

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 07 01 2006 through 07 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer John McConnell, Jr.

Signature of Treasurer Electronically Filed by John McConnell, Jr. Date 12 30 2006

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

**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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

D	D
3	1

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	239495.08									
(c) Total Receipts (from Line 19)	277226.42	798203.06								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	516721.50	908672.38								
7. Total Disbursements (from Line 31)	216156.25	608107.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	300565.25	300565.25								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	5249.87									
10. Debts and Obligations owed BY 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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

D	D
3	1

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	13000.00	97550.00
(i) Itemized (use Schedule A)	0.00	325.00
(ii) Unitemized	13000.00	97875.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	6600.00	34200.00
(c) Other Political Committees (such as PACs)	19600.00	132075.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	250000.00	577863.35
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)	0.00	10792.52
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	7626.42	77472.19
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	7626.42	77472.19
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	277226.42	798203.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	269600.00	720730.87

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.....	812.68	26346.15
(ii) Non-Federal Share.....	3056.94	91654.75
(b) Other Federal Operating Expenditures.....	14584.66	124548.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	18454.28	242549.41
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).....	23523.29	37022.20
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	174178.68	328535.52
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	174178.68	328535.52
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	216156.25	608107.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	213099.31	516452.38

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	19600.00	132075.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19600.00	132075.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15397.34	150894.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	10792.52
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15397.34	140102.14

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 83
	(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

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)
Ernest Baptista

Mailing Address 14 Stevens Road

City State Zip Code
Cranston RI 02920

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

Name of Employer Occupation
Gencorp Insurance Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
07 / 05 / 2006

Transaction ID: SA11A1.8020

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
John Picerne

Mailing Address 75 Lambert Lind Hwy

City State Zip Code
Warwick RI 02886

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

Name of Employer Occupation
Picerne Properties Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2006

Transaction ID: SA11A1.8137

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional)	▶	13000.00
TOTAL This Period (last page this line number only)	▶	13000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 83
	(check only one)
<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) A. HILL PAC		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2006	
Mailing Address 1717 K Street N.W. Suite 309B		Transaction ID: SA11C.8135	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00363994			
Name of Employer 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. Ironworkers Political Action League		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2006	
Mailing Address 1750 New York Avenue NW		Transaction ID: SA11C.8136	
City State Zip Code Washington DC 20006		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00027359			
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	

Full Name (Last, First, Middle Initial) C. PROGRESSIVE PATRIOTS FUND		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2006	
Mailing Address PO Box 628008		Transaction ID: SA11C.8123	
City State Zip Code Middleton WI 53562		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C C00409136			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	6600.00
TOTAL This Period (last page this line number only) ▶	6600.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 83
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 12
	<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

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 ▼ 451135.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2006

Transaction ID: SA12.8021

Amount of Each Receipt this Period
125000.00

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 ▼ 576135.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2006

Transaction ID: SA12.8022

Amount of Each Receipt this Period
125000.00

SUBTOTAL of Receipts This Page (optional)	▶	250000.00
TOTAL This Period (last page this line number only)	▶	250000.00

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) A. Advantage Payroll		Transaction ID: SB21B.8067
Mailing Address 90 Jefferson Boulevard		Date of Disbursement MM / DD / YYYY 07 / 15 / 2006
City Warwick	State RI	Zip Code 02888
Purpose of Disbursement Payroll service	Amount of Each Disbursement this Period 128.35	
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. Advantage Payroll		Transaction ID: SB21B.8074
Mailing Address 90 Jefferson Boulevard		Date of Disbursement MM / DD / YYYY 07 / 30 / 2006
City Warwick	State RI	Zip Code 02888
Purpose of Disbursement Payroll service	Amount of Each Disbursement this Period 107.35	
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) C. Benny's		Transaction ID: SB21B.8031
Mailing Address 66 Branch Avenue		Date of Disbursement MM / DD / YYYY 07 / 19 / 2006
City Providence	State RI	Zip Code 02904
Purpose of Disbursement Office supplies	Amount of Each Disbursement this Period 53.43	
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:		

SUBTOTAL of Disbursements This Page (optional)	289.13
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 83

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

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

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

Full Name (Last, First, Middle Initial) A. Benny's		Transaction ID: SB21B.8032 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 66 Branch Avenue		Amount of Each Disbursement this Period 28.85
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. Benedict Bernstein		Transaction ID: SB21B.8033 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 104 Governor Street		Amount of Each Disbursement this Period 17.87
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) C. Benedict Bernstein		Transaction ID: SB21B.8072 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 104 Governor Street		Amount of Each Disbursement this Period 500.00
City Providence State RI Zip Code 02906		
Purpose of Disbursement Intern stipend 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	546.72
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 83

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

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

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

Full Name (Last, First, Middle Initial) A. Benedict Bernstein		Transaction ID: SB21B.8073 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 104 Governor Street		Amount of Each Disbursement this Period 153.85
City Providence State RI Zip Code 02906	Category/ Type	
Purpose of Disbursement Intern stipend		
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. Citizens Bank		Transaction ID: SB21B.8034 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 12.00
City Providence State RI Zip Code 02903	Category/ Type	
Purpose of Disbursement Wire fee		
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) C. Citizens Bank		Transaction ID: SB21B.8035 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 12.00
City Providence State RI Zip Code 02903	Category/ Type	
Purpose of Disbursement Wire fee		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	177.85
TOTAL 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 12 / 83

