

# 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 04 01 2006 through 04 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 05 20 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Rhode Island Democratic State Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	4

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 .....	66809.66									
(c) Total Receipts (from Line 19) .....	106916.95	185887.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	173726.61	296357.16								
7. Total Disbursements (from Line 31) .....	72712.84	195343.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	101013.77	101013.77								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	4

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	0.00	800.00
(i) Itemized (use Schedule A) .....	0.00	200.00
(ii) Unitemized .....	0.00	1000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	7000.00	12600.00
(c) Other Political Committees (such as PACs) .....	7000.00	13600.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7000.00	13600.00
12. Transfers From Affiliated/Other Party Committees .....	81963.72	127863.35
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	385.00	885.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	17568.23	43539.49
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	17568.23	43539.49
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	106916.95	185887.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	89348.72	142348.35

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	8486.95	18256.67
(ii) Non-Federal Share.....	31926.79	68679.30
(b) Other Federal Operating Expenditures.....	7972.90	49934.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	48386.64	136870.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	24326.20	58472.68
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	24326.20	58472.68
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	72712.84	195343.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	40786.05	126664.09

**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) .....	7000.00	13600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7000.00	13600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16459.85	68191.41
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	385.00	885.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16074.85	67306.41

**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 / 32
	<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	

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> Friends of Patrick J. Kennedy		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address P O Box 321		<b>Transaction ID:</b> SA11C.7532	
City State Zip Code Pawtucket RI 02862	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00326140	Contribution		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 1775 K STREET NW		<b>Transaction ID:</b> SA11C.7488	
City State Zip Code WASHINGTON DC 20006	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> C70003645	Contribution		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7000.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 32
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/>	<input type="checkbox"/> 15
<input type="checkbox"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<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

**A.** Full Name (Last, First, Middle Initial)  
Democratic National Committee/Federal State Party Acct

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

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1728.35

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 6

**Transaction ID:** SA12.7489

Amount of Each Receipt this Period  
1199.72

**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 ▼  
126135.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 6

**Transaction ID:** SA12.7490

Amount of Each Receipt this Period  
80764.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>81963.72</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>81963.72</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 32
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input checked="" 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

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

Mailing Address 60 Don 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 ▼  
385.00

Date of Receipt  

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

Transaction ID: SA15.7487

Amount of Each Receipt this Period  
385.00

Refund FEC conference fee

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	385.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	385.00



# 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

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. American Express</b>		<b>Transaction ID:</b> SB21B.7518 Date of Disbursement
Mailing Address 300 South Riverside Plaza		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60606
Purpose of Disbursement Credit card payment		Amount of Each Disbursement this Period
Candidate Name	<input type="text"/>	<input type="text" value="875.33"/>
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. Southwest Airlines</b>		<b>Transaction ID:</b> SB21B.7518.0 Date of Disbursement
Mailing Address Theodore Francis Green Airport		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City Warwick	State RI	Zip Code 02886
Purpose of Disbursement Airfare		Amount of Each Disbursement this Period
Candidate Name	<input type="text"/>	<input type="text" value="227.10"/>
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) ▼	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Best Buy</b>		<b>Transaction ID:</b> SB21B.7518.4 Date of Disbursement
Mailing Address 1337 S. Washington Street		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City No Attleboro	State MA	Zip Code 02760
Purpose of Disbursement Communications equipment		Amount of Each Disbursement this Period
Candidate Name	<input type="text"/>	<input type="text" value="515.50"/>
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) ▼	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="875.33"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 10 / 32

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Citizens Bank</b>		<b>Transaction ID:</b> SB21B.7491 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
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 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. Melba DePena</b>		<b>Transaction ID:</b> SB21B.7520 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 35 Florance Street		Amount of Each Disbursement this Period 74.18
City Providence State RI Zip Code 02909		
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. Michael Dorsey</b>		<b>Transaction ID:</b> SB21B.7522 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 770.93
City Providence State RI Zip Code 02909		
Purpose of Disbursement Reimburse office furnishings 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) ..... ▶	857.11
<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

