purpose of Disbursement Net wages		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) <b>B. Patricia Kammerer</b>		<b>Transaction ID: SB30B.8812</b> Date of Disbursement 09 / 29 / 2006	
Mailing Address PO Box 1495		Amount of Each Disbursement this Period 1333.63	
City Westerly	State RI	Zip Code 02891	Category/ Type
Purpose of Disbursement Net wages		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) <b>C. Micheal Keane</b>		<b>Transaction ID: SB30B.8813</b> Date of Disbursement 09 / 15 / 2006	
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 1333.64	
City Providence	State RI	Zip Code 02909	Category/ Type
Purpose of Disbursement Net wages		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3476.84</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Micheal Keane</b>		<b>Transaction ID: SB30B.8814</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 1333.63
City Providence State RI Zip Code 02909	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Seth Larson</b>		<b>Transaction ID: SB30B.8815</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 65 Plantation Drive		Amount of Each Disbursement this Period 522.80
City Saunderstown State RI Zip Code 02874	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Seth Larson</b>		<b>Transaction ID: SB30B.8816</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 65 Plantation Drive		Amount of Each Disbursement this Period 522.80
City Saunderstown State RI Zip Code 02874	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2379.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Brett Lincoln</b>		<b>Transaction ID: SB30B.9106</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 28 Irving Road		Amount of Each Disbursement this Period 202.29	
City New Hartford State NY Zip Code 13413	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sara Lonardo</b>		<b>Transaction ID: SB30B.8817</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 471 Douglas Avenue		Amount of Each Disbursement this Period 522.80	
City Providence State RI Zip Code 02908	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sara Lonardo</b>		<b>Transaction ID: SB30B.8818</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 471 Douglas Avenue		Amount of Each Disbursement this Period 522.80	
City Providence State RI Zip Code 02908	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1247.89
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Hamlet Lopez</b>		<b>Transaction ID: SB30B.9088</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 105 Comstock Street		Amount of Each Disbursement this Period 522.80
City Providence State RI Zip Code 02907	Purpose of Disbursement Net wages	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hamlet Lopez</b>		<b>Transaction ID: SB30B.9089</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 105 Comstock Street		Amount of Each Disbursement this Period 522.80
City Providence State RI Zip Code 02907	Purpose of Disbursement Net wages	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Rudy Lopez</b>		<b>Transaction ID: SB30B.9107</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 1608 Senator Drive		Amount of Each Disbursement this Period 1392.74
City East Chicago State IL Zip Code 46312	Purpose of Disbursement Net wages	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2438.34</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Matthew Lydon</b>		<b>Transaction ID: SB30B.8819</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 73 Fremont		Amount of Each Disbursement this Period 1170.57	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Matthew Lydon</b>		<b>Transaction ID: SB30B.8820</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 73 Fremont		Amount of Each Disbursement this Period 1170.57	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lauren Mandelker</b>		<b>Transaction ID: SB30B.8821</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 299 Wickenden Street		Amount of Each Disbursement this Period 522.80	
City Providence State RI Zip Code 02903	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2863.94</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Lauren Mandelker</b>		<b>Transaction ID:</b> SB30B.8822 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 299 Wickenden Street		Amount of Each Disbursement this Period 522.80
City Providence State RI Zip Code 02903		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Message Broadcast</b>		<b>Transaction ID:</b> SB30B.9007 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 4685 MacArthur Court		Amount of Each Disbursement this Period 1717.80
City Newport Beach State CA Zip Code 92660		
Purpose of Disbursement GOTV Calls Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Brian Monteiro</b>		<b>Transaction ID:</b> SB30B.8823 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 172 Leonard Avenue		Amount of Each Disbursement this Period 522.80
City East Providence State RI Zip Code 02914		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2763.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Brian Monteiro</b>		<b>Transaction ID:</b> SB30B.8824 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 172 Leonard Avenue		Amount of Each Disbursement this Period 522.80
City East Providence      State RI      Zip Code 02914		
Purpose of Disbursement Net wages		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Meredith Regine</b>		<b>Transaction ID:</b> SB30B.9095 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 155 Purgatory Road		Amount of Each Disbursement this Period 200.25
City Middletown,      State RI      Zip Code 02842		
Purpose of Disbursement Net wages		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. Meredith Regine</b>		<b>Transaction ID:</b> SB30B.9100 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 155 Purgatory Road		Amount of Each Disbursement this Period 505.60
City Middletown,      State RI      Zip Code 02842		
Purpose of Disbursement Net wages		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1228.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. David Rosenthal</b>		<b>Transaction ID:</b> SB30B.9096 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 69 Ocean View Road		Amount of Each Disbursement this Period 653.50
City Swampscott State MA Zip Code 01907		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. David Rosenthal</b>		<b>Transaction ID:</b> SB30B.9101 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 69 Ocean View Road		Amount of Each Disbursement this Period 557.19
City Swampscott State MA Zip Code 01907		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hollie Saunders</b>		<b>Transaction ID:</b> SB30B.8825 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 29 Russell Avenue		Amount of Each Disbursement this Period 522.80
City East Providence State RI Zip Code 02914		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1733.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Hollie Saunders</b>		<b>Transaction ID:</b> SB30B.8826 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 29 Russell Avenue		Amount of Each Disbursement this Period 522.80
City East Providence State RI Zip Code 02914	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ryan Sears</b>		<b>Transaction ID:</b> SB30B.8827 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 2156 Palmetto Terrace		Amount of Each Disbursement this Period 522.80
City Fullerton State CA Zip Code 92831	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ryan Sears</b>		<b>Transaction ID:</b> SB30B.8828 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 2156 Palmetto Terrace		Amount of Each Disbursement this Period 522.80
City Fullerton State CA Zip Code 92831	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1568.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Jeremy Slaughter</b>		<b>Transaction ID:</b> SB30B.8829 Date of Disbursement 09 / 15 / 2006
Mailing Address 55 Pond Drive		Amount of Each Disbursement this Period 1098.26
City Fairmont	State WV Zip Code 26554	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jeremy Slaughter</b>		<b>Transaction ID:</b> SB30B.8830 Date of Disbursement 09 / 29 / 2006
Mailing Address 55 Pond Drive		Amount of Each Disbursement this Period 1098.26
City Fairmont	State WV Zip Code 26554	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jenna Soendker</b>		<b>Transaction ID:</b> SB30B.8831 Date of Disbursement 09 / 15 / 2006
Mailing Address 12507 Hwy D		Amount of Each Disbursement this Period 783.80
City Napoleon	State MD Zip Code 64074	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2980.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Jenna Soendker</b>		<b>Transaction ID: SB30B.8832</b> Date of Disbursement 09 / 29 / 2006
Mailing Address 12507 Hwy D		Amount of Each Disbursement this Period 783.80
City Napoleon	State MD	
Zip Code 64074	Category/Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anisa Somani</b>		<b>Transaction ID: SB30B.8833</b> Date of Disbursement 09 / 15 / 2006
Mailing Address 24 South Court Street		Amount of Each Disbursement this Period 539.99
City Providence	State RI	
Zip Code 02906	Category/Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Anisa Somani</b>		<b>Transaction ID: SB30B.8834</b> Date of Disbursement 09 / 29 / 2006
Mailing Address 24 South Court Street		Amount of Each Disbursement this Period 539.99
City Providence	State RI	
Zip Code 02906	Category/Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1863.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Prospero Suazo</b>		<b>Transaction ID:</b> SB30B.8835 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 230 Roger Williams		Amount of Each Disbursement this Period 522.80
City Providence State RI Zip Code 02907	Purpose of Disbursement Net wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Prospero Suazo</b>		<b>Transaction ID:</b> SB30B.8836 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 230 Roger Williams		Amount of Each Disbursement this Period 522.80
City Providence State RI Zip Code 02907	Purpose of Disbursement Net wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Anand Sudhakar</b>		<b>Transaction ID:</b> SB30B.8837 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 93 East George Street		Amount of Each Disbursement this Period 612.22
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1657.82
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Anand Sudhakar</b>		<b>Transaction ID: SB30B.8838</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 93 East George Street		Amount of Each Disbursement this Period 612.23	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Emily Sullivan</b>		<b>Transaction ID: SB30B.8839</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 580 Wickenden Street		Amount of Each Disbursement this Period 577.83	
City Providence State RI Zip Code 02903	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Emily Sullivan</b>		<b>Transaction ID: SB30B.8840</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 580 Wickenden Street		Amount of Each Disbursement this Period 577.84	
City Providence State RI Zip Code 02903	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1767.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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) <b>A. The Tyson Organization</b>		<b>Transaction ID:</b> SB30B.9009
Mailing Address 1000 Macon Street		Date of Disbursement MM / DD / YYYY 09 / 26 / 2006
City Forth Worth	State TX	Zip Code 76102
Purpose of Disbursement Voter ID Calls		Amount of Each Disbursement this Period 49955.08
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jeff Thibeau</b>		<b>Transaction ID:</b> SB30B.8841
Mailing Address 30 Rock Street		Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
City Bristol	State RI	Zip Code 02809
Purpose of Disbursement Net wages		Amount of Each Disbursement this Period 505.60
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jeff Thibeau</b>		<b>Transaction ID:</b> SB30B.8842
Mailing Address 30 Rock Street		Date of Disbursement MM / DD / YYYY 09 / 29 / 2006
City Bristol	State RI	Zip Code 02809
Purpose of Disbursement Net wages		Amount of Each Disbursement this Period 505.60
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>50966.28</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Christopher Torres</b>		<b>Transaction ID:</b> SB30B.9090 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 75 Waterman Street		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02906		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christopher Torres</b>		<b>Transaction ID:</b> SB30B.9091 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 75 Waterman Street		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02906		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ben Traverse</b>		<b>Transaction ID:</b> SB30B.8843 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 32 Elmgrove Avenue		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02906		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1619.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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) <b>A. Ben Traverse</b>		<b>Transaction ID:</b> SB30B.8844 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 32 Elmgrove Avenue		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02906	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jhomphy Ventura</b>		<b>Transaction ID:</b> SB30B.8845 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 32 Farragut Avenue		Amount of Each Disbursement this Period 958.48
City Providence State RI Zip Code 02905	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jhomphy Ventura</b>		<b>Transaction ID:</b> SB30B.8846 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 32 Farragut Avenue		Amount of Each Disbursement this Period 958.48
City Providence State RI Zip Code 02905	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2456.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Megan Wilbur</b>		<b>Transaction ID:</b> SB30B.8847 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 299 Wickenden Street		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02903	Purpose of Disbursement Net wages Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Megan Wilbur</b>		<b>Transaction ID:</b> SB30B.8848 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 299 Wickenden Street		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02903	Purpose of Disbursement Net wages Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

