

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Rhode Island Democratic State Committee

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

2. **FEC IDENTIFICATION NUMBER** C00136200
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 01 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer John McConnell, Jr.
Signature of Treasurer Electronically Filed by John McConnell, Jr. Date 02 19 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Rhode Island Democratic State Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		26331.27
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	26331.27									
(c) Total Receipts (from Line 19)	20727.09	20727.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47058.36	47058.36								
7. Total Disbursements (from Line 31)	17277.34	17277.34								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29781.02	29781.02								
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)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Rhode Island Democratic State Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	4500.00	4500.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4500.00	4500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4500.00	4500.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
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	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	16227.09	16227.09
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	16227.09	16227.09
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	20727.09	20727.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4500.00	4500.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	2500.10	2500.10
(ii) Non-Federal Share.....	14661.13	14661.13
(b) Other Federal Operating Expenditures.....	116.11	116.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	17277.34	17277.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	17277.34	17277.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2616.21	2616.21

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4500.00	4500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4500.00	4500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2616.21	2616.21
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2616.21	2616.21

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

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

FOR LINE NUMBER: PAGE 6 / 23
(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

A. Full Name (Last, First, Middle Initial)
Richard Dugan

Mailing Address 21 Pinewood Drive

City State Zip Code
North Providence RI 02904

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

Name of Employer Occupation
R & D Associates Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2009

Transaction ID: SA11AI.15793

Amount of Each Receipt this Period
2000.00

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

Mailing Address 375 Lloyd Avenue

City State Zip Code
Providence RI 02906

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 ▼ 2500.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2009

Transaction ID: SA11AI.15768

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► 4500.00

TOTAL This Period (last page this line number only) ► 4500.00

SCHEDULE C (FEC Form 3X)

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

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	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>1</td><td>1</td><td>9</td><td>8</td><td>8</td></tr> </table>	M	M	D	D	Y	Y	Y	Y	1	2	3	1	1	9	8	8			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M	D	D	Y	Y	Y	Y												
1	2	3	1	1	9	8	8												

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="5249.87"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" 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 8 / 23	
	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 32 ELMGROVE AVENUE			
City PROVIDENCE	State RI	ZIP Code 02906	

Outstanding Balance Beginning This Period		Transaction ID: SD9.14176	
4.60			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	4.60	

1) SUBTOTALS This Period This Page (optional).....	4.60
2) TOTALS This Period (last page this line number only).....	4.60
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	5249.87
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	5254.47

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- X Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

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

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

NAME OF ACCOUNT RI Democratic Non-federal Account	DATE OF RECEIPT M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 9	TOTAL AMOUNT TRANSFERRED 16227.09
--	---	--------------------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	16227.09	Transaction ID: H3.15794
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	16227.09
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)	16227.09

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

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

A. Full Name (Last, First, Middle Initial) Advanced Business Machines			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 25 Thurber Boulevard			Allocated Activity or Event Year-To-Date _____ -352.92		
City	State	Zip Code	Date <input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>		
Smithfield	RI	02917			
Purpose of Disbursement: Overpayment refund			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.15790		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
-127.05		-225.87		-352.92

B. Full Name (Last, First, Middle Initial) Cox Communications			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 39			Allocated Activity or Event Year-To-Date _____ -195.92		
City	State	Zip Code	Date <input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>		
Newark	NJ	07101			
Purpose of Disbursement: Monthly modem and cable			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.15770		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.55		133.45		157.00

C. Full Name (Last, First, Middle Initial) Susann Della Rosa			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 60 Don Avenue			Allocated Activity or Event Year-To-Date _____ 1296.58		
City	State	Zip Code	Date <input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>		
Rumford	RI	02916			
Purpose of Disbursement: Accounting Services-non employee			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.15771		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
223.88		1268.62		1492.50

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
120.38		1176.20		1296.58

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
_____		_____		_____

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

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

A. Full Name (Last, First, Middle Initial) Division of Taxation			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address One Capitol Hill			Allocated Activity or Event Year-To-Date 1576.68		
City Providence	State RI	Zip Code 02908	Date <input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: State Payroll taxes			Transaction ID: H4.15773		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.02		238.08		280.10

B. Full Name (Last, First, Middle Initial) Timothy Grilo			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 481 Charles Street			Allocated Activity or Event Year-To-Date 3391.87		
City Providence	State RI	Zip Code 02904	Date <input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Net wages			Transaction ID: H4.15774		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
272.28		1542.91		1815.19

C. Full Name (Last, First, Middle Initial) IKON Office Solutions			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 30069			Allocated Activity or Event Year-To-Date 3579.11		
City Hartford	State CT	Zip Code 06150	Date <input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Copier maintenance fees			Transaction ID: H4.15777		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.09		159.15		187.24

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
342.39		1940.14		2282.53

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) Pui O			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 249 Roosevelt Avenue			Allocated Activity or Event Year-To-Date 4379.11																						
City Pawtucket	State RI	Zip Code 02860	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	3	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	1	3	/	2	0	0	9																
Purpose of Disbursement: January rent & electricity			Category/ Type																						
Activity or Event Identifier: Administrative			Transaction ID: H4.15778																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
120.00		680.00		800.00

B. Full Name (Last, First, Middle Initial) Verizon			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address P.O. 1			Allocated Activity or Event Year-To-Date 4609.28																						
City Worcester	State MA	Zip Code 01654	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	3	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	1	3	/	2	0	0	9																
Purpose of Disbursement: Telephone service			Category/ Type																						
Activity or Event Identifier: Administrative			Transaction ID: H4.15780																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.53		195.64		230.17

C. Full Name (Last, First, Middle Initial) Card Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 13337			Allocated Activity or Event Year-To-Date 9956.02																						
City Philadelphia	State PA	Zip Code 19101	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	3	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	1	3	/	2	0	0	9																
Purpose of Disbursement: Credit Card Payment			Category/ Type																						
Activity or Event Identifier: Administrative			Transaction ID: H4.15784																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
802.01		4544.73		5346.74

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
956.54		5420.37		6376.91

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial)
Chiazza Trattoria

Mailing Address
308 County Road

City	State	Zip Code	
Barrington	RI	02806	

Purpose of Disbursement: Meeting expenses 12/4/08	Category/ Type
--	-------------------

Activity or Event Identifier:
Administrative
[MEMO ITEM]

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
0.00

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	0	9

Transaction ID: H4.15795

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
204.41		1158.34		1362.75

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

Mailing Address
2 Pine Street

City	State	Zip Code	
Providence	RI	02903	

Purpose of Disbursement: Meeting 12/16/08	Category/ Type
--	-------------------

Activity or Event Identifier:
Administrative
[MEMO ITEM]

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
0.00

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	0	9

Transaction ID: H4.15797

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.30		69.70		82.00

C. Full Name (Last, First, Middle Initial)
Chris Gasbarro Wine & Spirits

Mailing Address
98 Highland Avenue

City	State	Zip Code	
Seekonk	MA	02771	

Purpose of Disbursement: Committee refreshments	Category/ Type
--	-------------------

Activity or Event Identifier:
Administrative
[MEMO ITEM]

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
0.00

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	0	9

Transaction ID: H4.15798

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
438.60		2485.39		2923.99

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial)
Carousel of Flowers

Mailing Address
2719 Pawtucket Avenue

City	State	Zip Code
East Providence	RI	02914

Purpose of Disbursement:
Floral Arrangement

Activity or Event Identifier:
Administrative
[MEMO ITEM]

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

Allocated Activity or Event Year-To-Date
0.00

Date / /
Transaction ID: H4.15799

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.05		90.95		107.00

B. Full Name (Last, First, Middle Initial)
Providence Place Mall

Mailing Address
One Providence Place

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:
Holiday gift cards

Activity or Event Identifier:
Administrative
[MEMO ITEM]

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

Allocated Activity or Event Year-To-Date
0.00

Date / /
Transaction ID: H4.15801

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
90.90		515.10		606.00

C. Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address
Theodore Francis Green Airport

City	State	Zip Code
Warwick	RI	02886

Purpose of Disbursement:
Airfare

Activity or Event Identifier:
Administrative
[MEMO ITEM]

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

Allocated Activity or Event Year-To-Date
0.00

Date / /
Transaction ID: H4.15802

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
39.75		225.25		265.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) William Lynch			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 321 South Main Street			Allocated Activity or Event Year-To-Date 10184.77																						
City	State	Zip Code	Category/ Type																						
Providence	RI	02903																							
Purpose of Disbursement: Reimburse Taxi Fares			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	3	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	1	3	/	2	0	0	9																
Activity or Event Identifier: Administrative			Transaction ID: H4.15786																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.31		194.44		228.75

B. Full Name (Last, First, Middle Initial) Washington Taxi Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address Not available			Allocated Activity or Event Year-To-Date 0.00																						
City	State	Zip Code	Category/ Type																						
Washington	DC	20002																							
Purpose of Disbursement: Taxi service			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	0	6	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	0	6	/	2	0	0	9																
Activity or Event Identifier: Administrative [MEMO ITEM]			Transaction ID: H4.15803																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.70		15.30		18.00

C. Full Name (Last, First, Middle Initial) Washington Taxi Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address Not available			Allocated Activity or Event Year-To-Date 0.00																						
City	State	Zip Code	Category/ Type																						
Washington	DC	20002																							
Purpose of Disbursement: Taxi service			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	0	7	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	0	7	/	2	0	0	9																
Activity or Event Identifier: Administrative [MEMO ITEM]			Transaction ID: H4.15804																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.30		69.70		82.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.31		194.44		228.75

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)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial)
Airport Taxi

Mailing Address
TF Green AAirport

City State Zip Code
Warwick RI 02886

Purpose of Disbursement:
Taxi service

Category/
Type

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 01 / 07 / 2009

Transaction ID: H4.15805

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.31		24.44		28.75

B. Full Name (Last, First, Middle Initial)
BWI Taxi Management

Mailing Address
Baltimore/Washington Airport

City State Zip Code
Baltimore MD 21240

Purpose of Disbursement:
Taxi service

Category/
Type

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 01 / 06 / 2009

Transaction ID: H4.15806

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.00		85.00		100.00

C. Full Name (Last, First, Middle Initial)
Raymond J Sullivan, Jr.

Mailing Address
2 Cornell Court

City State Zip Code
Coventry RI 02816

Purpose of Disbursement:
General communications consultant

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

12184.77

Date 01 / 13 / 2009

Transaction ID: H4.15787

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
300.00		1700.00		2000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
300.00		1700.00		2000.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) Raymond J Sullivan, Jr.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2 Cornell Court			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">14184.77</div>	
City	State	Zip Code	Category/ Type	
Coventry	RI	02816		
Purpose of Disbursement: General communications consultant			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 20 / 2009</div>	
Activity or Event Identifier: Administrative			Transaction ID: H4.15789	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
300.00		1700.00		2000.00

B. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 1057			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">14420.35</div>	
City	State	Zip Code	Category/ Type	
Providence	RI	02901		
Purpose of Disbursement: Employee Health Insurance			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 25 / 2009</div>	
Activity or Event Identifier: Administrative			Transaction ID: H4.15769	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35.34		200.24		235.58

C. Full Name (Last, First, Middle Initial) Department of Employment & Training			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address One Capitol Hill			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">14493.80</div>	
City	State	Zip Code	Category/ Type	
Providence	RI	02908		
Purpose of Disbursement: State unemployment taxes			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 25 / 2009</div>	
Activity or Event Identifier: Administrative			Transaction ID: H4.15772	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.02		62.43		73.45

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
346.36		1962.67		2309.03

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) IKON Office Solutions			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 30069			Allocated Activity or Event Year-To-Date 14716.80		
City	State	Zip Code	Date <input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>		
Hartford	CT	06150			
Purpose of Disbursement: Copier Lease			Category/Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.15776		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.45		189.55		223.00

B. Full Name (Last, First, Middle Initial) American Express			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 300 South Riverside Plaza			Allocated Activity or Event Year-To-Date 15200.07		
City	State	Zip Code	Date <input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>		
Chicago	IL	60606			
Purpose of Disbursement: Credit card payment			Category/Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.15785		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
72.49		410.78		483.27

C. Full Name (Last, First, Middle Initial) Capriccio			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2 Pine Street			Allocated Activity or Event Year-To-Date 0.00		
City	State	Zip Code	Date <input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>		
Providence	RI	02903			
Purpose of Disbursement: Meeting			Category/Type		
Activity or Event Identifier: Administrative [MEMO ITEM]			Transaction ID: H4.15808		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.35		58.65		69.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.94		600.33		706.27

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) Club Cafe Mailing Address 2719 Columbus Avenue City State Zip Code Boston MA 02116 Purpose of Disbursement: Meeting Activity or Event Identifier: Administrative [MEMO ITEM]	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date <input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2009"/> Transaction ID: H4.15809
---	--

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="5.40"/>		<input type="text" value="30.60"/>		<input type="text" value="36.00"/>

B. Full Name (Last, First, Middle Initial) Local 121 Restaurant Mailing Address 121 Washington Street City State Zip Code Providence RI 02903 Purpose of Disbursement: Meeting Activity or Event Identifier: Administrative [MEMO ITEM]	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date <input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2009"/> Transaction ID: H4.15811
---	--

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="22.87"/>		<input type="text" value="129.58"/>		<input type="text" value="152.45"/>

C. Full Name (Last, First, Middle Initial) Al Forno Restaurant Mailing Address 577 South Main Street City State Zip Code Providence RI 02903 Purpose of Disbursement: Meeting Activity or Event Identifier: Administrative [MEMO ITEM]	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date <input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2009"/> Transaction ID: H4.15812
--	--

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="6.93"/>		<input type="text" value="39.30"/>		<input type="text" value="46.23"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

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

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

A. Full Name (Last, First, Middle Initial)
Siena Restaurant

Mailing Address
238 Atwells Avenue

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:
Meeting

Activity or Event Identifier:
Administrative
[MEMO ITEM]

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

Allocated Activity or Event Year-To-Date
0.00

Date / /
Transaction ID: H4.15814

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.15		102.84		120.99

B. Full Name (Last, First, Middle Initial)
Old Canteen, Inc.

Mailing Address
120 Atwells Avenue

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:
Meeting

Activity or Event Identifier:
Administrative
[MEMO ITEM]

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

Allocated Activity or Event Year-To-Date
0.00

Date / /
Transaction ID: H4.15815

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.79		49.81		58.60

C. Full Name (Last, First, Middle Initial)
A T & T Mobility

Mailing Address
PO Box 536216

City	State	Zip Code
Atlanta	GA	30353

Purpose of Disbursement:
Cell phone service

Activity or Event Identifier:
Administrative

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

Allocated Activity or Event Year-To-Date
15346.04

Date / /
Transaction ID: H4.15791

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.90		124.07		145.97

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.90		124.07		145.97

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial)
Timothy Grilo

Mailing Address
481 Charles Street

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement:
Net wages

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

17161.23

Activity or Event Identifier:
Administrative

Date 01 / 30 / 2009

Transaction ID: H4.15775

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
272.28		1542.91		1815.19

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
272.28		1542.91		1815.19

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
2500.10	14661.13	17161.23

Image# 29991041639

Form/Schedule: **F3XN**

Transaction ID:

The Loan on Schedule C has no interest rate and no determined due date.
