

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Rhode Island Democratic State Committee

ADDRESS (number and street) P.O. Box 6004 Providence RI 02940 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00136200 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 06 / 01 / 2015 through 06 / 30 / 2015

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

Type or Print Name of Treasurer Jeffrey Padwa

Signature of Treasurer Jeffrey Padwa [Electronically Filed] Date 07 / 19 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Rhode Island Democratic State Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		23625.83
(b) Cash on Hand at Beginning of Reporting Period.....	14333.97	
(c) Total Receipts (from Line 19)	11740.08	124458.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	26074.05	148083.88
7. Total Disbursements (from Line 31).....	18104.75	140114.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	7969.30	7969.30
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	5254.47	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	21881.33	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Rhode Island Democratic State Committee

Report Covering the Period: From: / / 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).....	0.00	5000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	4.80	2004.80
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4.80	7004.80
12. Transfers From Affiliated/Other Party Committees.....	8220.00	47459.37
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	1953.69
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	2145.29
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	3515.28	65894.90
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	3515.28	65894.90
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11740.08	124458.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8224.80	58563.15

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	1971.94	20840.01
(ii) Non-Federal Share.....	5070.73	53150.79
(b) Other Federal Operating Expenditures	8562.08	52328.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15604.75	126319.18
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	2500.00	13795.40
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	2500.00	13795.40
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18104.75	140114.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13034.02	86963.79

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4.80	7004.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4.80	7004.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	10534.02	73168.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1953.69
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	10534.02	71214.70

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

Form/Schedule: F3XN

Transaction ID :

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

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: (check only one)	PAGE 7 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)
A. DNC Services Corp

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00010603

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
 06 / 30 / 2015
Transaction ID : SA11AI.23811

Amount of Each Receipt this Period
 705.85

RI Party Victory Fund Unitemized

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Stephen Fanning

Mailing Address 30 Sweet Meadow

City Narragansett State RI Zip Code 02882

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

Name of Employer Occupation
 Retired Retired

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
 06 / 26 / 2015
Transaction ID : SA11AI.23816

Amount of Each Receipt this Period
 25.00

Dollars for Democrats

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. Jacqueline L Hickey

Mailing Address 13 N Pearson Dr

City Warwick State RI Zip Code 02888-2909

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

Name of Employer Occupation
 Retired RETIRED

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
 05 / 29 / 2015
Transaction ID : SA11AI.23809

Amount of Each Receipt this Period
 95.00

RI Party Victory Fund

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.23811

RI Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.23809

RI Party Victory Fund

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. George Mullins
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Colonial Avenue
 City Tiverton State RI Zip Code 02878
 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 / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : SA11AI.23813
 Amount of Each Receipt this Period
 25.00
 Dollars for Democrats
[MEMO ITEM]

B. Rafael Sila
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 E. Victoria Street
 City Santa Barbara State CA Zip Code 93101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Not Employed Not Employed
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2015
Transaction ID : SA11AI.23800
 Amount of Each Receipt this Period
 5.00
 ACT Blue
[MEMO ITEM]

C.
 Full Name (Last, First, Middle Initial)
 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 / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

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

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

FOR LINE NUMBER: PAGE 10 OF 25
(check only one)

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

A. ACTBLUE
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 382110
City Cambridge State MA Zip Code 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 4.80

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2015
Transaction ID : SA11C.23799
Amount of Each Receipt this Period
4.80
Transfer

B.
Full Name (Last, First, Middle Initial)
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 / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
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 / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	4.80
TOTAL This Period (last page this line number only).....▶	4.80

**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 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. Democratic National Committee
Full Name (Last, First, Middle Initial)
Mailing Address 430 South Capitol St. SE
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C** C00010603
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 43868.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 22 / 2015
Transaction ID : SA12.23774
Amount of Each Receipt this Period
5000.00
Transfer

B. Democratic National Committee
Full Name (Last, First, Middle Initial)
Mailing Address 430 South Capitol St. SE
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C** C00010603
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 47088.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015
Transaction ID : SA12.23806
Amount of Each Receipt this Period
3220.00
In-kind - Voter File Access

C.
Full Name (Last, First, Middle Initial)
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 / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	8220.00
TOTAL This Period (last page this line number only).....▶	8220.00

**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
Employee 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
06 / 11 / 2015

Transaction ID : SB21B.23787

Amount of Each Disbursement this Period

2414.70

Full Name (Last, First, Middle Initial)

B. Democratic National Committee

Mailing Address 430 South Capitol St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-kind - Voter File Access

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SB21B.23807

Amount of Each Disbursement this Period

3220.00

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
06 / 15 / 2015

Transaction ID : SB21B.23788

Amount of Each Disbursement this Period

78.73

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

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

5713.43

**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. Ann Gooding

Mailing Address 265 Narragansett Bay Avenue

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

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : SB21B.23789

Amount of Each Disbursement this Period

1192.37

Full Name (Last, First, Middle Initial)