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

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

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

Full Name (Last, First, Middle Initial) A. Complete Campaigns.com		Transaction ID: SB21B.8097
Mailing Address 610 Gateway Center Way		Date of Disbursement MM / DD / YYYY 07 / 11 / 2006
City San Diego	State CA	Amount of Each Disbursement this Period 412.50
Zip Code 92102		
Purpose of Disbursement Software	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. Computer Telephone, Inc.		Transaction ID: SB21B.8036
Mailing Address 60 Alhambra Road		Date of Disbursement MM / DD / YYYY 07 / 11 / 2006
City Warwick	State RI	Amount of Each Disbursement this Period 731.00
Zip Code 02886		
Purpose of Disbursement Telephone system	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) C. Crimson Imaging Supplies, LLC		Transaction ID: SB21B.8038
Mailing Address 4011 Pacific Coast Highway		Date of Disbursement MM / DD / YYYY 07 / 11 / 2006
City Torrance	State CA	Amount of Each Disbursement this Period 351.96
Zip Code 90505		
Purpose of Disbursement Computer 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:		

SUBTOTAL of Disbursements This Page (optional)	1495.46
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 83

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

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

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

Full Name (Last, First, Middle Initial) A. Domino's Pizza		Transaction ID: SB21B.8106 Date of Disbursement
Mailing Address 845 North Main Street		<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="24"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="06"/> <input type="text" value="06"/>
City Providence	State RI	Zip Code 02906
Purpose of Disbursement Refreshments	<input type="text" value="208.00"/>	
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. Lacy Dwyer		Transaction ID: SB21B.8101 Date of Disbursement
Mailing Address 47 Wyndham Hill		<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="19"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="06"/> <input type="text" value="06"/>
City Middletown	State RI	Zip Code 02842
Purpose of Disbursement Reimburse office supplies	<input type="text" value="53.75"/>	
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) C. Hildebrand Tewes Consulting		Transaction ID: SB21B.8103 Date of Disbursement
Mailing Address 326 E 8th Street		<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="21"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="06"/> <input type="text" value="06"/>
City Sioux Falls	State SD	Zip Code 57103
Purpose of Disbursement Website consulting	<input type="text" value="1000.00"/>	
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:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1261.75"/>
TOTAL 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)

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

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

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

Full Name (Last, First, Middle Initial) A. Nicole Hilmer-Heartt		Transaction ID: SB21B.8099 Date of Disbursement 07 / 17 / 2006	
Mailing Address 5 East Street		Amount of Each Disbursement this Period 39.00	
City Providence State RI Zip Code 02906	Purpose of Disbursement Reimburse postage	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) ▼		Amount of Each Disbursement this Period 39.00	

Full Name (Last, First, Middle Initial) B. Steven LaForm		Transaction ID: SB21B.8094 Date of Disbursement 07 / 03 / 2006	
Mailing Address 28 Broadway		Amount of Each Disbursement this Period 2000.00	
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 State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 2000.00	

Full Name (Last, First, Middle Initial) C. Lexisnexis		Transaction ID: SB21B.8037 Date of Disbursement 07 / 11 / 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 State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 150.00	

SUBTOTAL of Disbursements This Page (optional) ▶	2189.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 83

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

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

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

Full Name (Last, First, Middle Initial) A. Matthew Lydon		Transaction ID: SB21B.8127 Date of Disbursement 07 / 19 / 2006	
Mailing Address 73 Fremont		Amount of Each Disbursement this Period 21.00	
City Providence State RI Zip Code 02906	Purpose of Disbursement Reimburse gas	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. Keenan Lynch		Transaction ID: SB21B.8257 Date of Disbursement 07 / 15 / 2006	
Mailing Address 104 Wilson Avenue		Amount of Each Disbursement this Period 333.50	
City Rumford State RI Zip Code 02916	Purpose of Disbursement Intern stipend	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) C. Keenan Lynch		Transaction ID: SB21B.8258 Date of Disbursement 07 / 30 / 2006	
Mailing Address 104 Wilson Avenue		Amount of Each Disbursement this Period 333.50	
City Rumford State RI Zip Code 02916	Purpose of Disbursement Intern stipend	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	688.00
TOTAL 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 / 83

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

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

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

Full Name (Last, First, Middle Initial) A. McBee Systems, Inc.		Transaction ID: SB21B.8071 Date of Disbursement 07 / 19 / 2006	
Mailing Address PO Box 88042		Amount of Each Disbursement this Period 106.67	
City Chicago State IL Zip Code 60680	Purpose of Disbursement Checkbook 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. National Grid		Transaction ID: SB21B.8068 Date of Disbursement 07 / 17 / 2006	
Mailing Address Processing Center		Amount of Each Disbursement this Period 965.65	
City Woburn State MA Zip Code 01807	Purpose of Disbursement Electricity 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) C. New England Gas		Transaction ID: SB21B.8069 Date of Disbursement 07 / 17 / 2006	
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	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1089.53
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

PAGE 17 / 83

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

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

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

Full Name (Last, First, Middle Initial) A. Poland Spring		Transaction ID: SB21B.8100 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6	
Mailing Address PO Box 856192		Amount of Each Disbursement this Period 272.59	
City Louisville State KY Zip Code 40285	Purpose of Disbursement Office 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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Shein Management		Transaction ID: SB21B.8039 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6	
Mailing Address 845 North Main Street		Amount of Each Disbursement this Period 2500.00	
City Providence State RI Zip Code 02904	Purpose of Disbursement 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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Shein Management		Transaction ID: SB21B.8040 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6	
Mailing Address 845 North Main Street		Amount of Each Disbursement this Period 2500.00	
City Providence State RI Zip Code 02904	Purpose of Disbursement Office security deposit	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5272.59
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 83

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

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

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

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: SB21B.8041	
Mailing Address 551 North Main Street		Date of Disbursement 07 / 26 / 2006	
City Providence	State RI	Zip Code 02906	Amount of Each Disbursement this Period 53.48
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. Staples		Transaction ID: SB21B.8042	
Mailing Address 551 North Main Street		Date of Disbursement 07 / 29 / 2006	
City Providence	State RI	Zip Code 02906	Amount of Each Disbursement this Period 385.20
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) C. Verizon		Transaction ID: SB21B.8043	
Mailing Address P.O. 1		Date of Disbursement 07 / 11 / 2006	
City Worcester	State MA	Zip Code 01654	Amount of Each Disbursement this Period 388.99
Purpose of Disbursement Telephone service		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:			