1079.98

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

181874.63

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 84 / 129 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)  
Rhode Island Democratic State Committee

**Transaction ID: SC/9.5183**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Licht 88 Committee	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 350 Cole Avenue	
City Providence State RI ZIP Code 02906	

Original Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: center;">5249.87</div>	Cumulative Payment To Date <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">5249.87</div>
--	--	--

**TERMS**

Date Incurred <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 1 9 8 8</div> </div>	Date Due <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Interest Rate <div style="border: 1px solid black; width: 100%; height: 20px;"></div> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<div style="border: 1px solid black; padding: 2px; text-align: center;">5249.87</div>
<b>TOTALS</b> This Period (last page in this line only) .....	<div style="border: 1px solid black; padding: 2px; text-align: center;">5249.87</div>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

  

Full Name (Last, First, Middle Initial) of Each Payee Alicia Amdur	Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 792 McIntyre Avenue		
City Winter Prk	State FL	ZIP Code 32709
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	73326.34	
<b>Transaction ID: SF25.8705</b>		
Date M M / D D / Y Y Y Y 09 / 15 / 2006	Amount 269.58	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

  

Full Name (Last, First, Middle Initial) of Each Payee Alicia Amdur	Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 792 McIntyre Avenue		
City Winter Prk	State FL	ZIP Code 32709
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	86308.09	
<b>Transaction ID: SF25.8708</b>		
Date M M / D D / Y Y Y Y 09 / 29 / 2006	Amount 269.58	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

  

