



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Rhode Island Democratic State Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="29948.81"/>	<input type="text" value="29948.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="139591.50"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="217140.67"/>	<input type="text" value="667324.52"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="356732.17"/>	<input type="text" value="697273.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="189732.15"/>	<input type="text" value="530273.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="167000.02"/>	<input type="text" value="167000.02"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="5254.47"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Rhode Island Democratic State Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	130500.00	282500.00
(ii) Unitemized .....	0.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	130500.00	282600.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	32000.00	202004.80
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	162500.00	484604.80
12. Transfers From Affiliated/Other Party Committees.....	0.00	74332.24
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1869.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	54640.67	106518.26
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	54640.67	106518.26
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	217140.67	667324.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	162500.00	560806.26

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	29473.00	55928.41
(ii) Non-Federal Share.....	90532.65	190016.98
(b) Other Federal Operating Expenditures .....	6202.06	92427.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	126207.71	338372.52
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 Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	63524.44	191900.79
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	63524.44	191900.79
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	189732.15	530273.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	99199.50	340256.33

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	162500.00	484604.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	162500.00	484604.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	35675.06	148355.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35675.06	148355.54

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

The loan on Schedule C has no interest rate and no determined due date. No other employees worked more than 25% on a federal campaign.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 54  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 2950 Lazy Lane

City State Zip Code  
 Houston TX 77019

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

Name of Employer Occupation  
 Centarus Advisors Investor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11AI.22145**

Amount of Each Receipt this Period  
 10000.00

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

Mailing Address 2950 Lazy Lane

City State Zip Code  
 Houston TX 77019

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

Name of Employer Occupation  
 Laura & John Arnold Foundation Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11AI.22147**

Amount of Each Receipt this Period  
 10000.00

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

Mailing Address 19 E Maple Street

City State Zip Code  
 New Canaan CT 06840

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

Name of Employer Occupation  
 Xerox Corporation CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11AI.22141**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 22500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Alfred Carpionato</b>		Date of Receipt
Mailing Address 1414 Atwood Avenue		M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2014
City	State	Zip Code
Johnston	RI	02919
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.22129</b>
Name of Employer Carpionato Brothers		Amount of Each Receipt this Period
Occupation Real Estate		10000.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	10000.00	

Full Name (Last, First, Middle Initial) <b>B. Daniel Doctoroff</b>		Date of Receipt
Mailing Address 309 W 91st Street		M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2014
City	State	Zip Code
New York	NY	10024
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.22137</b>
Name of Employer Bloomberg LP		Amount of Each Receipt this Period
Occupation Executive		10000.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	10000.00	

Full Name (Last, First, Middle Initial) <b>C. Jacalyn Egan</b>		Date of Receipt
Mailing Address 1256 Pelican Lane		M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2014
City	State	Zip Code
Delray Beach	FL	33483
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.22118</b>
Name of Employer Not Employed		Amount of Each Receipt this Period
Occupation Not Employed		10000.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 8 Louisburg Square

City Boston State MA Zip Code 02108

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

Name of Employer Massachusetts 2020 Occupation Executive Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2014  
**Transaction ID : SA11AI.22133**

Amount of Each Receipt this Period  
 10000.00

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

Mailing Address 8 Louisburg Square

City Boston State MA Zip Code 02108

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

Name of Employer Not Employed Occupation Not Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2014  
**Transaction ID : SA11AI.22135**

Amount of Each Receipt this Period  
 10000.00

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

Mailing Address 206 5th Ave

City New York State NY Zip Code 10010

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

Name of Employer Anbau Enterprises Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2014  
**Transaction ID : SA11AI.22126**

Amount of Each Receipt this Period  
 10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30000.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 54  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rhode Island Democratic State Committee**

**A. Gerald Harrington**  
Full Name (Last, First, Middle Initial)  
Mailing Address 209 Blackberry Hill Drive  
City South Kingstown State RI Zip Code 02879  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Capitol City Group Occupation Managing Partner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **10 / 07 / 2014**  
**Transaction ID : SA11AI.22130**  
Amount of Each Receipt this Period **5000.00**

**B. Bryan Lawrence**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1088 Park Avenue  
City New York State NY Zip Code 10128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Oakcliff Capital Occupation Investor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **3000.00**

Date of Receipt **10 / 09 / 2014**  
**Transaction ID : SA11AI.22143**  
Amount of Each Receipt this Period **3000.00**

**C. Ann Mencoff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1250 North Lake Shore Drive  
City Chicago State IL Zip Code 60610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Not Employed Occupation Not Employed  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **10000.00**