SUBTOTAL of Disbursements This Page (optional)	827.67
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 83

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

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

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

Full Name (Last, First, Middle Initial)
A. W.B. Mason

Mailing Address 59 Centre Street

City State Zip Code
Brockton MA 02303

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8044

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 83

<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. Alicia Amdur		Transaction ID: SB30B.8193 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6	
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Alicia Amdur		Transaction ID: SB30B.8194 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6	
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Blue Cross Blue Shield of Rhode Island		Transaction ID: SB30B.8279 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6	
Mailing Address PO Box 1057		Amount of Each Disbursement this Period 7393.09	
City Providence State RI Zip Code 02901	Purpose of Disbursement Health Insurance	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:			

SUBTOTAL of Disbursements This Page (optional) ▶	8473.07
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 83

<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. Gabriel Bluestone		Transaction ID: SB30B.8046 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6
Mailing Address 86 South Angell Street		Amount of Each Disbursement this Period 855.99
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. Gabriel Bluestone		Transaction ID: SB30B.8047 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6
Mailing Address 86 South Angell Street		Amount of Each Disbursement this Period 856.00
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) C. Sarah Bogdan		Transaction ID: SB30B.8195 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2251.98
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 22 / 83

<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. Sarah Bogdan		Transaction ID: SB30B.8196 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6	
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) ▼		

Full Name (Last, First, Middle Initial) B. David Bonzagni		Transaction ID: SB30B.8197 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6	
Mailing Address 74 South River Drive		Amount of Each Disbursement this Period 522.80	
City Narragansett State RI Zip Code 02882	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) C. David Bonzagni		Transaction ID: SB30B.8198 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6	
Mailing Address 74 South River Drive		Amount of Each Disbursement this Period 522.80	
City Narragansett State RI Zip Code 02882	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1585.59
TOTAL 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 23 / 83

<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. Angela Botticella		Transaction ID: SB30B.8098 Date of Disbursement 07 / 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Angela Botticella		Transaction ID: SB30B.8109 Date of Disbursement 07 / 30 / 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Brett Broesder		Transaction ID: SB30B.8199 Date of Disbursement 07 / 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2841.69
TOTAL 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 24 / 83

<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. Brett Broesder		Transaction ID: SB30B.8200 Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 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. Sean Brophy		Transaction ID: SB30B.8201 Date of Disbursement M M / D D / Y Y Y Y 07 / 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) C. Sean Brophy		Transaction ID: SB30B.8202 Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1781.64
TOTAL 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 25 / 83

<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. Citizens Bank		Transaction ID: SB30B.8270 Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 17500.24	
City Providence State RI Zip Code 02903	Purpose of Disbursement Payroll tax deposit June	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. Citizens Bank		Transaction ID: SB30B.8268 Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 514.82	
City Providence State RI Zip Code 02903	Purpose of Disbursement FUTA deposit	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) C. Jacob Conarck		Transaction ID: SB30B.8203 Date of Disbursement M M / D D / Y Y Y Y 07 / 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	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) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	18555.05
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 83

<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. Jacob Conarck		Transaction ID: SB30B.8204 Date of Disbursement 07 / 30 / 2006	
Mailing Address 7 Oxford Drive		Amount of Each Disbursement this Period 539.99	
City Port Jeff Station	State NY	Zip Code 11776	Category/ Type 001
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. Melodie DeMulling		Transaction ID: SB30B.8048 Date of Disbursement 07 / 15 / 2006	
Mailing Address 13981 121st Avenue		Amount of Each Disbursement this Period 1811.45	
City Dayton	State MN	Zip Code 55327	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) C. Melodie DeMulling		Transaction ID: SB30B.8049 Date of Disbursement 07 / 30 / 2006	
Mailing Address 13981 121st Avenue		Amount of Each Disbursement this Period 1731.76	
City Dayton	State MN	Zip Code 55327	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:		

SUBTOTAL of Disbursements This Page (optional) ▶	4083.20
TOTAL 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 27 / 83

<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. Department of Employment & Training		Transaction ID: SB30B.8269 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address One Capitol Hill		Amount of Each Disbursement this Period 4386.71
City Providence State RI Zip Code 02908	Purpose of Disbursement State Unemployment 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. Melba DePena		Transaction ID: SB30B.8050 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6
Mailing Address 35 Florance Street		Amount of Each Disbursement this Period 559.89
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Jeffrey Dickson		Transaction ID: SB30B.8205 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6
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	
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) ▶	5469.40
TOTAL 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 28 / 83

<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. Jeffrey Dickson		Transaction ID: SB30B.8206 Date of Disbursement 07 / 30 / 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	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. Division of Taxation		Transaction ID: SB30B.8267 Date of Disbursement 07 / 12 / 2006	
Mailing Address One Capitol Hill		Amount of Each Disbursement this Period 2103.06	
City Providence State RI Zip Code 02908	Purpose of Disbursement Payroll taxes June	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) C. Michael Dorsey		Transaction ID: SB30B.8051 Date of Disbursement 07 / 15 / 2006	
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 2217.93	
City Providence State RI Zip Code 02909	Purpose of Disbursement Net wages	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4843.79
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 83

<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. Michael Dorsey		Transaction ID: SB30B.8052 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6	
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 2217.89	
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) ▼		

Full Name (Last, First, Middle Initial) B. Katlyn Duquenoy		Transaction ID: SB30B.8207 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6	
Mailing Address 120 Progress Street		Amount of Each Disbursement this Period 522.80	
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) C. Lacy Dwyer		Transaction ID: SB30B.8053 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6	
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 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3911.26
TOTAL 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 30 / 83