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

<b>A. Lacy Dwyer</b> Full Name (Last, First, Middle Initial) Mailing Address 47 Wyndham Hill City Middletown State RI Zip Code 02842 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) ▼		<b>Transaction ID: SB21B.7521</b> Date of Disbursement 04 / 26 / 2006 Amount of Each Disbursement this Period 9.99 Category/Type
--	--	---

<b>B. Anna Gustina</b> Full Name (Last, First, Middle Initial) Mailing Address 111 University Avenue City Buffalo State NY Zip Code 14214 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) ▼		<b>Transaction ID: SB21B.7519</b> Date of Disbursement 04 / 26 / 2006 Amount of Each Disbursement this Period 68.74 Category/Type
---	--	--

<b>C. Max Pollack Company</b> Full Name (Last, First, Middle Initial) Mailing Address 475 Harris Avenue City Providence State RI Zip Code 02909 Purpose of Disbursement Office furniture 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>Transaction ID: SB21B.7549</b> Date of Disbursement 04 / 26 / 2006 Amount of Each Disbursement this Period 240.75 Category/Type
--	--	---

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>319.48</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 12 / 32

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Voter Activation Network</b>		<b>Transaction ID:</b> SB21B.7492																					
Mailing Address 54 Regent Street		Date of Disbursement																					
City Cambridge State MA Zip Code 02140		<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>4</td><td></td><td>0</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	4		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	1		2	0	0	6														
Purpose of Disbursement Voter file maintenance		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">2900.00</td> </tr> </table>		2900.00																			
2900.00																							
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) ▼																					

Full Name (Last, First, Middle Initial) <b>B. Voter Activation Network</b>		<b>Transaction ID:</b> SB21B.7493																					
Mailing Address 54 Regent Street		Date of Disbursement																					
City Cambridge State MA Zip Code 02140		<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>4</td><td></td><td>2</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	4		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	6		2	0	0	6														
Purpose of Disbursement Voter file maintenance		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">2900.00</td> </tr> </table>		2900.00																			
2900.00																							
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>5800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>7851.92</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)

PAGE 13 / 32

<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. Blue Cross Blue Shield of Rhode Island</b>		<b>Transaction ID:</b> SB30B.7484 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address PO Box 1057		Amount of Each Disbursement this Period 651.33
City Providence State RI Zip Code 02901	Purpose of Disbursement Health insurance 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. Blue Cross Blue Shield of Rhode Island</b>		<b>Transaction ID:</b> SB30B.7495 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address PO Box 1057		Amount of Each Disbursement this Period 34.16
City Providence State RI Zip Code 02901	Purpose of Disbursement Dental insurance 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. Blue Cross Blue Shield of Rhode Island</b>		<b>Transaction ID:</b> SB30B.7494 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address PO Box 1057		Amount of Each Disbursement this Period 651.33
City Providence State RI Zip Code 02901	Purpose of Disbursement Health insurance 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) ..... ▶	1336.82
<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)

PAGE 14 / 32

<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. Blue Cross Blue Shield of Rhode Island</b>		<b>Transaction ID:</b> SB30B.7496
Mailing Address PO Box 1057		Date of Disbursement MM / DD / YYYY 04 / 26 / 2006
City Providence	State RI	Zip Code 02901
Purpose of Disbursement Dental insurance	Amount of Each Disbursement this Period 34.16	
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. Citizens Bank</b>		<b>Transaction ID:</b> SB30B.7500
Mailing Address One Citizens Plaza		Date of Disbursement MM / DD / YYYY 04 / 10 / 2006
City Providence	State RI	Zip Code 02903
Purpose of Disbursement Payroll tax deposit	Amount of Each Disbursement this Period 4065.14	
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. Citizens Bank</b>		<b>Transaction ID:</b> SB30B.7501
Mailing Address One Citizens Plaza		Date of Disbursement MM / DD / YYYY 04 / 10 / 2006
City Providence	State RI	Zip Code 02903
Purpose of Disbursement FUTA deposit	Amount of Each Disbursement this Period 127.24	
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>4226.54</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)

PAGE 15 / 32

<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. Department of Employment &amp; Training</b>		<b>Transaction ID:</b> SB30B.7502 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address One Capitol Hill		Amount of Each Disbursement this Period 1366.38
City Providence State RI Zip Code 02908	Purpose of Disbursement State unemployment insurance 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. Melba DePena</b>		<b>Transaction ID:</b> SB30B.7497 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 35 Florance Street		Amount of Each Disbursement this Period 1321.18
City Providence State RI Zip Code 02909	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: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Melba DePena</b>		<b>Transaction ID:</b> SB30B.7498 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 35 Florance Street		Amount of Each Disbursement this Period 1321.18
City Providence State RI Zip Code 02909	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: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4008.74
<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 16 / 32

<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. Division of Taxation</b>		<b>Transaction ID:</b> SB30B.7499 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address One Capitol Hill		Amount of Each Disbursement this Period 581.44
City Providence State RI Zip Code 02908	Purpose of Disbursement State Withholding Taxes 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. Michael Dorsey</b>		<b>Transaction ID:</b> SB30B.7503 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 2171.52
City Providence State RI Zip Code 02909	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Michael Dorsey</b>		<b>Transaction ID:</b> SB30B.7504 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 2171.52
City Providence State RI Zip Code 02909	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4924.48
<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 17 / 32

<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. Lacy Dwyer</b>		<b>Transaction ID: SB30B.7505</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 47 Wyndham Hill		Amount of Each Disbursement this Period 1169.06	
City Middletown State RI Zip Code 02842	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. Lacy Dwyer</b>		<b>Transaction ID: SB30B.7506</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 47 Wyndham Hill		Amount of Each Disbursement this Period 1169.06	
City Middletown State RI Zip Code 02842	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. Regina Fiorentini</b>		<b>Transaction ID: SB30B.7550</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 36 Macon Avenue		Amount of Each Disbursement this Period 1169.06	
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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3507.18</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 18 / 32

<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. Anna Gustina</b>		<b>Transaction ID:</b> SB30B.7507 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 111 University Avenue		Amount of Each Disbursement this Period 1880.35
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. Anna Gustina</b>		<b>Transaction ID:</b> SB30B.7508 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 111 University Avenue		Amount of Each Disbursement this Period 1775.77
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>C. Micheal Keane</b>		<b>Transaction ID:</b> SB30B.7509 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 1333.16
City Providence State RI Zip Code 02909		
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) ..... ▶	4989.28
<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 19 / 32

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

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

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

Full Name (Last, First, Middle Initial)

A. Micheal Keane

Mailing Address 166 Valley Street

City Providence State RI Zip Code 02909

Purpose of Disbursement  
Net wages

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.7510

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1333.16

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

1333.16

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

24326.20

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 20 / 32 FOR LINE 13 OF FORM 3X
---	--

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 <table style="font-size: small; border-collapse: collapse;"><tr><td style="border: 1px solid black; padding: 2px;">M M</td><td style="border: 1px solid black; padding: 2px;">D D</td><td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td></tr><tr><td style="text-align: center;">1 2</td><td style="text-align: center;">3 1</td><td style="text-align: center;">1 9 8 8</td></tr></table>	M M	D D	Y Y Y Y	1 2	3 1	1 9 8 8	Date Due <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Interest Rate <div style="border: 1px solid black; width: 100px; height: 20px;"></div> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M M	D D	Y Y Y Y							
1 2	3 1	1 9 8 8							

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

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

NAME OF ACCOUNT RI Democratic Non-federal Account	DATE OF RECEIPT M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 4836.16
--	---	-------------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	4836.16	Transaction ID: H3.7486
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

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

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

NAME OF ACCOUNT RI Democratic Non-federal Account	DATE OF RECEIPT M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 12732.07
--	---	--------------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	12732.07	Transaction ID: H3.7485
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	17568.23
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	17568.23

**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			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 39			Allocated Activity or Event Year-To-Date 46734.23		
City	State	Zip Code	Category/ Type		
Newark	NJ	07101			
Purpose of Disbursement: Monthly cable and modem fee			Date MM / DD / YYYY 04 / 10 / 2006		
Activity or Event Identifier: Administrative			Transaction ID: H4.7476		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.52		167.48		212.00

<b>B. Full Name (Last, First, Middle Initial)</b> Susann Della Rosa			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 60 Don Avenue			Allocated Activity or Event Year-To-Date 47884.23		
City	State	Zip Code	Category/ Type		
Rumford	RI	02916			
Purpose of Disbursement: Accounting Services			Date MM / DD / YYYY 04 / 10 / 2006		
Activity or Event Identifier: Administrative			Transaction ID: H4.7477		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
241.50		908.50		1150.00

<b>C. 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 48484.23		
City	State	Zip Code	Category/ Type		
Pawtucket	RI	02860			
Purpose of Disbursement: April rent & electricity			Date MM / DD / YYYY 04 / 10 / 2006		
Activity or Event Identifier: Administrative			Transaction ID: H4.7478		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.00		474.00		600.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
412.02		1549.98		1962.00

**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> T-Mobile			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 742596			Allocated Activity or Event Year-To-Date 48553.88		
City Cincinnati	State OH	Zip Code 45274	Date <input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Cell Phone expense			Transaction ID: H4.7479		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.63		55.02		69.65

<b>B. 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. Box 28007			Allocated Activity or Event Year-To-Date 48770.69		
City Lehigh Valley	State PA	Zip Code 18002	Date <input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Telephone service			Transaction ID: H4.7480		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
45.54		171.27		216.81

<b>C. 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 48962.79		
City Brockton	State MA	Zip Code 02303	Date <input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Office supplies			Transaction ID: H4.7482		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.35		151.75		192.10

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
100.52		378.04		478.56

**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)**  
Silva's Family Florist

Mailing Address  
328 Warren Avenue

City East Providence	State RI	Zip Code 02914	Category/ Type
Purpose of Disbursement: Sympathy Bouquet			

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
49157.79

Date 

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

  
**Transaction ID:** H4.7483

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.95		154.05		195.00

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

Mailing Address  
815 Connecticut Avenue, NW

City Washington	State DC	Zip Code 20006	Category/ Type
Purpose of Disbursement: Polling			

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
84157.79

Date 

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

  
**Transaction ID:** H4.7551

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7350.00		27650.00		35000.00

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

Mailing Address  
PO Box 78228

City Phoenix	State AZ	Zip Code 85062	Category/ Type
Purpose of Disbursement: Long distance service			

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
84216.73

Date 

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

  
**Transaction ID:** H4.7481

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.38		46.56		58.94

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7403.33		27850.61		35253.94

**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 84380.44		
City Philadelphia	State PA	Zip Code 19101	Date MM / DD / YYYY 04 / 26 / 2006		
Purpose of Disbursement: Copier Lease			Transaction ID: H4.7511		
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> 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 84412.53		
City Brockton	State MA	Zip Code 02303	Date MM / DD / YYYY 04 / 26 / 2006		
Purpose of Disbursement: Office supplies			Transaction ID: H4.7512		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.74		25.35		32.09

<b>C. Full Name (Last, First, Middle Initial)</b> American Express			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 300 South Riverside Plaza			Allocated Activity or Event Year-To-Date 84731.79		
City Chicago	State IL	Zip Code 60606	Date MM / DD / YYYY 04 / 26 / 2006		
Purpose of Disbursement: Credit card payment			Transaction ID: H4.7513		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
67.06		252.20		319.26

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
108.18		406.88		515.06

**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> American Express			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 300 South Riverside Plaza			Allocated Activity or Event Year-To-Date 0.00		
City Chicago	State IL	Zip Code 60606	Date <input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Membership Fees			Transaction ID: H4.7523		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.45		114.55		145.00

<b>B. Full Name (Last, First, Middle Initial)</b> Bravo Brasserie			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 123 Empire Street			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Meeting with elected officials 3/31/06			Transaction ID: H4.7524		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.77		29.23		37.00

<b>C. Full Name (Last, First, Middle Initial)</b> Joe's American Bar & Grille			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 148 Providence Place			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Meeting with elected officials			Transaction ID: H4.7525		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.24		23.47		29.71

**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)**  
Tokyo Restaurant

Mailing Address  
388 Wickenden Street

City State Zip Code  
Providence RI 02903

Purpose of Disbursement:  
Meeting with elected officials

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 04 / 05 / 2006

Transaction ID: H4.7526

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
8.85 + 33.25 = 42.10

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

Mailing Address  
123 Empire Street

City State Zip Code  
Providence RI 02903

Purpose of Disbursement:  
Meeting with elected officials

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 04 / 10 / 2006

Transaction ID: H4.7527

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
6.43 + 24.17 = 30.60

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

Mailing Address  
123 Empire Street

City State Zip Code  
Providence RI 02903

Purpose of Disbursement:  
Meeting with elected officials

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 04 / 12 / 2006

Transaction ID: H4.7528

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
7.32 + 27.53 = 34.85

**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> 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 86935.97		
City Wilmington	State DE	Zip Code 19886	Date MM / DD / YYYY 04 / 26 / 2006		
Purpose of Disbursement: Credit card payment			Transaction ID: H4.7514		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
462.90		1741.28		2204.18

<b>B. Full Name (Last, First, Middle Initial)</b> Capital Grille			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 One Cookson Place			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date MM / DD / YYYY 04 / 26 / 2006		
Purpose of Disbursement: Meeting with elected officials 3/7/06			Transaction ID: H4.7529		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
168.35		633.31		801.66

<b>C. Full Name (Last, First, Middle Initial)</b> Capriccio			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 2 Pine Street			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date MM / DD / YYYY 04 / 26 / 2006		
Purpose of Disbursement: Meeting with elected officials 3/27/06			Transaction ID: H4.7530		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.49		39.46		49.95

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
462.90		1741.28		2204.18

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

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

Mailing Address  
P.O. Box 15019

City State Zip Code  
Wilmington DE 19886

Purpose of Disbursement:  
Card fee 3/31/06

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 04 / 26 / 2006

Transaction ID: H4.7531

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.19		30.81		39.00

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

Mailing Address  
158 Wickenden Street

City State Zip Code  
Providence RI 02903

Purpose of Disbursement:  
Appreciation gifts

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 04 / 26 / 2006

Transaction ID: H4.7552

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
162.02		609.49		771.51

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

Mailing Address  
San Salvador

City State Zip Code  
San Salvador ZZ

Purpose of Disbursement:  
Travel meals 3/11/06

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 04 / 26 / 2006

Transaction ID: H4.7553

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.50		43.23		54.73

**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)**  
Radisson Plaza Hotel

Mailing Address  
89 Ave. NTE Y Calle Poniente

City	State	Zip Code	
San Salvador	ZZ		

Purpose of Disbursement: Travel lodging 3/14/06	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  /  /

Transaction ID: H4.7554

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
96.91		364.55		461.46

**B. 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: Meeting with elected officials 3/16/06	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  /  /

Transaction ID: H4.7555

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.44		20.43		25.87

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
8486.95		31926.79		40413.74

Image# 26930146540

Form/Schedule: **F3XN**

Transaction ID:

The loan on Schedule C has no determined due date and no interest rate. Transfers from joint fundraisers are distributed on a different schedule than Memo A's. No other employees worked more than 25% on federal campaigns.

\*\*\*\*\*