Date of Receipt **10 / 05 / 2014**  
**Transaction ID : SA11AI.22131**  
Amount of Each Receipt this Period **10000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **18000.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial) <b>A. Gilbert Menna</b>		Date of Receipt
Mailing Address 21 Smith Street		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City Dover	State MA	Zip Code 02030
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.22122</b>
Name of Employer Goodwin Procter LLP		Amount of Each Receipt this Period
Occupation Partner		<input type="text" value="10000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="10000.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Barbara van Beuren</b>		Date of Receipt
Mailing Address 11 East 26th Street		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City New York	State NY	Zip Code 10010
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.22120</b>
Name of Employer Philathropic Institute		Amount of Each Receipt this Period
Occupation Executive		<input type="text" value="10000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="10000.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Vincent Viola</b>		Date of Receipt
Mailing Address 12 E 69th Street		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.22124</b>
Name of Employer Virtu Financial LLC		Amount of Each Receipt this Period
Occupation Executive		<input type="text" value="10000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="10000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="130500.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 54
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. AMALGAMATED TRANSIT UNION</b>		Date of Receipt
Mailing Address 5025 WISCONSIN AVE NW		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHINGTON	DC	20016
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C70000914"/>	<b>Transaction ID : SA11C.22127</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. COMMON GROUND PAC</b>		Date of Receipt
Mailing Address 1490 QUARTERPATH ROAD NUMBER 272		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
WILLIAMSBURG	VA	23185
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00538835"/>	<b>Transaction ID : SA11C.22115</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Emily's List</b>		Date of Receipt
Mailing Address 1800 M Street NW		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Washington	DC	20036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00193433"/>	<b>Transaction ID : SA11C.22117</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
	<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="15000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 54
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL COMM

Mailing Address 7234 Parkway Drive

City Hanover	State MD	Zip Code 21076
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10	/	01	/	2014

**Transaction ID : SA11C.22108**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 700 13TH STREET, NW SUITE 600

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00405290

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10	/	01	/	2014

**Transaction ID : SA11C.22110**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
PRAIRIE POLITICAL ACTION COMMITTEE

Mailing Address POST OFFICE BOX 2002

City SPRINGFIELD	State IL	Zip Code 62705
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00347195

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10	/	01	/	2014

**Transaction ID : SA11C.22114**

Amount of Each Receipt this Period  
5000.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 54  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address P. O. BOX 3683

City State Zip Code  
LITTLE ROCK AR 72203

FEC ID number of contributing federal political committee. **C** C00388694

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2014  
**Transaction ID : SA11C.22112**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. WE THE PEOPLE PAC**

Mailing Address P.O. BOX 142

City State Zip Code  
JENKINTOWN PA 19046

FEC ID number of contributing federal political committee. **C** C00438721

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2014  
**Transaction ID : SA11C.22139**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	32000.00

**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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Blue Cross Blue Shield of Rhode Island**

Mailing Address PO Box 1057

City Providence State RI Zip Code 02901

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2014

**Transaction ID : SB21B.22172**

Amount of Each Disbursement this Period

2653.72

Full Name (Last, First, Middle Initial)

**B. Jonathan Boucher**

Mailing Address 23 Perkins Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement  
Net wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2014

**Transaction ID : SB21B.22173**

Amount of Each Disbursement this Period

1483.40

Full Name (Last, First, Middle Initial)

**C. Division of Taxation**

Mailing Address One Capitol Hill

City Providence State RI Zip Code 02908

Purpose of Disbursement  
State Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2014

**Transaction ID : SB21B.22174**

Amount of Each Disbursement this Period

121.87

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

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

4258.99

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Anne Pease**

Mailing Address 75 Signal Way

City East Greenwich State RI Zip Code 02818

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2014

**Transaction ID : SB21B.22175**

Amount of Each Disbursement this Period

987.62

Full Name (Last, First, Middle Initial)

**B. United States Treasury**

Mailing Address PO Box 660351

City Dallas State TX Zip Code 75266

Purpose of Disbursement  
Federal Withholding Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2014

**Transaction ID : SB21B.22176**

Amount of Each Disbursement this Period

955.45

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

1943.07

6202.06



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Danielle Andrade**

Mailing Address 170 Vancouver Avenue

City Warwick State RI Zip Code 02886

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.22220**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Anthony Aquino Sepulveda**

Mailing Address 74 Algonquin Street

City Providence State RI Zip Code 02907

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.22218**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. A T & T Store**

Mailing Address 211 Highland Avenue

City Seekonk State MA Zip Code 02771

Purpose of Disbursement  
Cell Phones

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.22234**

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)