<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

A. Full Name (Last, First, Middle Initial) Lacy Dwyer		Transaction ID: SB30B.8054 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6	
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 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. Full Name (Last, First, Middle Initial) Jonathan Engel		Transaction ID: SB30B.8208 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6	
Mailing Address 45 Junip Road		Amount of Each Disbursement this Period 539.99	
City Belmont State MA Zip Code 02478	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) ▼

C. Full Name (Last, First, Middle Initial) Jonathan Engel		Transaction ID: SB30B.8209 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6	
Mailing Address 45 Junip Road		Amount of Each Disbursement this Period 539.99	
City Belmont State MA Zip Code 02478	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2250.55
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. Brian Farnkoff		Transaction ID: SB30B.8210 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 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	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. Brian Farnkoff		Transaction ID: SB30B.8211 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 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	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) C. Parker Farrington		Transaction ID: SB30B.8212 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 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	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1585.59
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 83

<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. Parker Farrington		Transaction ID: SB30B.8213 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 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		
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. Regina Fiorentini		Transaction ID: SB30B.8055 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 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		
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) C. Regina Fiorentini		Transaction ID: SB30B.8056 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 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		
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	2881.13
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 83

<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. Amanda Foster		Transaction ID: SB30B.8214 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 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) ▼		

Full Name (Last, First, Middle Initial) B. Amanda Foster		Transaction ID: SB30B.8215 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 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) ▼		

Full Name (Last, First, Middle Initial) C. Timothy Fraser		Transaction ID: SB30B.8061 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2250.55
TOTAL 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 34 / 83

<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. Timothy Fraser		Transaction ID: SB30B.8062 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6	
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	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. Jeffrey Gohringer		Transaction ID: SB30B.8216 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 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	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) C. Jeffrey Gohringer		Transaction ID: SB30B.8217 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 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	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2250.55
TOTAL 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 35 / 83

<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. Anna Gustina		Transaction ID: SB30B.8057 Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address 111 University Avenue		Amount of Each Disbursement this Period 1731.79	
City Buffalo State NY Zip Code 14214	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. Anna Gustina		Transaction ID: SB30B.8058 Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 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	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) C. Kelly Harlow		Transaction ID: SB30B.8063 Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2006	
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	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4634.11
TOTAL 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 36 / 83

<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. Kelly Harlow		Transaction ID: SB30B.8064 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 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	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. Nicole Hilmer-Heartte		Transaction ID: SB30B.8065 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6
Mailing Address 5 East Street		Amount of Each Disbursement this Period 783.80
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) C. Nicole Hilmer-Heartte		Transaction ID: SB30B.8066 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6
Mailing Address 5 East Street		Amount of Each Disbursement this Period 783.80
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2738.17
TOTAL 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 37 / 83

<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. Rose Jackson		Transaction ID: SB30B.8244 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 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. Rose Jackson		Transaction ID: SB30B.8245 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 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) C. Nicholas Jeffrey		Transaction ID: SB30B.8218 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 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) ▼		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 83

<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. Nicholas Jeffrey		Transaction ID: SB30B.8219 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 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	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. Micheal Keane		Transaction ID: SB30B.8059 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6	
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 1333.58	
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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Micheal Keane		Transaction ID: SB30B.8060 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6	
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 1333.63	
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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3207.20
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

<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. Seth Larson		Transaction ID: SB30B.8252 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 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	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. Seth Larson		Transaction ID: SB30B.8253 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6
Mailing Address 65 Plantation Drive		Amount of Each Disbursement this Period 522.80
City Saunderstown State RI Zip Code 02874	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) C. Sara Lonardo		Transaction ID: SB30B.8220 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1568.40
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 40 / 83

<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. Sara Lonardo		Transaction ID: SB30B.8221 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 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	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. Matthew Lydon		Transaction ID: SB30B.8125 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6	
Mailing Address 73 Fremont		Amount of Each Disbursement this Period 787.34	
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) C. Matthew Lydon		Transaction ID: SB30B.8134 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2480.71
TOTAL 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 41 / 83

<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. Lauren Mandelker		Transaction ID: SB30B.8248 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 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. Lauren Mandelker		Transaction ID: SB30B.8249 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 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) C. Brian Monteiro		Transaction ID: SB30B.8222 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1568.40
TOTAL 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 42 / 83

<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. Brian Monteiro		Transaction ID: SB30B.8223 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 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	
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. Puerto Rican Cultural Festival and Parade		Transaction ID: SB30B.13781 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6	
Mailing Address PO Box 29568		Amount of Each Disbursement this Period 250.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Booth rental	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) C. Hollie Saunders		Transaction ID: SB30B.8224 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 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	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1295.60
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 83

<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. Hollie Saunders		Transaction ID: SB30B.8225 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Jeremy Slaughter		Transaction ID: SB30B.8242 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6
Mailing Address 55 Pond Drive		Amount of Each Disbursement this Period 1098.26
City Fairmont	State WV	
Zip Code 26554	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) C. Jeremy Slaughter		Transaction ID: SB30B.8243 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6
Mailing Address 55 Pond Drive		Amount of Each Disbursement this Period 1098.26
City Fairmont	State WV	
Zip Code 26554	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:		

SUBTOTAL of Disbursements This Page (optional) ▶	2719.32
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 83

<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. Andrew Smeltzer		Transaction ID: SB30B.8226	
Mailing Address 74 South River Drive		Date of Disbursement 07 / 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. Andrew Smeltzer		Transaction ID: SB30B.8227	
Mailing Address 74 South River Drive		Date of Disbursement 07 / 30 / 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) C. Jenna Soendker		Transaction ID: SB30B.8259	
Mailing Address 12507 Hwy D		Date of Disbursement 07 / 15 / 2006	
City Napoleon	State MD	Zip Code 64074	Amount of Each Disbursement this Period 307.92
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:			