Full Name (Last, First, Middle Initial) of Each Payee Matthew Arnold	Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 83 Oaklawn Avenue		
City Cranston	State RI	ZIP Code 02920
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	81223.05	
<b>Transaction ID: SF25.9072</b>		
Date M M / D D / Y Y Y Y 09 / 15 / 2006	Amount 151.45	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ▶	<b>690.61</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Matthew Arnold		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 83 Oaklawn Avenue		Category/Type	
City Cranston	State RI	ZIP Code 02920	Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 286.75
Aggregate General Election Expenditure for this Candidate ▶ 94176.46		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.9078</b>			

Full Name (Last, First, Middle Initial) of Each Payee BJ's Wholesale Club		Purpose of Expenditure Supplies communi-ty dinner	<input type="checkbox"/>
Mailing Address 287 Washington Avenue		Category/Type	
City Attleboro	State MA	ZIP Code 02703	Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 78.13
Aggregate General Election Expenditure for this Candidate ▶ 83281.73		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.9110</b>			

Full Name (Last, First, Middle Initial) of Each Payee BJ's Wholesale Club		Purpose of Expenditure Community dinner supplies	<input type="checkbox"/>
Mailing Address 287 Washington Avenue		Category/Type	
City Attleboro	State MA	ZIP Code 02703	Date M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 106.33
Aggregate General Election Expenditure for this Candidate ▶ 85704.18		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.9116</b>			

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....	<b>471.21</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Blue Cross Blue Shield of Rhode Island		Purpose of Expenditure Health Insurance-voter persuasion		
Mailing Address PO Box 1057				Category/Type
City Providence	State RI	ZIP Code 02901		Date M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		85597.85		Amount <span style="border: 1px solid black; padding: 2px;">2166.12</span>
<b>Transaction ID: SF25.9066</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Sarah Bogdan		Purpose of Expenditure Net wages - voter persuasion		
Mailing Address 133 Sutton Street				Category/Type
City Providence	State RI	ZIP Code 02903		Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		73595.92		Amount <span style="border: 1px solid black; padding: 2px;">269.58</span>
<b>Transaction ID: SF25.8707</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Sarah Bogdan		Purpose of Expenditure Net wages - voter persuasion		
Mailing Address 133 Sutton Street				Category/Type
City Providence	State RI	ZIP Code 02903		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		86577.67		Amount <span style="border: 1px solid black; padding: 2px;">269.58</span>
<b>Transaction ID: SF25.8709</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

SUBTOTAL of Expenditures This Page (optional) .....	2705.28
TOTAL This Period (last page this line number only) .....	

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee David Bonzagni		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 74 South River Drive					
City Narragansett		State RI		ZIP Code 02882	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		73856.92		Date M M / D D / Y Y Y Y 09 / 15 / 2006	
		<b>Transaction ID: SF25.8710</b>		Amount 261.00	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee David Bonzagni		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 74 South River Drive					
City Narragansett		State RI		ZIP Code 02882	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		86838.67		Date M M / D D / Y Y Y Y 09 / 29 / 2006	
		<b>Transaction ID: SF25.8711</b>		Amount 261.00	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Brett Broesder		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 1 Trenton Street					
City Providence		State RI		ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		74135.09		Date M M / D D / Y Y Y Y 09 / 15 / 2006	
		<b>Transaction ID: SF25.8712</b>		Amount 278.17	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....		<b>800.17</b>
<b>TOTAL</b> This Period (last page this line number only) .....		



**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Brett Broesder				Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 1 Trenton Street							
City Providence		State RI		ZIP Code 02906		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00		Amount 278.17	
Aggregate General Election Expenditure for this Candidate ▶ 87116.84				Transaction ID: SF25.8713			

Full Name (Last, First, Middle Initial) of Each Payee Sean Brophy				Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 92 Melrose Street							
City Providence		State RI		ZIP Code 02907		Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00		Amount 305.65	
Aggregate General Election Expenditure for this Candidate ▶ 74440.74				Transaction ID: SF25.8714			

Full Name (Last, First, Middle Initial) of Each Payee Sean Brophy				Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 92 Melrose Street							
City Providence		State RI		ZIP Code 02907		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00		Amount 305.65	
Aggregate General Election Expenditure for this Candidate ▶ 87422.49				Transaction ID: SF25.8715			

SUBTOTAL of Expenditures This Page (optional) .....		889.47
TOTAL This Period (last page this line number only) .....		

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Dylan Brown		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 20 Avondale Road					
City Westerly		State RI		ZIP Code 02891	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		81480.37		Date M M / D D / Y Y Y Y 09 / 15 / 2006	
		<b>Transaction ID: SF25.9073</b>		Amount 257.32	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Dylan Brown		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 20 Avondale Road					
City Westerly		State RI		ZIP Code 02891	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		96250.37		Date M M / D D / Y Y Y Y 09 / 29 / 2006	
		<b>Transaction ID: SF25.10020</b>		Amount 269.58	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Ismael Castro		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 81 Comstock Avenue					
City Providence		State RI		ZIP Code 02907	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		95521.74		Date M M / D D / Y Y Y Y 09 / 29 / 2006	
		<b>Transaction ID: SF25.9103</b>		Amount 284.12	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....		<b>811.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....		

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Eric Chapell		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 10203 Geronimo					
City Casa Grande		State AZ	ZIP Code 85222		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		74701.74		Amount 261.00	
		<b>Transaction ID: SF25.8716</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Eric Chapell		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 10203 Geronimo					
City Casa Grande		State AZ	ZIP Code 85222		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		93620.13		Amount 97.36	
		<b>Transaction ID: SF25.9067</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Angela Chasebi		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address PO Box 4470					
City Austintown		State OH	ZIP Code 44515		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		81798.02		Amount 317.65	
		<b>Transaction ID: SF25.9074</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....		<b>676.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....		

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Angela Chasebi		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address PO Box 4470					
City Austintown		State OH	ZIP Code 44515		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		94446.04		Amount 269.58	
		<b>Transaction ID: SF25.9079</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Citizens Bank		Purpose of Expenditure Payroll tax deposit-voter persuasion		Category/Type	
Mailing Address One Citizens Plaza					
City Providence		State RI	ZIP Code 02903		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		72489.37		Amount 5184.32	
		<b>Transaction ID: SF25.9068</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jacob Conarck		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 7 Oxford Drive					
City Port Jeff Station		State NY	ZIP Code 11776		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		74971.32		Amount 269.58	
		<b>Transaction ID: SF25.8717</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....		<b>5723.48</b>
<b>TOTAL</b> This Period (last page this line number only) .....		