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

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

Full Name (Last, First, Middle Initial)

**A. Peter Baptista**

Mailing Address 1603 Plainfield Pike

City Johnston State RI Zip Code 02919

Purpose of Disbursement  
Coordinated Campaign Director

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

**Transaction ID : SB30B.22177**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Blue Cross Blue Shield of Rhode Island**

Mailing Address PO Box 1057

City Providence State RI Zip Code 02901

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	1	4

**Transaction ID : SB30B.22178**

Amount of Each Disbursement this Period

3	9	0	8	8	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Kevin Boland**

Mailing Address One Agawam Road

City Attleboro State MA Zip Code 02703

Purpose of Disbursement  
Paid Canvass

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

**Transaction ID : SB30B.22202**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

5	8	9	0	8	8	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	8	9	0	8	8	0	0	0	0
---	---	---	---	---	---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. Moise Bourdeau

Mailing Address 825 Pontiac Avenue

City Cranston State RI Zip Code 02910

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2014			

Transaction ID : SB30B.22179

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

### B. Andrew Bower

Mailing Address 49 Taber Avenue

City Providence State RI Zip Code 02906

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2014			

Transaction ID : SB30B.22180

Amount of Each Disbursement this Period

1119.62
---------

Full Name (Last, First, Middle Initial)

### C. Elexe Cabral

Mailing Address 107 Calla Street

City Providence State RI Zip Code 02905

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2014			

Transaction ID : SB30B.22221

Amount of Each Disbursement this Period

661.05
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2900.29
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Sterl Carpenter**

Mailing Address 4 Orieley Court

City Wood River Junction State RI Zip Code 02894

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SB30B.22181**

Amount of Each Disbursement this Period

1119.62

Full Name (Last, First, Middle Initial)

**B. Anthony Cherry**

Mailing Address 84 Radcliffe Avenue

City Providence State RI Zip Code 02908

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SB30B.22182**

Amount of Each Disbursement this Period

1119.62

Full Name (Last, First, Middle Initial)

**C. Michael Childs**

Mailing Address 59 Bainbridge Avenue

City Providence State RI Zip Code 02909

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SB30B.22183**

Amount of Each Disbursement this Period

1831.52

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

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

4070.76

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CitiBusiness Card**

Mailing Address PO Box 182564

City Columbus State OH Zip Code 43210

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2014

**Transaction ID : SB30B.22225**

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Shell**

Mailing Address 1075 North Main Street

City Providence State RI Zip Code 02904

Purpose of Disbursement  
Gas Cards

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

**Transaction ID : SB30B.22225.0**

Amount of Each Disbursement this Period

350.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Jennifer Colwell**

Mailing Address 449 Mount Pleasant Road

City Harrisville State RI Zip Code 02830

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2014

**Transaction ID : SB30B.22214**

Amount of Each Disbursement this Period

1249.25

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

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

1599.25

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Emily Crowell**

Mailing Address 27 Basil Crossing

City Cranston State RI Zip Code 02921

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.22184**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Jasmine Dandeneau**

Mailing Address 570 Douglas Avenue

City Providence State RI Zip Code 02908

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.22208**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Jessica David**

Mailing Address 265 Elena Street

City Cranston State RI Zip Code 02920

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.22185**

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)

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

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

Full Name (Last, First, Middle Initial)

**A. Division of Taxation**

Mailing Address One Capitol Hill

City Providence State RI Zip Code 02908

Purpose of Disbursement  
State Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SB30B.22186**

Amount of Each Disbursement this Period

469.63

Full Name (Last, First, Middle Initial)

**B. Sara Estep**

Mailing Address 509 S Division Street

City Mt Union State PA Zip Code 17066

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SB30B.22210**

Amount of Each Disbursement this Period

526.91

Full Name (Last, First, Middle Initial)

**C. Kelsey Hughes**

Mailing Address 2 Howard Street

City Barrington State RI Zip Code 02806

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SB30B.22187**

Amount of Each Disbursement this Period

1119.62

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

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

2116.16

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Louis Joyce**

Mailing Address 130 Wendell Street

City Providence State RI Zip Code 02909

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SB30B.22188**

Amount of Each Disbursement this Period

1441.62

Full Name (Last, First, Middle Initial)

**B. Benjamin Leonard**

Mailing Address 13 Milton Road

City Barrington State RI Zip Code 02806

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SB30B.22206**

Amount of Each Disbursement this Period

338.83

Full Name (Last, First, Middle Initial)

**C. Brett Magellan**

Mailing Address PO Box 9244

City Fall River State MA Zip Code 02720

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SB30B.22189**

Amount of Each Disbursement this Period

1119.62

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

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

2900.07



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Sabina Matos**

Mailing Address 55 Pocasset Avenue

City Providence State RI Zip Code 02909

Purpose of Disbursement  
Asst Director Coordinated Campaign

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2014

**Transaction ID : SB30B.22190**

Amount of Each Disbursement this Period

1500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Metro PCS**

Mailing Address PO Box 601119

City Dallas State TX Zip Code 75360

Purpose of Disbursement  
Cell Phone Minutes

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2014

**Transaction ID : SB30B.22227**

Amount of Each Disbursement this Period

375.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Metro PCS**

Mailing Address PO Box 601119

City Dallas State TX Zip Code 75360

Purpose of Disbursement  
Cell Phone Minutes

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2014

**Transaction ID : SB30B.22229**

Amount of Each Disbursement this Period

375.00

Category/  
Type

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

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

2250.00

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

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

Full Name (Last, First, Middle Initial)

**A. Metro PCS**

Mailing Address PO Box 601119

City State Zip Code  
Dallas TX 75360

Purpose of Disbursement  
Cell Phone Minutes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SB30B.22231**

Amount of Each Disbursement this Period

375.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Chelsea Neal**

Mailing Address 30 Glenham Street

City State Zip Code  
Providence RI 02907

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SB30B.22204**

Amount of Each Disbursement this Period

338.83

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Kathleen O'Hanlon**

Mailing Address 110 Fair Street

City State Zip Code  
Carmel NY 10512

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SB30B.22191**

Amount of Each Disbursement this Period

1119.62

Category/  
Type

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

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

1833.45

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Michael O'Rourke**

Mailing Address 192 Parkside Drive

City Warwick State RI Zip Code 02888

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SB30B.22216**

Amount of Each Disbursement this Period

661.05

Full Name (Last, First, Middle Initial)

**B. Angelika Pellegrino**

Mailing Address 26 Oak Street

City No Providence State RI Zip Code 02911

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SB30B.22192**

Amount of Each Disbursement this Period

484.06

Full Name (Last, First, Middle Initial)

**C. Everin Perez**

Mailing Address 27 Stamford Avenue

City Providence State RI Zip Code 02907

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SB30B.22212**

Amount of Each Disbursement this Period

1249.25

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

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

2394.36

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. James Poirier**

Mailing Address 338 Brookline Drive

City Warwick State RI Zip Code 02886

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.22193**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Putnam Partners**

Mailing Address 1100 Vermont Avenue NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Commercial Production 441 a(d)

Candidate Name

**JACK REED**

Office Sought:  House  
 Senate  
 President  
State: RI District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.22259**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Jessica Rinehart**

Mailing Address 200 Michelle Lane

City Groton State CT Zip Code 06340

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.22194**

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)

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

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

Full Name (Last, First, Middle Initial)

**A. Dameon Rougas**

Mailing Address 35 Maple Street

City Cranston State RI Zip Code 02910

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.22195

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Cameron Salvati**

Mailing Address 18 Enos Circle

City Cranston State RI Zip Code 02921

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.22196

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Shell**

Mailing Address 1075 North Main Street

City Providence State RI Zip Code 02904

Purpose of Disbursement  
Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.22226

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)

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

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

Full Name (Last, First, Middle Initial)

**A. Shell**

Mailing Address 1075 North Main Street

City Providence State RI Zip Code 02904

Purpose of Disbursement  
Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.22236**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Alexander Silver**

Mailing Address 37 Woodbine Street

City Providence State RI Zip Code 02906

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.22197**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Spoken Hub LLC**

Mailing Address PO Box 615

City Manhasset State NY Zip Code 11030

Purpose of Disbursement  
Hub Dialer Minutes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.22247**

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)

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

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

Full Name (Last, First, Middle Initial)

**A. United Healthcare**

Mailing Address Dept CH 10151

City Palatine State IL Zip Code 60055

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : SB30B.22237**

Amount of Each Disbursement this Period

646.55

Full Name (Last, First, Middle Initial)

**B. United States Treasury**

Mailing Address PO Box 660351

City Dallas State TX Zip Code 75266

Purpose of Disbursement  
Federal Withholding Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SB30B.22198**

Amount of Each Disbursement this Period

9214.40

Full Name (Last, First, Middle Initial)

**C. Andrew Vucci**

Mailing Address 70 Rodney Road

City Warwick State RI Zip Code 02889

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SB30B.22199**

Amount of Each Disbursement this Period

1119.62

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

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

10980.57

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Kyle Weinreich**

Mailing Address 3460 Kingstown Road

City West Kingston State RI Zip Code 02892

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2014

**Transaction ID : SB30B.22201**

Amount of Each Disbursement this Period

1119.62

Full Name (Last, First, Middle Initial)

**B. Charles Woodward**

Mailing Address 11 Boss Court

City Newport State ID Zip Code 02840

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2014

**Transaction ID : SB30B.22200**

Amount of Each Disbursement this Period

484.06

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

1603.68

63524.44



SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/9.5183**  
 Rhode Island Democratic State Committee

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5249.87	0.00	5249.87

**TERMS**

Date Incurred: M M / D D / Y Y Y Y Y Y  /  /

Date Due: M M / D D / Y Y Y Y Y Y

Interest Rate:  % (apr)

Secured:  Yes  No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="5249.87"/>
<b>TOTALS</b> This Period (last page in this line only)..... ▶	<input type="text" value="5249.87"/>

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 34 OF 54
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SHELDON II WHITEHOUSE</b>	Nature of Debt (Purpose): Coordinated expenditures overage
Mailing Address PO BOX 40280	
City State Zip Code PROVIDENCE RI 02940	

Outstanding Balance Beginning This Period <input type="text" value="4.60"/>	<b>Transaction ID : SD9.14176</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4.60"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="4.60"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="4.60"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="5249.87"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="5254.47"/>

**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	MM / DD / YYYY 10 / 01 / 2014	7008.01

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	7008.01
<b>Transaction ID : H3.22249</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

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

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

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RI Democratic Non-federal Account	MM / DD / YYYY 10 / 03 / 2014	3193.47

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	3193.47
<b>Transaction ID : H3.22250</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

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

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

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RI Democratic Non-federal Account	MM / DD / YYYY 10 / 04 / 2014	25609.79

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	25609.79
<b>Transaction ID : H3.22251</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

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

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

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RI Democratic Non-federal Account	MM / DD / YYYY 10 / 05 / 2014	2048.39

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	2048.39
<b>Transaction ID : H3.22252</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

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

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

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

NAME OF ACCOUNT RI Democratic Non-federal Account	DATE OF RECEIPT MM / DD / YYYY 10 / 05 / 2014	TOTAL AMOUNT TRANSFERRED 16781.01
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**BREAKDOWN OF TRANSFER RECEIVED**

i) <b>Total Administrative</b> .....	16781.01
<b>Transaction ID : H3.22271</b>	
ii) <b>Generic Voter Drive</b> .....	
iii) <b>Exempt Activities</b> .....	
iv) <b>Direct Fundraising</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
v) <b>Direct Candidate Support</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) <b>Public Communications Referring Only to Party</b> (Made by PAC) .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	54640.67
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred).....	54640.67

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) <b>Susann Della Rosa</b>		Transaction ID : H4.22155		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 60 Don Avenue				Allocated Activity or Event Year-To-Date 128939.74		
City Rumford	State RI	Zip Code 02916		Date 10 / 02 / 2014		
Purpose of Disbursement: Accounting Services - Non employee		Category/ Type				
Activity or Event Identifier: Administrative						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
630.00			2370.00			3000.00

B. Full Name (Last, First, Middle Initial) <b>Lori Silverman</b>		Transaction ID : H4.22241		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2605 S. Kenmore Court				Allocated Activity or Event Year-To-Date 133939.74		
City Arlington	State VA	Zip Code 22206		Date 10 / 02 / 2014		
Purpose of Disbursement: Non-Event Fundraising Consultant		Category/ Type				
Activity or Event Identifier: Administrative						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
1050.00			3950.00			5000.00

C. Full Name (Last, First, Middle Initial) <b>A-One Design</b>		Transaction ID : H4.22243		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 232 Sand Hill Cove Road				Allocated Activity or Event Year-To-Date 136189.74		
City Narragansett	State RI	Zip Code 02881		Date 10 / 02 / 2014		
Purpose of Disbursement: Headquarters Rent		Category/ Type				
Activity or Event Identifier: Administrative						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
472.50			1777.50			2250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2152.50		8097.50		10250.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.22245</b> <b>Bristol Democratic Town Committee</b> Mailing Address 2 Stephen Drive		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code Bristol RI 02809	Allocated Activity or Event Year-To-Date 136439.74		
Purpose of Disbursement: Headquarters Rent	<input type="checkbox"/> Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>	
Activity or Event Identifier: <b>Administrative</b>			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="52.50"/> + <input type="text" value="197.50"/> = <input type="text" value="250.00"/>			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.22270</b> <b>Benenson Strategy Group</b> Mailing Address 720 S. Colorado Blvd.		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code Denver CO 80246	Allocated Activity or Event Year-To-Date 148439.74		
Purpose of Disbursement: Issues Research and Polling	<input type="checkbox"/> Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="2520.00"/> + <input type="text" value="9480.00"/> = <input type="text" value="12000.00"/>			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.22152</b> <b>Benenson Strategy Group</b> Mailing Address 720 S. Colorado Blvd.		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code Denver CO 80246	Allocated Activity or Event Year-To-Date 174189.74		
Purpose of Disbursement: Issues Research and Polling	<input type="checkbox"/> Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="9679.42"/> + <input type="text" value="16070.58"/> = <input type="text" value="25750.00"/>			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="12251.92"/>		<input type="text" value="25748.08"/>		<input type="text" value="38000.00"/>

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

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) <b>National Grid</b>		Transaction ID : <b>H4.22163</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Processing Center			Allocated Activity or Event Year-To-Date 174661.28	
City Woburn	State MA	Zip Code 01807	Date 10 / 06 / 2014	
Purpose of Disbursement: Electricity		Category/ Type	Date 10 / 06 / 2014	
Activity or Event Identifier: Administrative			Date 10 / 06 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
99.02			372.52	471.54

B. Full Name (Last, First, Middle Initial) <b>BJ's Wholesale Club</b>		Transaction ID : <b>H4.22230</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 200 Stonehill Drive			Allocated Activity or Event Year-To-Date 175074.52	
City Johnston	State RI	Zip Code 02919	Date 10 / 08 / 2014	
Purpose of Disbursement: Headquarters' Supplies and Refreshments		Category/ Type	Date 10 / 08 / 2014	
Activity or Event Identifier: Administrative			Date 10 / 08 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
86.78			326.46	413.24

C. Full Name (Last, First, Middle Initial) <b>30 Kennedy Partners</b>		Transaction ID : <b>H4.22149</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 30 Kennedy Plaza			Allocated Activity or Event Year-To-Date 175674.52	
City Providence	State RI	Zip Code 02903	Date 10 / 09 / 2014	
Purpose of Disbursement: Rent		Category/ Type	Date 10 / 09 / 2014	
Activity or Event Identifier: Administrative			Date 10 / 09 / 2014	
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
311.80		1172.98		1484.78

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>ATR Treehouse</b>		<b>Transaction ID : H4.22150</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 812 Charles Street			Allocated Activity or Event Year-To-Date 175781.52	
City Providence	State RI	Zip Code 02904	Date 10 / 09 / 2014	
Purpose of Disbursement: Equipment rental Committee meeting		Category/ Type	Date	
Activity or Event Identifier: <b>Administrative</b>			10 / 09 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
22.47			84.53	
		=	TOTAL AMOUNT	
			107.00	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>NGP Van</b>		<b>Transaction ID : H4.22223</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1101 15th Street, NW			Allocated Activity or Event Year-To-Date 176531.52	
City Washington	State DC	Zip Code 20005	Date 10 / 09 / 2014	
Purpose of Disbursement: Social Organizing Fee		Category/ Type	Date	
Activity or Event Identifier: Administrative			10 / 09 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
157.50			592.50	
		=	TOTAL AMOUNT	
			750.00	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>CitiBusiness Card</b>		<b>Transaction ID : H4.22224</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 182564			Allocated Activity or Event Year-To-Date 177852.54	
City Columbus	State OH	Zip Code 43210	Date 10 / 09 / 2014	
Purpose of Disbursement: Credit Card Payment		Category/ Type	Date	
Activity or Event Identifier: Administrative			10 / 09 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
277.41			1043.61	
		=	TOTAL AMOUNT	
			1321.02	

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
457.38		1720.64		2178.02

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
[ ]	[ ]	[ ]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) <b>Clear</b>		Transaction ID : H4.22266		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address Dept CH 14365				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Palatine		State IL	Zip Code 60065	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Internet Access				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Administrative</b>		Category/Type		Date 09 / 21 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.55			43.44		54.99

B. Full Name (Last, First, Middle Initial) <b>Staples</b>		Transaction ID : H4.22267		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 551 North Main Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence		State RI	Zip Code 02906	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Committee Supplies				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative		Category/Type		Date 09 / 26 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
241.41			908.17		1149.58

C. Full Name (Last, First, Middle Initial) <b>Papa Razzi</b>		Transaction ID : H4.22268		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address Garden City Center				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Cranston		State RI	Zip Code 02920	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Lunch Meeting				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative		Category/Type		Date 09 / 26 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.45			92.00		116.45

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) <b>Staples</b>		Transaction ID : H4.22233		Allocated Activity or Event:					
Mailing Address 551 North Main Street				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt					
City Providence State RI Zip Code 02906				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support					
Purpose of Disbursement: Headquarters' Supplies and Refreshments				<input type="checkbox"/> Public Comm (ref to party only) by PAC					
Activity or Event Identifier: Administrative		Category/Type		Allocated Activity or Event Year-To-Date					
				178521.29					
				Date 10 / 09 / 2014					
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT	
140.43				528.32				668.75	

B. Full Name (Last, First, Middle Initial) <b>Shuster Realty</b>		Transaction ID : H4.22239		Allocated Activity or Event:					
Mailing Address 1769 Elmwood Avenue				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt					
City Warwick State RI Zip Code 02888				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support					
Purpose of Disbursement: Headquarter's Rent				<input type="checkbox"/> Public Comm (ref to party only) by PAC					
Activity or Event Identifier: Administrative		Category/Type		Allocated Activity or Event Year-To-Date					
				182021.29					
				Date 10 / 09 / 2014					
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT	
735.00				2765.00				3500.00	

C. Full Name (Last, First, Middle Initial) <b>Berger Hirschberg Strategies</b>		Transaction ID : H4.22261		Allocated Activity or Event:					
Mailing Address 1010 Vermont Avenue NW Suite 614				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt					
City Washington State DC Zip Code 20006				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support					
Purpose of Disbursement: Non -Event Fundraising Consultant				<input type="checkbox"/> Public Comm (ref to party only) by PAC					
Activity or Event Identifier: Administrative		Category/Type		Allocated Activity or Event Year-To-Date					
				187021.29					
				Date 10 / 09 / 2014					
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT	
1050.00				3950.00				5000.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1925.43		7243.32		9168.75

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) <b>Matthew Golderese</b>		Transaction ID : H4.22263		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 25 Carpenter Court				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code West Warwick RI 02893				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Reimbursement		Category/Type		Allocated Activity or Event Year-To-Date 187265.29	
Activity or Event Identifier: Administrative				Date 10 / 09 / 2014	
FEDERAL SHARE		+		NONFEDERAL SHARE	
51.24				192.76	
		=		TOTAL AMOUNT	
				244.00	

B. Full Name (Last, First, Middle Initial) <b>Blue Cross Blue Shield of Rhode Island</b>		Transaction ID : H4.22269		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 1057				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code Providence RI 02901				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Health Insurance		Category/Type		Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative				Date 10 / 08 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+		NONFEDERAL SHARE	
51.24				192.76	
		=		TOTAL AMOUNT	
				244.00	

C. Full Name (Last, First, Middle Initial) <b>Benenson Strategy Group</b>		Transaction ID : H4.22151		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 720 S. Colorado Blvd.				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code Denver CO 80246				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Issues Research and Polling		Category/Type		Allocated Activity or Event Year-To-Date 222789.29	
Activity or Event Identifier: Administrative				Date 10 / 10 / 2014	
FEDERAL SHARE		+		NONFEDERAL SHARE	
7460.04				28063.96	
		=		TOTAL AMOUNT	
				35524.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7511.28		28256.72		35768.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Form A: Cox Communications. Transaction ID: H4.22154. Allocated Activity or Event: Administrative. Purpose of Disbursement: Cable, Telephone, Internet Services. Activity or Event Identifier: Administrative. Date: 10/12/2014. Total Amount: 186.89.

Form B: National Grid. Transaction ID: H4.22164. Allocated Activity or Event: Administrative. Purpose of Disbursement: Electricity. Activity or Event Identifier: Administrative. Date: 10/12/2014. Total Amount: 88.41.

Form C: RICOH USA, Inc. Transaction ID: H4.22167. Allocated Activity or Event: Administrative. Purpose of Disbursement: Copier Maintenance. Activity or Event Identifier: Administrative. Date: 10/12/2014. Total Amount: 129.42.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 85.00, 319.72, 404.72.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [blank], [blank], [blank].

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.22171</b> <b>Verizon</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 1100		Allocated Activity or Event Year-To-Date _____ 223435.31	
City State Zip Code Albany NY 12250	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Telephone service		Allocated Activity or Event Year-To-Date _____ 223435.31	
Activity or Event Identifier: <b>Administrative</b>		Date <input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
_____ 50.67		_____ 190.63	
		_____ 241.30	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.22238</b> <b>United Healthcare</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Dept CH 10151		Allocated Activity or Event Year-To-Date _____ 225165.65	
City State Zip Code Palatine IL 60055	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Health Insurance		Allocated Activity or Event Year-To-Date _____ 225165.65	
Activity or Event Identifier: Administrative		Date <input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
_____ 363.37		_____ 1366.97	
		_____ 1730.34	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.22253</b> <b>Michael Childs</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 59 Bainbridge Avenue		Allocated Activity or Event Year-To-Date _____ 225254.80	
City State Zip Code Providence RI 02909	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Reimbursement		Allocated Activity or Event Year-To-Date _____ 225254.80	
Activity or Event Identifier: Administrative		Date <input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
_____ 18.72		_____ 70.43	
		_____ 89.15	

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 432.76		_____ 1628.03		_____ 2060.79

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
_____	_____	_____



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Form A: U-Haul. Transaction ID: H4.22257. Allocated Activity or Event: Administrative. Purpose of Disbursement: Van Rental. Date: 10/12/2014. Total Amount: 89.15.

Form B: Cameron Salvati. Transaction ID: H4.22254. Allocated Activity or Event: Administrative. Purpose of Disbursement: Reimbursement. Date: 10/12/2014. Total Amount: 36.43.

Form C: Town Gulf. Transaction ID: H4.22255. Allocated Activity or Event: Administrative. Purpose of Disbursement: Gas for Van. Date: 09/30/2014. Total Amount: 36.43.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 7.65, 28.78, 36.43.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 7.65, 28.78, 36.43.



**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.22159</b> Kelly Harris		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 48 Malbone Street		Allocated Activity or Event Year-To-Date 230827.01	
City State Zip Code Providence RI 02908	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Net Wages		Allocated Activity or Event Year-To-Date 230827.01	
Activity or Event Identifier: Administrative		Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
253.69 + 954.37 = 1208.06			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.22160</b> Kimmy Lim		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 34 McBeth Street		Allocated Activity or Event Year-To-Date 231127.81	
City State Zip Code Providence RI 02920	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Net Wages		Allocated Activity or Event Year-To-Date 231127.81	
Activity or Event Identifier: Administrative		Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
63.17 + 237.63 = 300.80			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.22161</b> Kyle Lynch		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 33 8th Street		Allocated Activity or Event Year-To-Date 232247.43	
City State Zip Code Providence RI 02906	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Net Wages		Allocated Activity or Event Year-To-Date 232247.43	
Activity or Event Identifier: Administrative		Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
235.12 + 884.50 = 1119.62			

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
551.98		2076.50		2628.48

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) <b>Laura Rokoff</b>		Transaction ID : <b>H4.22168</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 903 Providence Place				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence State RI Zip Code 02903				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Net Wages		Category/Type		Allocated Activity or Event Year-To-Date 238252.64	
Activity or Event Identifier: Administrative				Date 10 / 15 / 2014	
FEDERAL SHARE		+		NONFEDERAL SHARE	
351.96				1324.03	
		=		TOTAL AMOUNT	
				1675.99	

B. Full Name (Last, First, Middle Initial) <b>Andrew Sia</b>		Transaction ID : <b>H4.22169</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 127 Trenton Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Pawtucket State RI Zip Code 02860				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Net Wages		Category/Type		Allocated Activity or Event Year-To-Date 239299.21	
Activity or Event Identifier: Administrative				Date 10 / 15 / 2014	
FEDERAL SHARE		+		NONFEDERAL SHARE	
219.78				826.79	
		=		TOTAL AMOUNT	
				1046.57	

C. Full Name (Last, First, Middle Initial) <b>United States Treasury</b>		Transaction ID : <b>H4.22170</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 660351				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Dallas State TX Zip Code 75266				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll tax deposit		Category/Type		Allocated Activity or Event Year-To-Date 245566.20	
Activity or Event Identifier: Administrative				Date 10 / 15 / 2014	
FEDERAL SHARE		+		NONFEDERAL SHARE	
1316.07				4950.92	
		=		TOTAL AMOUNT	
				6266.99	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1887.81		7101.74		8989.55

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : H4.22258**  
**Ingrid Ardaya**  
Mailing Address 11 North Avenue

City State Zip Code  
Providence RI 02906

Purpose of Disbursement:  
Net Wages

Activity or Event Identifier:  
**Administrative**

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

Allocated Activity or Event Year-To-Date  
245945.39

Date 10 / 15 / 2014

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
79.63		299.56		379.19

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

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date

Date / /

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

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

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date

Date / /

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
79.63		299.56		379.19

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
29473.00	90532.65	120005.65