SUBTOTAL of Disbursements This Page (optional)	1353.52
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 83

<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. Jenna Soendker		Transaction ID: SB30B.8261 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6	
Mailing Address 12507 Hwy D		Amount of Each Disbursement this Period 522.80	
City Napoleon State MD Zip Code 64074	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. Anisa Somani		Transaction ID: SB30B.8228 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6	
Mailing Address 24 South Court 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) C. Anisa Somani		Transaction ID: SB30B.8229 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6	
Mailing Address 24 South Court 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1602.78
TOTAL 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 46 / 83

<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. Prospero Suazo		Transaction ID: SB30B.8263 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6
Mailing Address 230 Roger Williams		Amount of Each Disbursement this Period 307.92
City Providence State RI Zip Code 02907	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. Prospero Suazo		Transaction ID: SB30B.8264 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6
Mailing Address 230 Roger Williams		Amount of Each Disbursement this Period 522.80
City Providence State RI Zip Code 02907	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) C. Anand Sudhakar		Transaction ID: SB30B.8230 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 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	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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1442.94
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 83

<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. Anand Sudhakar		Transaction ID: SB30B.8231 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 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	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. Emily Sullivan		Transaction ID: SB30B.8232 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 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	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) C. Emily Sullivan		Transaction ID: SB30B.8233 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6
Mailing Address 580 Wickenden Street		Amount of Each Disbursement this Period 577.84
City Providence State RI Zip Code 02903	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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1767.90
TOTAL 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 48 / 83

<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. The Tyson Organization		Transaction ID: SB30B.8276 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 1000 Macon Street		Amount of Each Disbursement this Period 58075.61
City Forth Worth State TX Zip Code 76102	Purpose of Disbursement Generic Voter ID calls 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. The Tyson Organization		Transaction ID: SB30B.8277 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 1000 Macon Street		Amount of Each Disbursement this Period 15135.27
City Forth Worth State TX Zip Code 76102	Purpose of Disbursement Generic Voter ID calls 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) C. Jeff Thibeau		Transaction ID: SB30B.8234 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6
Mailing Address 30 Rock Street		Amount of Each Disbursement this Period 505.60
City Bristol State RI Zip Code 02809	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) ▶	73716.48
TOTAL 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 / 83

<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. Jeff Thibeau		Transaction ID: SB30B.8235 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6	
Mailing Address 30 Rock Street		Amount of Each Disbursement this Period 505.60	
City Bristol State RI Zip Code 02809	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. Ben Traverse		Transaction ID: SB30B.8236 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 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	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) C. Ben Traverse		Transaction ID: SB30B.8237 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 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	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1585.58
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 83

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

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

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

Full Name (Last, First, Middle Initial) A. Jhomphy Ventura		Transaction ID: SB30B.8238 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 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	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. Jhomphy Ventura		Transaction ID: SB30B.8239 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6
Mailing Address 32 Farragut Avenue		Amount of Each Disbursement this Period 958.48
City Providence State RI Zip Code 02905	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) C. Voter Activation Network		Transaction ID: SB30B.13780 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4816.96
TOTAL 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 51 / 83

<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. Megan Wilbur		Transaction ID: SB30B.8240 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 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	Category/ Type	
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. Megan Wilbur		Transaction ID: SB30B.8241 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 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	Category/ Type	
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:			

SUBTOTAL of Disbursements This Page (optional) ►

1079.98

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

174178.68

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 52 / 83 FOR LINE 13 OF FORM 3X
---	--

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

Transaction ID: SC/9.5183

LOAN SOURCE Full Name (Last, First, Middle Initial) Licht 88 Committee	Election: <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; width: 100%; height: 20px; text-align: center;">5249.87</div>	Cumulative Payment To Date <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; width: 100%; height: 20px; 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>

SUBTOTALS This Period This Page (optional)	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">5249.87</div>
TOTALS This Period (last page in this line only)	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">5249.87</div>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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	Date M M / D D / Y Y Y Y 0 7 / 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 ▶ 17720.87 Transaction ID: SF25.8138	<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	Date M M / D D / Y Y Y Y 0 7 / 3 0 / 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 ▶ 29119.02 Transaction ID: SF25.8139	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Blue Cross Blue Shield of Rhode Island	Purpose of Expenditure Health Insurance-voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address PO Box 1057		
City: Providence State: RI ZIP Code: 02901	Date M M / D D / Y Y Y Y 0 7 / 2 8 / 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 2376.42	
Aggregate General Election Expenditure for this Candidate ▶ 28849.44 Transaction ID: SF25.8278	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional) ▶	2915.58
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 Sarah Bogdan		Purpose of Expenditure Net wages - voter persuasion		Category/Type
Mailing Address 133 Sutton Street				
City Providence	State RI	ZIP Code 02903		Date M M / D D / Y Y Y Y 0 7 / 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 ▶		17990.45		Amount 269.58
Transaction ID: SF25.8144				

Full Name (Last, First, Middle Initial) of Each Payee Sarah Bogdan		Purpose of Expenditure Net wages - voter persuasion		Category/Type
Mailing Address 133 Sutton Street				
City Providence	State RI	ZIP Code 02903		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 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 ▶		29388.60		Amount 269.58
Transaction ID: SF25.8145				

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		Date M M / D D / Y Y Y Y 0 7 / 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 ▶		18251.45		Amount 261.00
Transaction ID: SF25.8146				

SUBTOTAL of Expenditures This Page (optional) ▶	800.16
TOTAL This Period (last page this line number only) ▶	

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

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 ▶		29649.60			
		Transaction ID: SF25.8147			