B. 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
06 / 15 / 2015

Transaction ID : SB21B.23790

Amount of Each Disbursement this Period

987.62

Full Name (Last, First, Middle Initial)

C. United States Treasury

Mailing Address PO Box 660351

City Dallas State TX Zip Code 75266

Purpose of Disbursement
Federal Payroll Tax Deposit

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : SB21B.23791

Amount of Each Disbursement this Period

668.66

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

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

2848.65

8562.08

**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. BrushFire Strategies

Mailing Address 3000 K Street NW

City Washington State DC Zip Code 20007

Purpose of Disbursement
Generic GOTV Phone Calls

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
06 / 10 / 2015

Transaction ID : SB30B.23792

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

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

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

Amount of Each Disbursement this Period

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

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

Amount of Each Disbursement this Period

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

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

2500.00

2500.00

SCHEDULE C (FEC Form 3X)

LOANS

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

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

Original Amount of Loan	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"/>

SUBTOTALS This Period This Page (optional)..... ▶	5249.87
TOTALS This Period (last page in this line only)..... ▶	5249.87

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 25
	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 SHELDON II WHITEHOUSE	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"/>	Transaction ID : SD9.14176	
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) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="4.60"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="4.60"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="5249.87"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="5254.47"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BrushFire Strategies	Nature of Debt (Purpose): Generic GOTV Phone Calls
Mailing Address 3000 K Street NW	
City State Zip Code Washington DC 20007	

Outstanding Balance Beginning This Period <input type="text" value="24381.33"/>	Transaction ID : SD10.23509	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="21881.33"/>

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) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="21881.33"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="21881.33"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="21881.33"/>

**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 Levin Account	MM / DD / YYYY 06 / 29 / 2015	1626.29

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	1626.29
Transaction ID : H3.23798	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

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

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

NAME OF ACCOUNT RI Democratic Non-federal Account	DATE OF RECEIPT MM / DD / YYYY 06 / 12 / 2015	TOTAL AMOUNT TRANSFERRED 1888.99
--	---	-------------------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	1888.99
Transaction ID : H3.23797	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	3515.28
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred).....	3515.28

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 : H4.23775 Cox Communications		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 39		Allocated Activity or Event Year-To-Date _____ 67174.21	
City State Zip Code Newark NJ 07101	Date <input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>		
Purpose of Disbursement: Telephone Internet Cable	<input type="text"/>	Allocated Activity or Event Year-To-Date _____ 67174.21	
Activity or Event Identifier: Administrative	Category/ Type	Date <input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="63.30"/> + <input type="text" value="162.78"/> = <input type="text" value="226.08"/>			

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.23776 Susann Della Rosa		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 _____ 68349.21	
City State Zip Code Rumford RI 02916	Date <input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>		
Purpose of Disbursement: Accounting Services Non Employee	<input type="text"/>	Allocated Activity or Event Year-To-Date _____ 68349.21	
Activity or Event Identifier: Administrative	Category/ Type	Date <input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="329.00"/> + <input type="text" value="846.00"/> = <input type="text" value="1175.00"/>			

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.23780 Intrepid Web Solutions, LLC		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 PO Box 7227		Allocated Activity or Event Year-To-Date _____ 68574.21	
City State Zip Code Lowell MA 01852	Date <input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>		
Purpose of Disbursement: Web Site Maintenance	<input type="text"/>	Allocated Activity or Event Year-To-Date _____ 68574.21	
Activity or Event Identifier: Administrative	Category/ Type	Date <input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="63.00"/> + <input type="text" value="162.00"/> = <input type="text" value="225.00"/>			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="455.30"/>		<input type="text" value="1170.78"/>		<input type="text" value="1626.08"/>

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) Transaction ID : H4.23781 Jones Moving and Storage		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 Central Street		Allocated Activity or Event Year-To-Date 69349.21	
City Providence State RI Zip Code 02907	Date MM / DD / YYYY 06 / 10 / 2015		
Purpose of Disbursement: Moving Expenses	Category/Type		
Activity or Event Identifier: Administrative	FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 217.00 + 558.00 = 775.00		

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.23782 National Grid		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 69472.21	
City Woburn State MA Zip Code 01807	Date MM / DD / YYYY 06 / 10 / 2015		
Purpose of Disbursement: Electricity	Category/Type		
Activity or Event Identifier: Administrative	FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 34.44 + 88.56 = 123.00		

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.23795 Lehigh Realty		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 One Realty Way		Allocated Activity or Event Year-To-Date 70272.21	
City East Providence State RI Zip Code 02914	Date MM / DD / YYYY 06 / 10 / 2015		
Purpose of Disbursement: Rent	Category/Type		
Activity or Event Identifier: Administrative	FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 224.00 + 576.00 = 800.00		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
475.44		1222.56		1698.00

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) Transaction ID : H4.23777 Susann Della Rosa		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 _____ 70372.21	
City State Zip Code Rumford RI 02916	Category/ Type	Date <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>	
Purpose of Disbursement: Reimbursement Movers Appreciation		_____	
Activity or Event Identifier: Administrative		_____	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		_____ 28.00 _____ 72.00 _____ 100.00	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.23784 Secretary of State		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 148 West River Parkway		Allocated Activity or Event Year-To-Date _____ 70392.21	
City State Zip Code Providence RI 02904	Category/ Type	Date <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>	
Purpose of Disbursement: Annual Corporation Fee		_____	
Activity or Event Identifier: Administrative		_____	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		_____ 5.60 _____ 14.40 _____ 20.00	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.23785 Secretary of State		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 148 West River Parkway		Allocated Activity or Event Year-To-Date _____ 70402.21	
City State Zip Code Providence RI 02904	Category/ Type	Date <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>	
Purpose of Disbursement: Registered Agent Fee		_____	
Activity or Event Identifier: Administrative		_____	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		_____ 2.80 _____ 7.20 _____ 10.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 36.40		_____ 93.60		_____ 130.00

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) Transaction ID : H4.23802 Ann Gooding		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 265 Narragansett Bay Avenue		Allocated Activity or Event Year-To-Date _____ 70487.42	
City State Zip Code Warwick RI 02889	Category/ Type	Date <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>	
Purpose of Disbursement: Reimbursement		Allocated Activity or Event Year-To-Date _____	
Activity or Event Identifier: Administrative		Date <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		_____ 23.86 _____ 61.35 _____ 85.21	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.23803 CVS Pharmacy		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 799 Hope Street		Allocated Activity or Event Year-To-Date _____ 0.00	
City State Zip Code Providence RI 02906	Category/ Type	Date <input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>	
Purpose of Disbursement: Committee Supplies		Allocated Activity or Event Year-To-Date _____	
Activity or Event Identifier: Administrative [MEMO ITEM]		Date <input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		_____ 3.59 _____ 9.23 _____ 12.82	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.23804 FedexKinkos		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 236 Meeting Street		Allocated Activity or Event Year-To-Date _____ 0.00	
City State Zip Code Providence RI 02906	Category/ Type	Date <input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>	
Purpose of Disbursement: Committee Postage		Allocated Activity or Event Year-To-Date _____	
Activity or Event Identifier: Administrative [MEMO ITEM]		Date <input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		_____ 13.92 _____ 35.78 _____ 49.70	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 23.86		_____ 61.35		_____ 85.21

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) Postmaster		Transaction ID : H4.23805	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 Turnkey Station			Allocated Activity or Event Year-To-Date 0.00	
City Providence	State RI	Zip Code 02940	Date 05 / 05 / 2015	
Purpose of Disbursement: Committee Postage		Category/ Type	Date 05 / 05 / 2015	
Activity or Event Identifier: Administrative [MEMO ITEM]				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
6.35			16.34	22.69

B. Full Name (Last, First, Middle Initial) United States Treasury		Transaction ID : H4.23786	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 PO Box 660351			Allocated Activity or Event Year-To-Date 71156.08	
City Dallas	State TX	Zip Code 75266	Date 06 / 15 / 2015	
Purpose of Disbursement: Federal Payroll Tax Deposit		Category/ Type	Date 06 / 15 / 2015	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
187.23			481.43	668.66

C. Full Name (Last, First, Middle Initial) Vanity Supper Club		Transaction ID : H4.23793	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 566 South Main Street			Allocated Activity or Event Year-To-Date 71732.08	
City Providence	State RI	Zip Code 02903	Date 06 / 24 / 2015	
Purpose of Disbursement: Catering for Young Dems Reception		Category/ Type	Date 06 / 24 / 2015	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
161.28			414.72	576.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
348.51		896.15		1244.66

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 : H4.23778 Division of Taxation		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 One Capitol Hill		Allocated Activity or Event Year-To-Date 71810.81	
City Providence State RI Zip Code 02908	Date <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>		
Purpose of Disbursement: State Payroll Taxes	Category/Type <input type="text"/>		
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="22.04"/>	<input type="text" value="56.69"/>	<input type="text" value="78.73"/>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.23779 Ann Gooding		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 265 Narragansett Bay Avenue		Allocated Activity or Event Year-To-Date 73003.18	
City Warwick State RI Zip Code 02889	Date <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>		
Purpose of Disbursement: Net Wages	Category/Type <input type="text"/>		
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="333.86"/>	<input type="text" value="858.51"/>	<input type="text" value="1192.37"/>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.23783 Anne Pease		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 75 Signal Way		Allocated Activity or Event Year-To-Date 73990.80	
City East Greenwich State RI Zip Code 02818	Date <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>		
Purpose of Disbursement: Net Wages	Category/Type <input type="text"/>		
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="276.53"/>	<input type="text" value="711.09"/>	<input type="text" value="987.62"/>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="632.43"/>		<input type="text" value="1626.29"/>		<input type="text" value="2258.72"/>

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" value="1971.94"/>	<input type="text" value="5070.73"/>	<input type="text" value="7042.67"/>