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Jacob Conarck		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 7 Oxford Drive					
City Port Jeff Station		State NY	ZIP Code 11776		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		87692.07		Amount 269.58	
<b>Transaction ID: SF25.8718</b>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Cumberland Farms		Purpose of Expenditure Community dinner supplies		Category/Type	
Mailing Address 704 Main Street					
City West Warwick		State RI	ZIP Code 02893		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		85726.50		Amount 22.32	
<b>Transaction ID: SF25.9117</b>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Dickson		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 19 Byron Street					
City No Providence		State RI	ZIP Code 02911		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		75232.32		Amount 261.00	
<b>Transaction ID: SF25.8719</b>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....		<b>552.90</b>
<b>TOTAL</b> This Period (last page this line number only) .....		

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Dickson		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 19 Byron Street		Category/Type	
City No Providence	State RI	ZIP Code 02911	Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 87953.07		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.8720</b>			

Full Name (Last, First, Middle Initial) of Each Payee Division of Taxation		Purpose of Expenditure State payroll tax-voter persuasion	<input type="checkbox"/>
Mailing Address One Capitol Hill		Category/Type	
City Providence	State RI	ZIP Code 02908	Date M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 567.39
Aggregate General Election Expenditure for this Candidate ▶ 73056.76		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.9069</b>			

Full Name (Last, First, Middle Initial) of Each Payee Jonathan Engel		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 45 Junip Road		Category/Type	
City Belmont	State MA	ZIP Code 02478	Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 75501.90		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.8721</b>			

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....	<b>1097.97</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Jonathan Engel		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 45 Junip Road					
City Belmont		State MA	ZIP Code 02478		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Aggregate General Election Expenditure for this Candidate ▶		88222.65		Amount 269.58	
<b>Transaction ID: SF25.8722</b>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Brian Farnkoff		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 43 Billings Street					
City Boston		State MA	ZIP Code 02132		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Aggregate General Election Expenditure for this Candidate ▶		75762.90		Amount 261.00	
<b>Transaction ID: SF25.8723</b>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Brian Farnkoff		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 43 Billings Street					
City Boston		State MA	ZIP Code 02132		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Aggregate General Election Expenditure for this Candidate ▶		88483.65		Amount 261.00	
<b>Transaction ID: SF25.8724</b>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....		<b>791.58</b>
<b>TOTAL</b> This Period (last page this line number only) .....		

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Parker Farrington		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 37 Devon Road					
City Chestnut Hill		State MA		ZIP Code 02467	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		76032.48		Amount 269.58	
<b>Transaction ID: SF25.8725</b>					

Full Name (Last, First, Middle Initial) of Each Payee Parker Farrington		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 37 Devon Road					
City Chestnut Hill		State MA		ZIP Code 02467	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		88753.23		Amount 269.58	
<b>Transaction ID: SF25.8726</b>					

Full Name (Last, First, Middle Initial) of Each Payee Amanda Foster		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 19 Byron Street					
City North Providence		State RI		ZIP Code 02911	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		76302.06		Amount 269.58	
<b>Transaction ID: SF25.8727</b>					

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....		<b>808.74</b>
<b>TOTAL</b> This Period (last page this line number only) .....		



**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Amanda Foster		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 19 Byron Street					
City North Providence		State RI		ZIP Code 02911	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		89022.81		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
		<b>Transaction ID: SF25.8728</b>		Amount 269.58	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Gohringer		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 19 Byron Street					
City North Providence		State RI		ZIP Code 02911	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		76571.64		Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
		<b>Transaction ID: SF25.8729</b>		Amount 269.58	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Gohringer		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 19 Byron Street					
City North Providence		State RI		ZIP Code 02911	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		89292.39		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
		<b>Transaction ID: SF25.8730</b>		Amount 269.58	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....		<b>808.74</b>
<b>TOTAL</b> This Period (last page this line number only) .....		

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Rose Jackson		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 5750 Broadway Street					
City Indianapolis		State IN		ZIP Code 46220	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		76832.64		Amount 261.00	
<b>Transaction ID: SF25.8731</b>					

Full Name (Last, First, Middle Initial) of Each Payee Rose Jackson		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 5750 Broadway Street					
City Indianapolis		State IN		ZIP Code 46220	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		89553.39		Amount 261.00	
<b>Transaction ID: SF25.8732</b>					

Full Name (Last, First, Middle Initial) of Each Payee Nicholas Jeffrey		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 6 Holiday Court					
City Lincoln		State RI		ZIP Code 02865	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		77102.22		Amount 269.58	
<b>Transaction ID: SF25.8733</b>					

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....		<b>791.58</b>
<b>TOTAL</b> This Period (last page this line number only) .....		

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Nicholas Jeffrey		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 6 Holiday Court					
City Lincoln		State RI		ZIP Code 02865	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		89822.97		Amount 269.58	
Transaction ID: SF25.8734					

Full Name (Last, First, Middle Initial) of Each Payee Seth Larson		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 65 Plantation Drive					
City Saunderstown		State RI		ZIP Code 02874	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		77363.22		Amount 261.00	
Transaction ID: SF25.8735					

Full Name (Last, First, Middle Initial) of Each Payee Seth Larson		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 65 Plantation Drive					
City Saunderstown		State RI		ZIP Code 02874	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		90083.97		Amount 261.00	
Transaction ID: SF25.8736					

SUBTOTAL of Expenditures This Page (optional) .....	791.58
TOTAL This Period (last page this line number only) .....	

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

  

Full Name (Last, First, Middle Initial) of Each Payee Brett Lincoln	Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 28 Irving Road		
City New Hartford	State NY	ZIP Code 13413
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	95622.72	
<b>Transaction ID: SF25.9104</b>		
Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	Amount 100.98	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

  

Full Name (Last, First, Middle Initial) of Each Payee Sara Lonardo	Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 471 Douglas Avenue		
City Providence	State RI	ZIP Code 02908
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	82746.25	
<b>Transaction ID: SF25.9120</b>		
Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	Amount 261.00	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

  

Full Name (Last, First, Middle Initial) of Each Payee Sara Lonardo	Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 471 Douglas Avenue		
City Providence	State RI	ZIP Code 02908
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	95980.79	
<b>Transaction ID: SF25.9121</b>		
Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	Amount 261.00	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ▶	<b>622.98</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Hamlet Lopez		Purpose of Expenditure Net wages -voter persuasion		Category/Type	
Mailing Address 105 Comstock Street					
City Providence		State RI	ZIP Code 02907		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Date M M / D D / Y Y Y Y 09 / 15 / 2006	
Aggregate General Election Expenditure for this Candidate ▶		82059.02		Amount 261.00	
<b>Transaction ID: SF25.9075</b>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Hamlet Lopez		Purpose of Expenditure Net wages -voter persuasion		Category/Type	
Mailing Address 105 Comstock Street					
City Providence		State RI	ZIP Code 02907		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Date M M / D D / Y Y Y Y 09 / 29 / 2006	
Aggregate General Election Expenditure for this Candidate ▶		94707.04		Amount 261.00	
<b>Transaction ID: SF25.9080</b>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Lauren Mandelker		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 299 Wickenden Street					
City Providence		State RI	ZIP Code 02903		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Date M M / D D / Y Y Y Y 09 / 15 / 2006	
Aggregate General Election Expenditure for this Candidate ▶		77624.22		Amount 261.00	
<b>Transaction ID: SF25.8737</b>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....	<b>783.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Lauren Mandelker		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 299 Wickenden Street			
City Providence	State RI	ZIP Code 02903	Date M M / D D / Y Y Y Y 09 / 29 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 90344.97		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.8738</b>			

Full Name (Last, First, Middle Initial) of Each Payee Message Broadcast		Purpose of Expenditure Broadcast service	<input type="checkbox"/> Category/Type
Mailing Address 4685 MacArthur Court			
City Newport Beach	State CA	ZIP Code 92660	Date M M / D D / Y Y Y Y 09 / 21 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 457.35
Aggregate General Election Expenditure for this Candidate ▶ 83203.60		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.9111</b>			

Full Name (Last, First, Middle Initial) of Each Payee Brian Monteiro		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 172 Leonard Avenue			
City East Providence	State RI	ZIP Code 02914	Date M M / D D / Y Y Y Y 09 / 15 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 77885.22		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.8739</b>			

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....	<b>979.35</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

  

Full Name (Last, First, Middle Initial) of Each Payee Brian Monteiro	Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 172 Leonard Avenue		
City East Providence	State RI	ZIP Code 02914
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	90605.97	Amount 261.00
Transaction ID: SF25.8740		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

  

Full Name (Last, First, Middle Initial) of Each Payee Josh Panger	Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 7101 Zoar Avenue		
City Lubbock	State TX	ZIP Code 79424
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	95719.79	Amount 97.07
Transaction ID: SF25.9105		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

  

Full Name (Last, First, Middle Initial) of Each Payee Phoenix Sportsman's Club	Purpose of Expenditure Community dinner rental	<input type="checkbox"/> Category/Type
Mailing Address 715 Main Street		
City West Warwick	State RI	ZIP Code 02893
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	83431.73	Amount 150.00
Transaction ID: SF25.9119		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

  

SUBTOTAL of Expenditures This Page (optional) .....	508.07
TOTAL This Period (last page this line number only) .....	

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
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**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Meredith Regine		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 155 Purgatory Road		Category/Type	
City Middletown,	State RI	ZIP Code 02842	Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 99.97
Aggregate General Election Expenditure for this Candidate ▶ 82158.99		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.9076</b>			

Full Name (Last, First, Middle Initial) of Each Payee Meredith Regine		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 155 Purgatory Road		Category/Type	
City Middletown,	State RI	ZIP Code 02842	Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 252.41
Aggregate General Election Expenditure for this Candidate ▶ 94959.45		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.9081</b>			

Full Name (Last, First, Middle Initial) of Each Payee David Rosenthal		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 69 Ocean View Road		Category/Type	
City Swampscott	State MA	ZIP Code 01907	Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 326.26
Aggregate General Election Expenditure for this Candidate ▶ 82485.25		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.9077</b>			

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....	<b>678.64</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee David Rosenthal		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 69 Ocean View Road		Category/Type	
City Swampscott	State MA	ZIP Code 01907	Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 278.17
Aggregate General Election Expenditure for this Candidate ▶ 95237.62		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.9082</b>			

Full Name (Last, First, Middle Initial) of Each Payee Hollie Saunders		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 29 Russell Avenue		Category/Type	
City East Providence	State RI	ZIP Code 02914	Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 78146.22		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.8741</b>			

Full Name (Last, First, Middle Initial) of Each Payee Hollie Saunders		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 29 Russell Avenue		Category/Type	
City East Providence	State RI	ZIP Code 02914	Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 90866.97		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.8742</b>			

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....	<b>800.17</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Ryan Sears		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 2156 Palmetto Terrace					
City Fullerton		State CA	ZIP Code 92831		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		78407.22		Amount 261.00	
Transaction ID: SF25.8743					

Full Name (Last, First, Middle Initial) of Each Payee Ryan Sears		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 2156 Palmetto Terrace					
City Fullerton		State CA	ZIP Code 92831		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		91127.97		Amount 261.00	
Transaction ID: SF25.8744					

Full Name (Last, First, Middle Initial) of Each Payee Anisa Somani		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 24 South Court Street					
City Providence		State RI	ZIP Code 02906		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		78676.80		Amount 269.58	
Transaction ID: SF25.8745					

SUBTOTAL of Expenditures This Page (optional) .....		791.58
TOTAL This Period (last page this line number only) .....		

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

  

Full Name (Last, First, Middle Initial) of Each Payee Anisa Somani	Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 24 South Court Street		
City Providence	State RI	ZIP Code 02906
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	91397.55	
<b>Transaction ID: SF25.8746</b>		
Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	Amount 269.58	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

  

Full Name (Last, First, Middle Initial) of Each Payee Stop & Shop	Purpose of Expenditure Food community dinner	<input type="checkbox"/> Category/Type
Mailing Address 333 West River		
City Providence	State RI	ZIP Code 02904
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	86038.51	
<b>Transaction ID: SF25.9109</b>		
Date M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6	Amount 34.21	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

  

Full Name (Last, First, Middle Initial) of Each Payee Prospero Suazo	Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 230 Roger Williams		
City Providence	State RI	ZIP Code 02907
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	78937.80	
<b>Transaction ID: SF25.8747</b>		
Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	Amount 261.00	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ▶	<b>564.79</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Prospero Suazo		Purpose of Expenditure Net wages-voter persuasion		
Mailing Address 230 Roger Williams				Category/Type
City Providence	State RI	ZIP Code 02907		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		91658.55		Amount <span style="border: 1px solid black; display: inline-block; width: 150px; text-align: right;">261.00</span>
<b>Transaction ID: SF25.8748</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Anand Sudhakar		Purpose of Expenditure Net wages - voter persuasion		
Mailing Address 93 East George Street				Category/Type
City Providence	State RI	ZIP Code 02906		Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		79243.45		Amount <span style="border: 1px solid black; display: inline-block; width: 150px; text-align: right;">305.65</span>
<b>Transaction ID: SF25.8749</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Anand Sudhakar		Purpose of Expenditure Net wages - voter persuasion		
Mailing Address 93 East George Street				Category/Type
City Providence	State RI	ZIP Code 02906		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		91964.20		Amount <span style="border: 1px solid black; display: inline-block; width: 150px; text-align: right;">305.65</span>
<b>Transaction ID: SF25.8750</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....	<b>872.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Emily Sullivan		Purpose of Expenditure Net wages -voter persuasion		Category/Type	
Mailing Address 580 Wickenden Street					
City Providence		State RI		ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		79531.93		Amount 288.48	
		<b>Transaction ID: SF25.8751</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Emily Sullivan		Purpose of Expenditure Net wages -voter persuasion		Category/Type	
Mailing Address 580 Wickenden Street					
City Providence		State RI		ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		92252.68		Amount 288.48	
		<b>Transaction ID: SF25.8752</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jeff Thibeau		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 30 Rock Street					
City Bristol		State RI		ZIP Code 02809	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		79784.34		Amount 252.41	
		<b>Transaction ID: SF25.8753</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....		<b>829.37</b>
<b>TOTAL</b> This Period (last page this line number only) .....		

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI      ZIP Code 02940

  

Full Name (Last, First, Middle Initial) of Each Payee Jeff Thibeau	Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 30 Rock Street		
City Bristol	State RI	ZIP Code 02809
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	92505.09	
<b>Transaction ID: SF25.8754</b>		
Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6		Amount 252.41
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

  

Full Name (Last, First, Middle Initial) of Each Payee Toppa's	Purpose of Expenditure Community dinner supplies	<input type="checkbox"/> Category/Type
Mailing Address 951 Aquidneck Avenue		
City Middletown	State RI	ZIP Code 02842
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	86004.30	
<b>Transaction ID: SF25.9118</b>		
Date M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6		Amount 277.80
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

  

Full Name (Last, First, Middle Initial) of Each Payee Christopher Torres	Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 75 Waterman Street		
City Providence	State RI	ZIP Code 02906
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	81071.60	
<b>Transaction ID: SF25.9070</b>		
Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6		Amount 269.58
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ▶	<b>799.79</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Christopher Torres		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 75 Waterman Street		Category/Type	
City Providence	State RI	ZIP Code 02906	Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 93889.71		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.9071</b>			

Full Name (Last, First, Middle Initial) of Each Payee Ben Traverse		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 32 Elmgrove Avenue		Category/Type	
City Providence	State RI	ZIP Code 02906	Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 80053.92		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.8755</b>			

Full Name (Last, First, Middle Initial) of Each Payee Ben Traverse		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 32 Elmgrove Avenue		Category/Type	
City Providence	State RI	ZIP Code 02906	Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 92774.67		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
<b>Transaction ID: SF25.8756</b>			

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....	<b>808.74</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Jhomphy Ventura		Purpose of Expenditure Net wages - out- each		
Mailing Address 32 Farragut Avenue		Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6		
City Providence	State RI			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		80532.44		478.52
<b>Transaction ID: SF25.8757</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Jhomphy Ventura		Purpose of Expenditure Net wages - out- each		
Mailing Address 32 Farragut Avenue		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6		
City Providence	State RI			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		93253.19		478.52
<b>Transaction ID: SF25.8758</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Megan Wilbur		Purpose of Expenditure Net wages - voter persuasion		
Mailing Address 299 Wickenden Street		Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6		
City Providence	State RI			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		80802.02		269.58
<b>Transaction ID: SF25.8759</b>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....	1226.62
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  If YES, name the designating committee:  Democratic Senatorial Campaign Committee	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
	Mailing Address P.O. Box 6004		
City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Megan Wilbur		Purpose of Expenditure Net wages - voter persuasion	Category/Type																				
Mailing Address 299 Wickenden Street		Date <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">9</td><td></td><td style="text-align: center;">2</td><td style="text-align: center;">9</td><td></td><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	6
M	M			/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	0	6														
City Providence	State RI	ZIP Code 02903	Amount <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">269.58</div>																				
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00																					
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">93522.77</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																					
<b>Transaction ID: SF25.8760</b>																							

SUBTOTAL of Expenditures This Page (optional) .....	<div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">269.58</div>
TOTAL This Period (last page this line number only) .....	<div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">28945.32</div>

**SCHEDULE H2 (FEC Form 3X)****ALLOCATION RATIOS**

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee****RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT  
ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.  
**For PACs Only** : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER

**Hope Awards 2006 (10/16/2006)**

ACTIVITY IS:

 Fundraising       Direct Candidate Support

CHECK IF THE RATIO IS:

 New       Revised       Same as Previously Reported

FEDERAL %

**90.00** %

NONFEDERAL %

**10.00** %Transaction ID:  
H2.9002

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Cox Communications			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 39			Allocated Activity or Event Year-To-Date 125326.18	
City Newark	State NJ	Zip Code 07101	Category/ Type	
Purpose of Disbursement: Monthly cable and modem fee				
Activity or Event Identifier: Administrative			Date <span style="font-size:small;">M M / D D / Y Y Y Y</span> 09 / 07 / 2006 <b>Transaction ID:</b> H4.8661	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.52		167.48		212.00

<b>B. Full Name (Last, First, Middle Initial)</b> Timothy Grilo			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 481 Charles Street			Allocated Activity or Event Year-To-Date 125376.18	
City Providence	State RI	Zip Code 02904	Category/ Type	
Purpose of Disbursement: Reimburse cell phone expense				
Activity or Event Identifier: Administrative			Date <span style="font-size:small;">M M / D D / Y Y Y Y</span> 09 / 07 / 2006 <b>Transaction ID:</b> H4.8664	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.50		39.50		50.00

<b>C. Full Name (Last, First, Middle Initial)</b> Timothy Grilo			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 481 Charles Street			Allocated Activity or Event Year-To-Date 125464.93	
City Providence	State RI	Zip Code 02904	Category/ Type	
Purpose of Disbursement: Reimburse office supplies				
Activity or Event Identifier: Administrative			Date <span style="font-size:small;">M M / D D / Y Y Y Y</span> 09 / 07 / 2006 <b>Transaction ID:</b> H4.8665	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.64		70.11		88.75

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
73.66		277.09		350.75

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Pui O			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 249 Roosevelt Avenue			Allocated Activity or Event Year-To-Date 126064.93		
City Pawtucket	State RI	Zip Code 02860	Date <input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: September rent and electricity			Transaction ID: H4.8668		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.00		474.00		600.00

<b>B. Full Name (Last, First, Middle Initial)</b> I Party			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1925 Pawtucket Avenue			Allocated Activity or Event Year-To-Date 126185.07		
City East Providence	State RI	Zip Code 02914	Date <input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Primary night decorations			Transaction ID: H4.9032		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.23		94.91		120.14

<b>C. Full Name (Last, First, Middle Initial)</b> Quality Rental			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 390 Walcott Street			Allocated Activity or Event Year-To-Date 126215.67		
City Pawtucket	State RI	Zip Code 02861	Date <input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Primary night equipment rental			Transaction ID: H4.9010		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.43		24.17		30.60

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
157.66		593.08		750.74

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> ATR Treehouse			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 812 Charles Street			Allocated Activity or Event Year-To-Date 126513.70		
City Providence	State RI	Zip Code 02904	Date <input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Primary night equipment rental			Transaction ID: H4.9012		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.59		235.44		298.03

<b>B. Full Name (Last, First, Middle Initial)</b> EMC Insurance			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 7911			Allocated Activity or Event Year-To-Date 129130.70		
City Warwick	State RI	Zip Code 02887	Date <input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Property/Liability Insurance			Transaction ID: H4.8663		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
549.57		2067.43		2617.00

<b>C. Full Name (Last, First, Middle Initial)</b> Ocean State Rental			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 530 Wellington Avenue			Allocated Activity or Event Year-To-Date 129830.70		
City Cranston	State RI	Zip Code 02910	Date <input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Primary night equipment rental			Transaction ID: H4.9011		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
147.00		553.00		700.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
759.16		2855.87		3615.03

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Ikon Financial Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 41564			Allocated Activity or Event Year-To-Date 129994.41		
City Philadelphia	State PA	Zip Code 19101	Date MM / DD / YYYY 09 / 21 / 2006		
Purpose of Disbursement: Copier Lease			Transaction ID: H4.8666		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.38		129.33		163.71

<b>B. Full Name (Last, First, Middle Initial)</b> IKON Office Solutions			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 30069			Allocated Activity or Event Year-To-Date 130036.78		
City Hartford	State CT	Zip Code 06150	Date MM / DD / YYYY 09 / 21 / 2006		
Purpose of Disbursement: Copier Supplies			Transaction ID: H4.8667		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.90		33.47		42.37

<b>C. Full Name (Last, First, Middle Initial)</b> VarTec Solutions			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 78228			Allocated Activity or Event Year-To-Date 130055.09		
City Phoenix	State AZ	Zip Code 85062	Date MM / DD / YYYY 09 / 21 / 2006		
Purpose of Disbursement: Long distance service			Transaction ID: H4.8669		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.85		14.46		18.31

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.13		177.26		224.39

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Verizon			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. 1			Allocated Activity or Event Year-To-Date 130321.51		
City Worcester	State MA	Zip Code 01654	Date <input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Telephone service			Transaction ID: H4.8670		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.95		210.47		266.42

<b>B. Full Name (Last, First, Middle Initial)</b> W.B. Mason			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 59 Centre Street			Allocated Activity or Event Year-To-Date 130553.14		
City Brockton	State MA	Zip Code 02303	Date <input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Office supplies			Transaction ID: H4.8671		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.65		182.98		231.63

<b>C. Full Name (Last, First, Middle Initial)</b> MBNA			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 15019			Allocated Activity or Event Year-To-Date 133281.08		
City Wilmington	State DE	Zip Code 19886	Date <input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Credit Card Payment			Transaction ID: H4.9044		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
572.91		2155.03		2727.94

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
677.51		2548.48		3225.99

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

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

Mailing Address  
22 Waterman Avenue

City	State	Zip Code
East Providence	RI	02914

Purpose of Disbursement:  
Campaign meeting 8/10/06

Category/  
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

Date 09 / 21 / 2006

Transaction ID: H4.9052

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
141.78		533.36		675.14

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

Mailing Address  
2 Pine Street

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:  
Meeting 8/14/06

Category/  
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

Date 09 / 21 / 2006

Transaction ID: H4.9053

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.51		69.59		88.10

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

Mailing Address  
720 Michigan Avenue

City	State	Zip Code
Chicago	IL	60605

Purpose of Disbursement:  
DNC meeting meals

Category/  
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

Date 09 / 21 / 2006

Transaction ID: H4.9054

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.40		91.78		116.18

**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)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Riva Ristorante			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 700 E Grand Avenue			Allocated Activity or Event Year-To-Date <input style="width:100px;" type="text" value="0.00"/>	
City Chicago	State IL	Zip Code 60611	Date <input style="width:20px;" type="text" value="09"/> / <input style="width:20px;" type="text" value="21"/> / <input style="width:20px;" type="text" value="2006"/>	
Purpose of Disbursement: DNC meeting meals				
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input style="width:100px;" type="text" value="7.47"/>		<input style="width:100px;" type="text" value="28.08"/>		<input style="width:100px;" type="text" value="35.55"/>

<b>B. Full Name (Last, First, Middle Initial)</b> Chicago Hilton			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 720 South Michigan Avenue			Allocated Activity or Event Year-To-Date <input style="width:100px;" type="text" value="0.00"/>	
City Chicago	State IL	Zip Code 60605	Date <input style="width:20px;" type="text" value="09"/> / <input style="width:20px;" type="text" value="21"/> / <input style="width:20px;" type="text" value="2006"/>	
Purpose of Disbursement: DNC meeting lodging				
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input style="width:100px;" type="text" value="145.33"/>		<input style="width:100px;" type="text" value="546.68"/>		<input style="width:100px;" type="text" value="692.01"/>

<b>C. Full Name (Last, First, Middle Initial)</b> Smith & Wollensky			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 318 North State Street			Allocated Activity or Event Year-To-Date <input style="width:100px;" type="text" value="0.00"/>	
City Chicago	State IL	Zip Code 60605	Date <input style="width:20px;" type="text" value="09"/> / <input style="width:20px;" type="text" value="21"/> / <input style="width:20px;" type="text" value="2006"/>	
Purpose of Disbursement: DNC meeting meals				
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input style="width:100px;" type="text" value="166.91"/>		<input style="width:100px;" type="text" value="627.88"/>		<input style="width:100px;" type="text" value="794.79"/>

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input style="width:100px;" type="text" value="0.00"/>		<input style="width:100px;" type="text" value="0.00"/>		<input style="width:100px;" type="text" value="0.00"/>

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>

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

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

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

Mailing Address  
1303 North Main Street

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement:  
Meeting 8/24/06

Category/  
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

Date 09 / 21 / 2006

Transaction ID: H4.9058

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.61		32.39		41.00

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

Mailing Address  
772 Hope Street

City	State	Zip Code
Providence	RI	02906

Purpose of Disbursement:  
Meeting 8/25/06

Category/  
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

Date 09 / 21 / 2006

Transaction ID: H4.9059

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.03		37.72		47.75

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

Mailing Address  
150 South Michigan Avenue

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement:  
DNC meeting meals

Category/  
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

Date 09 / 21 / 2006

Transaction ID: H4.9060

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.21		23.35		29.56

**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)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

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

Mailing Address  
76 South Main Street

City State Zip Code  
Providence RI 02903

Purpose of Disbursement:  
Meeting 8/31/06

Category/  
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

Date 09 / 21 / 2006

Transaction ID: H4.9061

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.70		141.80		179.50

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

Mailing Address  
2 George Street

City State Zip Code  
Pawtucket RI 02860

Purpose of Disbursement:  
Meeting

Category/  
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

Date 09 / 02 / 2006

Transaction ID: H4.9062

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.96		22.40		28.36

**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 Payment

Category/  
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

133653.95

Date 09 / 25 / 2006

Transaction ID: H4.9045

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
78.25		294.62		372.87

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
78.25		294.62		372.87

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

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

Mailing Address  
Memorial Blvd

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:  
Meeting 8/23/06

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  09 /  25 /  2006

Transaction ID: H4.9046

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.83		63.29		80.12

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

Mailing Address  
1 Citizens Plaza

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:  
Meeting 8/31/06

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  09 /  25 /  2006

Transaction ID: H4.9047

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.69		25.12		31.81

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

Mailing Address  
11 Dorrance Street

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  09 /  12 /  2006

Transaction ID: H4.9048

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.83		153.56		194.39

**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)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Old Canteen, Inc.			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 120 Atwells Avenue			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	
City	State	Zip Code	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 14 / 2006 <b>Transaction ID:</b> H4.9049	
Providence	RI	02903		
Purpose of Disbursement: Meeting			Category/ Type	
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.90		52.65		66.55

<b>B. Full Name (Last, First, Middle Initial)</b> Susann Della Rosa			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 60 Don Avenue			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">136778.95</div>	
City	State	Zip Code	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 27 / 2006 <b>Transaction ID:</b> H4.8662	
Rumford	RI	02916		
Purpose of Disbursement: Accounting Services			Category/ Type	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
656.25		2468.75		3125.00

<b>C. Full Name (Last, First, Middle Initial)</b> Rhode Island Convention Center			<b>Type of Allocated Activity:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address One Sabin Street			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">2600.00</div>	
City	State	Zip Code	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 01 / 2006 <b>Transaction ID:</b> H4.9031	
Providence	RI	02903		
Purpose of Disbursement: Catering deposit			Category/ Type	
Activity or Event Identifier: Hope Awards 2006(10/16/2006)				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2340.00		260.00		2600.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2996.25		2728.75		5725.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

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

Mailing Address  
635 Arnold Street

City	State	Zip Code
Coventry	RI	02816

Category/ Type
-------------------

Purpose of Disbursement:  
Invitation printing

Activity or Event Identifier:  
Hope Awards 2006(10/16/2006)

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

4121.07

Date 

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

Transaction ID: H4.9013

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1368.97		152.10		1521.07

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

Mailing Address  
Turnkey Station

City	State	Zip Code
Providence	RI	02940

Category/ Type
-------------------

Purpose of Disbursement:  
Postage

Activity or Event Identifier:  
Hope Awards 2006(10/16/2006)

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

4300.77

Date 

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

Transaction ID: H4.9015

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
161.73		17.97		179.70

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1530.70		170.07		1700.77

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
6320.32	9645.22	15965.54

**SCHEDULE L (FEC Form 3X)**

**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID: **SL.9139**

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

NAME OF ACCOUNT  
Levin Account

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	5000.00	15000.00
b. Unitemized.....	0.00	0.00
c. Total.....	5000.00	15000.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	5000.00	15000.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	0.00	0.00
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	0.00	0.00
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	10000.00	0.00
8. RECEIPTS..... (from Line 3)	5000.00	15000.00
9. SUBTOTAL..... (Add Lines 7 and 8)	15000.00	15000.00
10. DISBURSEMENTS..... (From Line 6)	0.00	0.00
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)		15000.00

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER:  
(check only one)  1a  2

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

Full Name (Last, First, Middle Initial)

A. Terry Marek

Mailing Address 8325 St. Martins Lane

City Philadelphia State PA Zip Code 19118

Name of Employer or Principal Place of Business  
Intermission Gift Shop

Occupation  
Proprietor

Transaction ID: SASL1A.9140

Date of Receipt

/   /

Amount of Each Receipt this Period

Aggregate Year-to-Date

Account: 8659

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

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



**Image# 26960669540**

Form/Schedule: **F3XA**

The loan on schedule C has no interest rate and no determined due date. Schedule Memo A are distributed on a different schedule than transfers.

Transaction ID:

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

Transaction ID: **SA11A1.9148**

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