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 ▶		18529.62			
		Transaction ID: SF25.8148			

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 ▶		29927.77			
		Transaction ID: SF25.8149			

SUBTOTAL of Expenditures This Page (optional)		817.34
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 Sean Brophy	Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 92 Melrose 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
Aggregate General Election Expenditure for this Candidate ▶	18835.27	
Transaction ID: SF25.8150		
<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 Sean Brophy	Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 92 Melrose 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
Aggregate General Election Expenditure for this Candidate ▶	30233.42	
Transaction ID: SF25.8151		
<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	<input type="checkbox"/> 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 ▶	17071.23	
Transaction ID: SF25.8271		
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

SUBTOTAL of Expenditures This Page (optional) ▶	4183.62
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 Citizens Bank		Purpose of Expenditure FUTA deposit-voter persuasion		
Mailing Address One Citizens Plaza		Date M M / D D / Y Y Y Y 0 7 / 2 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		Amount 116.06
Aggregate General Election Expenditure for this Candidate ▶ 25786.55		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		
Transaction ID: SF25.8272				

Full Name (Last, First, Middle Initial) of Each Payee Jacob Conarck		Purpose of Expenditure Net wages - voter persuasion		
Mailing Address 7 Oxford Drive		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6		
City Port Jeff Station	State NY			
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 ▶ 19104.85		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		
Transaction ID: SF25.8152				

Full Name (Last, First, Middle Initial) of Each Payee Jacob Conarck		Purpose of Expenditure Net wages - voter persuasion		
Mailing Address 7 Oxford Drive		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6		
City Port Jeff Station	State NY			
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 ▶ 30503.00		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		
Transaction ID: SF25.8153				

SUBTOTAL of Expenditures This Page (optional)	655.22
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 Department of Employment & Training		Purpose of Expenditure State unemployment tax-voter persuasion		Category/Type	
Mailing Address One Capitol Hill					
City Providence		State RI	ZIP Code 02908	Date M M / D D / Y Y Y Y 0 7 / 2 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 686.47	
Aggregate General Election Expenditure for this Candidate ▶		26473.02		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8273					

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	Date M M / D D / Y Y Y Y 0 7 / 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 ▶		19365.85		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8154					

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	Date M M / D D / Y Y Y Y 0 7 / 3 0 / 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 ▶		30764.00		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8155					

SUBTOTAL of Expenditures This Page (optional)	▶	1208.47
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 Division of Taxation		Purpose of Expenditure State payroll tax-voter persuasion	<input type="checkbox"/>
Mailing Address One Capitol Hill		Date	Category/Type
City Providence	State RI	M M / D D / Y Y Y Y 0 7 / 1 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	Amount	380.06
Aggregate General Election Expenditure for this Candidate ▶ 17451.29		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8274			

Full Name (Last, First, Middle Initial) of Each Payee Katlyn Duquenoey		Purpose of Expenditure Net wages -voter persuasion	<input type="checkbox"/>
Mailing Address 120 Progress Street		Date	Category/Type
City Lincoln	State RI	M M / D D / Y Y Y Y 0 7 / 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	Amount	261.00
Aggregate General Election Expenditure for this Candidate ▶ 19626.85		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8156			

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		Date	Category/Type
City Belmont	State MA	M M / D D / Y Y Y Y 0 7 / 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	Amount	269.58
Aggregate General Election Expenditure for this Candidate ▶ 19896.43		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8157			

SUBTOTAL of Expenditures This Page (optional)	910.64
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 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 7 / 3 0 / 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 ▶ 31033.58		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8158			

Full Name (Last, First, Middle Initial) of Each Payee Brian Farnkoff		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 43 Billings Street		Category/Type	
City Boston	State MA	ZIP Code 02132	Date M M / D D / Y Y Y Y 0 7 / 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 ▶ 20157.43		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8159			

Full Name (Last, First, Middle Initial) of Each Payee Brian Farnkoff		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 43 Billings Street		Category/Type	
City Boston	State MA	ZIP Code 02132	Date M M / D D / Y Y Y Y 0 7 / 3 0 / 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 ▶ 31294.58		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8160			

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 Parker Farrington		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 37 Devon Road		Category/Type	
City Chestnut Hill	State MA	ZIP Code 02467	Date M M / D D / Y Y Y Y 0 7 / 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 ▶	20427.01		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Transaction ID: SF25.8161			

Full Name (Last, First, Middle Initial) of Each Payee Parker Farrington		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 37 Devon Road		Category/Type	
City Chestnut Hill	State MA	ZIP Code 02467	Date M M / D D / Y Y Y Y 0 7 / 3 0 / 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 ▶	31564.16		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Transaction ID: SF25.8162			

Full Name (Last, First, Middle Initial) of Each Payee Amanda Foster		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 19 Byron Street		Category/Type	
City North Providence	State RI	ZIP Code 02911	Date M M / D D / Y Y Y Y 0 7 / 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 ▶	20696.59		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Transaction ID: SF25.8163			

SUBTOTAL of Expenditures This Page (optional)	808.74
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 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 ▶		31833.74		Amount 269.58	
		Transaction ID: SF25.8164		<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 ▶		20966.17		Amount 269.58	
		Transaction ID: SF25.8165		<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 ▶		32103.32		Amount 269.58	
		Transaction ID: SF25.8166		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	808.74
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 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 ▶		24841.05		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6	
		Transaction ID: SF25.8246		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 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 ▶		35978.20		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6	
		Transaction ID: SF25.8247		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 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 ▶		21235.75		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6	
		Transaction ID: SF25.8167		Amount 269.58	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

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 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 ▶		32372.90		Amount 269.58	
Transaction ID: SF25.8168				<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 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 ▶		25363.05		Amount 261.00	
Transaction ID: SF25.8254				<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 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 ▶		36500.20		Amount 261.00	
Transaction ID: SF25.8255				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

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 Sara Lonardo		Purpose of Expenditure Net wages - voter persuasion		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 ▶		21496.75		Amount 261.00	
		Transaction ID: SF25.8169		<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		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 ▶		32633.90		Amount 261.00	
		Transaction ID: SF25.8170		<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 Keenan Lynch		Purpose of Expenditure Stipend - voter persuasion		Category/Type	
Mailing Address 104 Wilson Avenue					
City Rumford		State RI		ZIP Code 02916	
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 ▶		21663.25		Amount 166.50	
		Transaction ID: SF25.8171		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)		688.50
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 Keenan Lynch		Purpose of Expenditure Stipend - voter perusasion		<input type="checkbox"/> Category/Type	
Mailing Address 104 Wilson Avenue					
City Rumford		State RI		ZIP Code 02916	
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 ▶		32800.40		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6	
		Transaction ID: SF25.8172		Amount 166.50	
<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		<input type="checkbox"/> 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	
Aggregate General Election Expenditure for this Candidate ▶		25102.05		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6	
		Transaction ID: SF25.8250		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 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	
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 ▶		36239.20		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6	
		Transaction ID: SF25.8251		Amount 261.00	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

SUBTOTAL of Expenditures This Page (optional)		688.50
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 Brian Monteiro		Purpose of Expenditure Net wages - voter persuasion		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 ▶		21924.25		Amount 261.00	
		Transaction ID: SF25.8173		<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 Monteiro		Purpose of Expenditure Net wages - voter persuasion		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 ▶		33061.40		Amount 261.00	
		Transaction ID: SF25.8174		<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 Hollie Saunders		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 29 Russell 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 ▶		22185.25		Amount 261.00	
		Transaction ID: SF25.8175		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	783.00
TOTAL This Period (last page this line number only)	

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

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 Hollie Saunders		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 29 Russell 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 ▶		33322.40		Amount 261.00	
		Transaction ID: SF25.8176		<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 Andrew Smeltzer		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 ▶		22446.25		Amount 261.00	
		Transaction ID: SF25.8177		<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 Andrew Smeltzer		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 ▶		33583.40		Amount 261.00	
		Transaction ID: SF25.8178		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)		783.00
TOTAL This Period (last page this line number only)		

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

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 Jenna Soendker		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 12507 Hwy D		Category/Type	
City Napoleon	State MD	ZIP Code 64074	Date MM / DD / YYYY 07 / 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 153.72
Aggregate General Election Expenditure for this Candidate ▶ 25516.77		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8260			

Full Name (Last, First, Middle Initial) of Each Payee Jenna Soendker		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 12507 Hwy D		Category/Type	
City Napoleon	State MD	ZIP Code 64074	Date MM / DD / YYYY 07 / 30 / 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 ▶ 36761.20		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8262			

Full Name (Last, First, Middle Initial) of Each Payee Anisa Somani		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 24 South Court Street		Category/Type	
City Providence	State RI	ZIP Code 02906	Date MM / DD / YYYY 07 / 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 269.58
Aggregate General Election Expenditure for this Candidate ▶ 22715.83		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8179			

SUBTOTAL of Expenditures This Page (optional)	684.30
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 ▶	33852.98	
Transaction ID: SF25.8180		
Date M M / D D / Y Y Y Y 07 / 30 / 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 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 ▶	25670.49	
Transaction ID: SF25.8265		
Date M M / D D / Y Y Y Y 07 / 15 / 2006		Amount 153.72
<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 ▶	37022.20	
Transaction ID: SF25.8266		
Date M M / D D / Y Y Y Y 07 / 30 / 2006		Amount 261.00
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

SUBTOTAL of Expenditures This Page (optional) ▶	684.30
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 Anand Sudhakar	Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 93 East George 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 ▶	23021.48	
Transaction ID: SF25.8181		
Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6		Amount 305.65
<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	<input type="checkbox"/> Category/Type
Mailing Address 93 East George 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 ▶	34158.63	
Transaction ID: SF25.8182		
Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6		Amount 305.65
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Emily Sullivan	Purpose of Expenditure Net wages -voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 580 Wickenden Street		
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 ▶	23309.96	
Transaction ID: SF25.8183		
Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6		Amount 288.48
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

SUBTOTAL of Expenditures This Page (optional) ▶	899.78
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 Emily Sullivan				Purpose of Expenditure Net wages -voter persuasion				Category/Type	
Mailing Address 580 Wickenden Street									
City Providence		State RI		ZIP Code 02903		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 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 <div style="border: 1px solid black; width: 100%; text-align: right;">288.48</div>			
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 100%; text-align: right;">34447.11</div>								<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8184									

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		Date M M / D D / Y Y Y Y 0 7 / 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 <div style="border: 1px solid black; width: 100%; text-align: right;">252.41</div>			
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 100%; text-align: right;">23562.37</div>								<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8185									

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		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 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 <div style="border: 1px solid black; width: 100%; text-align: right;">252.41</div>			
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 100%; text-align: right;">34699.52</div>								<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8186									

SUBTOTAL of Expenditures This Page (optional)		793.30
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 Ben Traverse		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 32 Elmgrove Avenue					
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 ▶		23831.95		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6	
		Transaction ID: SF25.8187		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 Ben Traverse		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 32 Elmgrove Avenue					
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 ▶		34969.10		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6	
		Transaction ID: SF25.8188		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 Jhomphy Ventura		Purpose of Expenditure Net wages - outr-each		Category/Type	
Mailing Address 32 Farragut Avenue					
City Providence		State RI		ZIP Code 02905	
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 ▶		24310.47		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6	
		Transaction ID: SF25.8189		Amount 478.52	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

SUBTOTAL of Expenditures This Page (optional)		1017.68
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 Jhomphy Ventura		Purpose of Expenditure Net wages - outr- each		
Mailing Address 32 Farragut Avenue		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 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 ▶		35447.62		478.52
Transaction ID: SF25.8190		<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 7 / 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 ▶		24580.05		269.58
Transaction ID: SF25.8191		<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 7 / 3 0 / 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 ▶		35717.20		269.58
Transaction ID: SF25.8192		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

SUBTOTAL of Expenditures This Page (optional)	1017.68
TOTAL This Period (last page this line number only)	23523.29

**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	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RI Democratic Non-federal Account	M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6	2543.11

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative		2543.11	Transaction ID: H3.8116
ii) Generic Voter Drive			Transaction ID:
iii) Exempt Activities			Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)			
a) _____			Transaction ID:
b) _____			Transaction ID:
c) Total Amount Transferred for Direct Fundraising			
v) Direct Candidate Support (List of Activity or Event Identifier)			
a) _____			Transaction ID:
b) _____			Transaction ID:
c) Total Amount Transferred For Direct Candidate Support			
vi) Public Communications Referring Only to Party (Made by PAC)			Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

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

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

NAME OF ACCOUNT RI Democratic Non-federal Account	DATE OF RECEIPT M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 5083.31
--	---	-------------------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	5083.31	Transaction ID: H3.8117
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	7626.42
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	7626.42

**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) 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 114343.28	
City	State	Zip Code	Category/ Type	
Newark	NJ	07101		
Purpose of Disbursement: Monthly cable and modem fee			Date M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6	
Activity or Event Identifier: Administrative			Transaction ID: H4.8023	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.52		167.48		212.00

B. Full Name (Last, First, Middle Initial) 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 116093.28	
City	State	Zip Code	Category/ Type	
Rumford	RI	02916		
Purpose of Disbursement: Accounting Services			Date M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6	
Activity or Event Identifier: Administrative			Transaction ID: H4.8024	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
367.50		1382.50		1750.00

C. Full Name (Last, First, Middle Initial) 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 116693.28	
City	State	Zip Code	Category/ Type	
Pawtucket	RI	02860		
Purpose of Disbursement: July rent and electricity			Date M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6	
Activity or Event Identifier: Administrative			Transaction ID: H4.8026	

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
538.02		2023.98		2562.00

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) 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 116763.51		
City Cincinnati	State OH	Zip Code 45274	Date MM / DD / YYYY 07 / 12 / 2006		
Purpose of Disbursement: Cell Phone expense			Transaction ID: H4.8027		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.75		55.48		70.23

B. Full Name (Last, First, Middle Initial) 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 116927.22		
City Philadelphia	State PA	Zip Code 19101	Date MM / DD / YYYY 07 / 25 / 2006		
Purpose of Disbursement: Copier Lease			Transaction ID: H4.8025		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.38		129.33		163.71

C. Full Name (Last, First, Middle Initial) 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 116942.46		
City Phoenix	State AZ	Zip Code 85062	Date MM / DD / YYYY 07 / 25 / 2006		
Purpose of Disbursement: Long distance service			Transaction ID: H4.8028		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.21		12.03		15.24

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.34		196.84		249.18

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) 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 117181.89		
City Worcester	State MA	Zip Code 01654	Date <input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Telephone service			Transaction ID: H4.8029		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.29		189.14		239.43

B. Full Name (Last, First, Middle Initial) William Lynch			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 321 South Main Street			Allocated Activity or Event Year-To-Date 117541.89		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Reimburse staff farewell gift			Transaction ID: H4.8030		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
75.60		284.40		360.00

C. Full Name (Last, First, Middle Initial) Roth Ticket Agency			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 Exchange Terrace			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Game tickets			Transaction ID: H4.13778		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
75.60		284.40		360.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
125.89		473.54		599.43

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) 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 118000.90		
City Wilmington	State DE	Zip Code 19886	Date <input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Credit card payment			Transaction ID: H4.8115		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
96.43		362.58		459.01

B. Full Name (Last, First, Middle Initial) Hemenway's Seafood			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 1 Providence Washington Plaza			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Meeting with elected officials 6/6/06			Transaction ID: H4.8128		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.28		46.16		58.44

C. Full Name (Last, First, Middle Initial) 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 <input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Meeting with elected officials 6/15/06			Transaction ID: H4.8129		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.28		53.72		68.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
96.43		362.58		459.01

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)
Bugaboo Creek

Mailing Address
30 Jefferson Boulevard

City Warwick	State RI	Zip Code 02888	Category/ Type
Purpose of Disbursement: Meeting with elected officials 6/16/06			

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: H4.8130

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.11		37.99		48.10

B. Full Name (Last, First, Middle Initial)
Chicago Hilton

Mailing Address
720 South Michigan Avenue

City Chicago	State IL	Zip Code 60605	Category/ Type
Purpose of Disbursement: Room deposit DNC meeting			

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: H4.8131

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.54		144.95		183.49

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

Mailing Address
1303 North Main Street

City Providence	State RI	Zip Code 02904	Category/ Type
Purpose of Disbursement: Meeting with elected officials 6/26/06			

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: H4.8132

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.40		35.33		44.73

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)
Red Bridge Tavern

Mailing Address
22 Waterman Avenue

City	State	Zip Code
East Providence	RI	02914

Purpose of Disbursement:
Meeting with elected officials 6/26/06

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

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 07 / 25 / 2006

Transaction ID: H4.8133

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 11.82		<input type="text"/> 44.43		<input type="text"/> 56.25

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 0.00		<input type="text"/> 0.00		<input type="text"/> 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
<input type="text"/> 812.68	<input type="text"/> 3056.94	<input type="text"/> 3869.62

Image# 26940959640

Form/Schedule: **F3XA** The loan on Schedule C has no determined due date and no interest rate.
Transaction ID:
