

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 11 07 2006 in the State of RI

5. Covering Period 10 19 2006 through 11 27 2006

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

Type or Print Name of Treasurer John McConnell, Jr.

Signature of Treasurer Electronically Filed by John McConnell, Jr. Date 08 17 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Rhode Island Democratic State Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		110469.32
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	418316.06									
(c) Total Receipts (from Line 19)	962909.97	3318997.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1381226.03	3429466.43								
7. Total Disbursements (from Line 31)	1282852.32	3331092.72								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	98373.71	98373.71								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	5249.87									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Rhode Island Democratic State Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	53700.00	464420.00
(i) Itemized (use Schedule A)	1705.00	24933.00
(ii) Unitemized	55405.00	489353.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	92900.00	201400.00
(c) Other Political Committees (such as PACs)	148305.00	690753.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	799931.60	2497243.42
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	12065.41
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)	14673.37	118935.28
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	14673.37	118935.28
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	962909.97	3318997.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	948236.60	3200061.83

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	22190.51	115228.41
(ii) Non-Federal Share.....	51396.84	168341.87
(b) Other Federal Operating Expenditures.....	116173.58	368321.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	189760.93	651891.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	4995.63	4995.63
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).....	21323.41	139004.76
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	3600.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	3598.21	3598.21
(ii) "Levin" Share	13536.13	13536.13
(b) Federal Election Activity Paid Entirely With Federal Funds	1049638.01	2514466.09
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	1066772.35	2531600.43
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1282852.32	3331092.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1217919.35	3149214.72

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)	148305.00	690753.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	148305.00	690753.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	138364.09	483550.03
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	12065.41
38. Net Operating Expenditures (subtract Line 37 from Line 36)	138364.09	471484.62

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 304
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
David Abbott

Mailing Address 167 Arlington Avenue

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
Giant Panther Real Estate Realtor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.12711

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Bernstein Liebhard & Lifshitz LLP

Mailing Address 10 East 40th Street

City State Zip Code
New York NY 10016

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12591

Amount of Each Receipt this Period
10000.00

C. Full Name (Last, First, Middle Initial)
William Titelman

Mailing Address 10 East 40th Street

City State Zip Code
New York NY 10016

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

Name of Employer Occupation
Bernstein Liebhard & Lifshitz Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12591.0

Amount of Each Receipt this Period
10000.00

Partnership contribution

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	▶	10400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 304
	<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	

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

Full Name (Last, First, Middle Initial) A. Lucy Blake		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 1411 Native Sons Road		Transaction ID: SA11A1.12692
City State Zip Code Woodside CA 94062	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer None Occupation Environmentalist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ben Cohen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 191 Bank Street		Transaction ID: SA11A1.12623
City State Zip Code Burlington VT 05401	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Ben & Jerry's Occupation Co-founder		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Denise Dangremond		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 47 Nayatt Road		Transaction ID: SA11A1.12655
City State Zip Code Barrington RI 02806	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-employed Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 304
	<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	

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

A. Full Name (Last, First, Middle Initial)
Alexander Fanjul

Mailing Address 110 Chateaux Drive

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation
Flo-Sun Inc. Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12586

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
George Grayson

Mailing Address 2540 Massachusetts Avenue

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation
Brown Advisory Investment Adviser

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12621

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
J Joseph Hardy

Mailing Address 2301 North Albemarle Street

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
SMI Inc Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.12665

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 304
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Gerald Harrington

Mailing Address 209 Blackberry Hill Drive

City State Zip Code
South Kingstown RI 02879

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

Name of Employer Capitol City Group Occupation Managing Partner

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12613

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Joseph Voccola & Associates

Mailing Address 454 Broadway

City State Zip Code
Providence RI 02909

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

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.12598

Amount of Each Receipt this Period
900.00

Partnership contribution

C. Full Name (Last, First, Middle Initial)
Joseph Voccola

Mailing Address 7 Tabor Drive

City State Zip Code
Johnston RI 02919

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

Name of Employer Joseph Voccola & Associates Occupation Attorney

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.12598.0

Amount of Each Receipt this Period
900.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 304
	<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	

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

A. Full Name (Last, First, Middle Initial)
Herbert Kohl

Mailing Address 825 N Jefferson Street

City State Zip Code
Milwaukee WI 53202

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

Name of Employer Occupation
United State Senate Senator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12584

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Donald Listwin

Mailing Address 3480 Woodside Road

City State Zip Code
Woodside CA 94062

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

Name of Employer Occupation
Canary Foundation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.12689

Amount of Each Receipt this Period
5800.00

C. Full Name (Last, First, Middle Initial)
Joseph Lubiner

Mailing Address 35 Chestnut Drive

City State Zip Code
East Greenwich RI 02818

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

Name of Employer Occupation
Metaco Advisory Services President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12608

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	7800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 304
	<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	

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

A. Full Name (Last, First, Middle Initial)
Theodore Lynch

Mailing Address 10507 Clipper Drive

City State Zip Code
Fairfax Station VA 22039

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

Name of Employer SMI Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.12667

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Steven Nightingale

Mailing Address PO Box 2071

City State Zip Code
Reno NV 89505

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

Name of Employer Self-employed Occupation Writer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.12690

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Christopher Ohrstrom

Mailing Address PO Box 500

City State Zip Code
The Plains VA 20198

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

Name of Employer Self-employed Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.12669

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 304
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Ruth Simmons		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 55 Power Street		Transaction ID: SA11A1.12619	
City State Zip Code Providence RI 02906		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Brown University President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) James Street		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 107 Wood Trail		Transaction ID: SA11A1.12657	
City State Zip Code Austin TX 78746		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation James Street Group Principal			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) Hilary Valentine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 3480 Woodside Road		Transaction ID: SA11A1.12694	
City State Zip Code Woodside CA 94062		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Black & White Design Business Developer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	10500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 304
	<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

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

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

Mailing Address 21 Academy Avenue

City Bristol State RI Zip Code 02809

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

Name of Employer Capitol City Group Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12611

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
David Winton

Mailing Address 80 South 8th Street

City Minneapolis State MN Zip Code 55402

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

Name of Employer Winton Partners Occupation Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.12709

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
Ariela Zuller

Mailing Address 851 Briar Place

City Woodmere State NY Zip Code 11598

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

Name of Employer Information requested Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.12646

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)	▶	4300.00
TOTAL This Period (last page this line number only)	▶	53700.00

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

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

FOR LINE NUMBER: PAGE 14 / 304
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. AFL-CIO COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 815 16th Street NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00003806

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11C.12661

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

Mailing Address 80 F STREET, N.W.

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00009936

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: SA11C.12683

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
C. AMERICAN FEDERATION OF TEACHERS STAFF UNION COMMITTEE ON POLITICAL EDUCATION

Mailing Address 555 NEW JERSEY AVENUE N W

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00157545

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11C.12653

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► 9000.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 304
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. AMERICAN INTERNATIONAL GROUP INC. EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 70 PINE STREET
19TH FLOOR

City State Zip Code
NEW YORK NY 10270

FEC ID number of contributing federal political committee. **C** C00097725

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: SA11C.12715

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
B. Bingaman for Senate

Mailing Address PO BOX 16210

City State Zip Code
ALBUQUERQUE NM 87191

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: SA11C.12638

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. CITIZENS FOR HOPE RESPONSIBILITY INDEPENDENCE AND SERVICE PAC (CHRIS PAC)

Mailing Address 607 14th Street NW
Suite 800

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00391961

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11C.12659

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **10000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 304
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
COMMITTEE FOR A DEMOCRATIC MAJORITY

Mailing Address 301 4th St. NE Suite 202
Suite 101

City State Zip Code
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00302067

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: SA11C.12685

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION)

Mailing Address 100 INDIANA AVE. N. W.

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: SA11C.12686

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
FORWARD TOGETHER PAC

Mailing Address 201 North Union St. Suite 350

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00412791

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11C.12627

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 17 / 304
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Friends of Juan Pichardo

Mailing Address PO Box 27943

City State Zip Code
Providence RI 02907

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: SA11C.12679

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF RAHM EMANUEL

Mailing Address P.O. Box 101124

City State Zip Code
Chicago IL 60610

FEC ID number of contributing federal political committee. **C** C00368829

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: SA11C.12642

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
GLACIER PAC

Mailing Address 818 Connecticut Ave. NW #1009
Suite 1009

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00353953

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: SA11C.12578

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **10200.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 304

(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. Full Name (Last, First, Middle Initial)
GREEN MOUNTAIN PAC

Mailing Address PO Box 1142

City State Zip Code
Montpelier VT 05601

FEC ID number of contributing federal political committee. **C** C00409110

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 6

Transaction ID: SA11C.12648

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
HOPEFUND INC.

Mailing Address 235 Massachusetts Ave NE

City State Zip Code
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00409052

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11C.12580

Amount of Each Receipt this Period
5000.00

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

Mailing Address 509 Madison Ave.
Suite 1902

City State Zip Code
New York NY 10022

FEC ID number of contributing federal political committee. **C** C00348607

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: SA11C.12681

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ►

15000.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 304
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
International Brotherhood of Electrical Workers

Mailing Address 900 Seventh Street NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11C.12634

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Joshua Miller for State Senate

Mailing Address 41 Talbot Manor

City State Zip Code
Cranston RI 02905

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11C.12707

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
KEEPING AMERICA'S PROMISE INC.

Mailing Address 511 C Street NE

City State Zip Code
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00409508

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: SA11C.12662

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **7600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 304
(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. Full Name (Last, First, Middle Initial)
M-PAC

Mailing Address 607 14th Street N.W.
Suite 800

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00365270

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 6

Transaction ID: SA11C.12650

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
PAC TO THE FUTURE

Mailing Address PMB 3230
268 Bush Street

City State Zip Code
San Francisco CA 94104

FEC ID number of contributing federal political committee. **C** C00344234

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: SA11C.12644

Amount of Each Receipt this Period
5000.00

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

Mailing Address POST OFFICE BOX 2002

City State Zip Code
SPRINGFIELD IL 62705

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: SA11C.12635

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	12000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 304
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Rhode Island Young Democrats

Mailing Address PO Box 41633

City State Zip Code
Providence RI 02940

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11C.12582

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
SEARCHLIGHT LEADERSHIP FUND

Mailing Address 422 C Street NE Lower level
Lower level

City State Zip Code
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00327395

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11C.12629

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
SEIU C.O.P.E. Fund

Mailing Address 1313 L Street, NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11C.12652

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 304
(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)
Steve Smith Committee

Mailing Address 20 Neutaconikanut Road

City State Zip Code
Providence RI 02919

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11C.12625

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Tillinghast Licht LLP PAC Account

Mailing Address 10 Weybosset Street

City State Zip Code
Providence RI 02903

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11C.12664

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
WALT DISNEY PRODUCTIONS EMPLOYEES PAC (DISNEY EMPLOYEES POLITICAL ACTION COM

Mailing Address 1150 17TH STREET NW SUITE 400

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00197749

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: SA11C.12640

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)	3100.00
TOTAL This Period (last page this line number only)	92900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 304
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

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

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

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
4242.53

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: SA12.12588

Amount of Each Receipt this Period
595.15

B. Full Name (Last, First, Middle Initial)
Democratic National Committee Federal

Mailing Address 430 South Capitol Street, SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA12.10964

Amount of Each Receipt this Period
25000.00

C. Full Name (Last, First, Middle Initial)
Democratic National Committee Federal

Mailing Address 430 South Capitol Street, SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: SA12.10965

Amount of Each Receipt this Period
25000.00

SUBTOTAL of Receipts This Page (optional) ► **50595.15**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 304
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Democratic Senatorial Campaign Committee		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 120 Maryland Avenue NE		Transaction ID: SA12.10959
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 200000.00	
FEC ID number of contributing federal political committee. C C00042366		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1618664.44	

Full Name (Last, First, Middle Initial) B. Democratic Senatorial Campaign Committee		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 120 Maryland Avenue NE		Transaction ID: SA12.10961
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 140000.00	
FEC ID number of contributing federal political committee. C C00042366		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1758664.44	

Full Name (Last, First, Middle Initial) C. Democratic Senatorial Campaign Committee		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 120 Maryland Avenue NE		Transaction ID: SA12.10960
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 200000.00	
FEC ID number of contributing federal political committee. C C00042366		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1958664.44	

SUBTOTAL of Receipts This Page (optional) ▶	540000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 25 / 304
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City State Zip Code
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2081444.44

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA12.10962

Amount of Each Receipt this Period
122780.00

B. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City State Zip Code
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2151444.44

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: SA12.10963

Amount of Each Receipt this Period
70000.00

C. Full Name (Last, First, Middle Initial)
RHODE ISLAND DEMOCRATIC SENATE VICTORY FUND

Mailing Address 607 14TH STREET NW 8TH FLOOR

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00429555

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: SA12.12745

Amount of Each Receipt this Period
6000.00

SUBTOTAL of Receipts This Page (optional) ► 198780.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 304
	<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

Full Name (Last, First, Middle Initial) A. Peter Freeman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address 100 Alumni Avenue		Transaction ID: SA12.12745.0	
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	[MEMO ITEM]		
Name of Employer Occupation Self-employed Business Consultant	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Marie Langlois		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address 254 Wayland Avenue		Transaction ID: SA12.12745.1	
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	[MEMO ITEM]		
Name of Employer Occupation Washington Trust Portfolio Manager	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ella Auchincloss		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 131 Suffolk Road		Transaction ID: SA12.12745.2	
City State Zip Code Chestnut Hill MA 02467	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	[MEMO ITEM]		
Name of Employer Occupation Homemaker Homemaker	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 304
	(check only one)
<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	

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)
Brooke Lee

Mailing Address 271 Angell Street

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
Eugene Lee Inc. Design Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: SA12.12745.3

Amount of Each Receipt this Period
50.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Christopher Walling

Mailing Address PO Box 254

City State Zip Code
Block Island RI 02807

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

Name of Employer Occupation
Coleman Realtors Real Estate Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: SA12.12745.4

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Dana Westring

Mailing Address PO Box 348

City State Zip Code
The Plains VA 20198

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

Name of Employer Occupation
Self-employed Landscape Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: SA12.12745.5

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 304
	<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

Full Name (Last, First, Middle Initial) A. Joseph Azrack		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address PO Box 690		Transaction ID: SA12.12745.6
City State Zip Code Lincoln MA 01773	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C		[MEMO ITEM]
Name of Employer Citigroup Property Investors	Occupation Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. RHODE ISLAND SENATE 2006		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 120 MARYLAND AVE NE		Transaction ID: SA12.12717
City State Zip Code WASHINGTON DC 20002	Amount of Each Receipt this Period 7000.00	
FEC ID number of contributing federal political committee. C C00427971		[MEMO ITEM]
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7000.00	

Full Name (Last, First, Middle Initial) C. Merrill Sherman		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 24 Channing Avenue		Transaction ID: SA12.12717.0
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		[MEMO ITEM]
Name of Employer Bank Rhode Island	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 304
	<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

Full Name (Last, First, Middle Initial) A. Gerald Harrington		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 209 Blackberry Hill Drive		Transaction ID: SA12.12717.1	
City State Zip Code South Kingstown RI 02879	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	[MEMO ITEM]		
Name of Employer Capitol City Group	Occupation Managing Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Daniel Lederer		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 193 Medway Street		Transaction ID: SA12.12717.2	
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C	[MEMO ITEM]		
Name of Employer Butler Hospital	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) C. Nancy Lloyd		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 25 Blackstone Blvd		Transaction ID: SA12.12717.3	
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	[MEMO ITEM]		
Name of Employer Trots Zynsty	Occupation Fine Arts Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 304
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ira Magaziner		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006	
Mailing Address PO Box 319		Transaction ID: SA12.12717.4	
City State Zip Code Bristol RI 02809		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer Occupation STS, Inc. Business Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Suzanne Magaziner		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006	
Mailing Address PO Box 319		Transaction ID: SA12.12717.5	
City State Zip Code Bristol RI 02809		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer Occupation Homemaker Homemaker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Marcia S Riesman		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006	
Mailing Address 245 Waterman Street		Transaction ID: SA12.12717.6	
City State Zip Code Providence RI 02906		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 304
	<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

Full Name (Last, First, Middle Initial) A. Edna O'Neill Mattson		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 74 Maplewood Avenue		Transaction ID: SA12.12717.7	
City State Zip Code North Kingstown RI 02852	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer Community College of RI	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00		

Full Name (Last, First, Middle Initial) B. James Moore		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 5 Ocean Lawn Lane		Transaction ID: SA12.12717.8	
City State Zip Code Newport RI 02840	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer Retired		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Terrence Murray		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 218 El Brillo Way		Transaction ID: SA12.12717.9	
City State Zip Code Palm Beach FL 33480	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer Retired		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 304
	(check only one)
<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

Full Name (Last, First, Middle Initial) A. Dennis J Roberts, II		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2006	
Mailing Address 40 Westminster Street		Transaction ID: SA12.12717.10	
City State Zip Code Providence RI 02903	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer Self-employed	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. John Hazen White		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2006	
Mailing Address 1160 Cranston Street		Transaction ID: SA12.12717.11	
City State Zip Code Cranston RI 02920	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer Taco Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA CORPORATION POLITICAL ACTION COMMITTEE OF FLORIDA		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2006	
Mailing Address 600 PEACHTREE ST STE 1500 PO BOX 40789		Transaction ID: SA12.12717.12	
City State Zip Code ATLANTA GA 30308	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00043489		[MEMO ITEM]	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

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

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

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

FOR LINE NUMBER: PAGE 33 / 304
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
RHODE ISLAND SENATE 2006

Mailing Address 120 MARYLAND AVE NE

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00427971

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: SA12.12719

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
Anne Szostak

Mailing Address 70 Stimson Avenue

City State Zip Code
Providence RI 02906

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

Name of Employer Self-employed Occupation
Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: SA12.12719.0

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
CVS CORPORATION FEDERAL PAC

Mailing Address ONE CVS DRIVE

City State Zip Code
WOONSOCKET RI 02895

FEC ID number of contributing federal political committee. **C** C00327916

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA12.12719.1

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 304
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
RHODE ISLAND SENATE 2006

Mailing Address 120 MARYLAND AVE NE

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00427971

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10556.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	0	6

Transaction ID: SA12.12720

Amount of Each Receipt this Period
556.45

Final proceeds

SUBTOTAL of Receipts This Page (optional)	▶	556.45
TOTAL This Period (last page this line number only)	▶	799931.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 304

<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. Anthony Albanese		Transaction ID: SB21B.13554 Date of Disbursement 11 / 09 / 2006
Mailing Address 2150 Broad Street		Amount of Each Disbursement this Period 1000.00
City Cranston State RI Zip Code 02905	Category/ Type	
Purpose of Disbursement Office rent		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Alicia Amdur		Transaction ID: SB21B.10980 Date of Disbursement 11 / 10 / 2006
Mailing Address 792 McIntyre Avenue		Amount of Each Disbursement this Period 45.81
City Winter Prk State FL Zip Code 32709	Category/ Type	
Purpose of Disbursement Reimburse office refreshments		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB21B.12816 Date of Disbursement 10 / 25 / 2006
Mailing Address 300 South Riverside Plaza		Amount of Each Disbursement this Period 546.47
City Chicago State IL Zip Code 60606	Category/ Type	
Purpose of Disbursement Credit Card Payment		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1592.28
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Expedia.com		Transaction ID: SB21B.12816.0 Date of Disbursement 10 / 25 / 2006	
Mailing Address 3150 139th Avenue SE		Amount of Each Disbursement this Period 546.47	
City Bellevue State WA Zip Code 98005	Purpose of Disbursement Airfare	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB21B.12782 Date of Disbursement 11 / 05 / 2006	
Mailing Address 300 South Riverside Plaza		Amount of Each Disbursement this Period 1277.70	
City Chicago State IL Zip Code 60606	Purpose of Disbursement Credit Card Payment	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Radisson Hotel		Transaction ID: SB21B.12782.0 Date of Disbursement 11 / 03 / 2006	
Mailing Address 220 India Street		Amount of Each Disbursement this Period 1277.70	
City Providence State RI Zip Code 02903	Purpose of Disbursement Consultant lodging	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	1277.70
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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. American Express		Transaction ID: SB21B.12775	
Mailing Address 300 South Riverside Plaza		Date of Disbursement MM / DD / YYYY 11 / 10 / 2006	
City Chicago	State IL	Zip Code 60606	Amount of Each Disbursement this Period 373.00
Purpose of Disbursement Credit Card Payment		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. U Haul		Transaction ID: SB21B.12775.0	
Mailing Address 711 Branch Avenue		Date of Disbursement MM / DD / YYYY 11 / 10 / 2006	
City Providence	State RI	Zip Code 02904	Amount of Each Disbursement this Period 373.00
Purpose of Disbursement Truck Rental		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Gabriel Amo		Transaction ID: SB21B.13329	
Mailing Address 29 Ivy Street		Date of Disbursement MM / DD / YYYY 11 / 27 / 2006	
City Pawtucket	State RI	Zip Code 02860	Amount of Each Disbursement this Period 236.17
Purpose of Disbursement Reimburse lodging		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	609.17
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Providence Biltmore		Transaction ID: SB21B.13329.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address Kennedy Plaza		Amount of Each Disbursement this Period 236.17 [MEMO ITEM]	
City Providence	State RI		Zip Code 02903
Purpose of Disbursement Lodging			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. Kimberly Bastin		Transaction ID: SB21B.13346 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 544 Orange Drive		Amount of Each Disbursement this Period 134.30	
City Altamonte Springs	State FL		Zip Code 32701
Purpose of Disbursement Reimburse airfare			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) C. Benny's		Transaction ID: SB21B.12957 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 66 Branch Avenue		Amount of Each Disbursement this Period 320.94	
City Providence	State RI		Zip Code 02904
Purpose of Disbursement Office supplies			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional) ▶

455.24

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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. Benny's		Transaction ID: SB21B.12960 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 66 Branch Avenue		Amount of Each Disbursement this Period 29.36
City Providence State RI Zip Code 02904	Category/ Type	
Purpose of Disbursement Office supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Benny's		Transaction ID: SB21B.12961 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 66 Branch Avenue		Amount of Each Disbursement this Period 96.11
City Providence State RI Zip Code 02904	Category/ Type	
Purpose of Disbursement Office supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Benny's		Transaction ID: SB21B.12958 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 66 Branch Avenue		Amount of Each Disbursement this Period 53.49
City Providence State RI Zip Code 02904	Category/ Type	
Purpose of Disbursement Office supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	178.96
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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. Benny's		Transaction ID: SB21B.12959 Date of Disbursement 11 / 06 / 2006	
Mailing Address 66 Branch Avenue		Amount of Each Disbursement this Period 149.53	
City Providence State RI Zip Code 02904	Purpose of Disbursement Office supplies	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BJ's Wholesale Club		Transaction ID: SB21B.13208 Date of Disbursement 11 / 01 / 2006	
Mailing Address 287 Washington Avenue		Amount of Each Disbursement this Period 247.46	
City Attleboro State MA Zip Code 02703	Purpose of Disbursement Office Food supplies	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. BJ's Wholesale Club		Transaction ID: SB21B.12963 Date of Disbursement 11 / 06 / 2006	
Mailing Address 1300 Hartford Avenue		Amount of Each Disbursement this Period 240.66	
City Johnston State RI Zip Code 02919	Purpose of Disbursement Committee food supplies	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	637.65
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input 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. Joseph Blaszkw		Transaction ID: SB21B.13336 Date of Disbursement 11 / 05 / 2006
Mailing Address 1100 H Street NW		Amount of Each Disbursement this Period 232.60
City Washington State DC Zip Code 20005	Purpose of Disbursement Reimburse airfare Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Transaction ID: SB21B.13336.0 Date of Disbursement 11 / 03 / 2006
Mailing Address Theodore Francis Green Airport		Amount of Each Disbursement this Period 232.60
City Warwick State RI Zip Code 02886	Purpose of Disbursement Airfare Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Angela Botticella		Transaction ID: SB21B.10972 Date of Disbursement 11 / 10 / 2006
Mailing Address 18 Phillipsburg		Amount of Each Disbursement this Period 45.88
City Irvine State CA Zip Code 92620	Purpose of Disbursement Reimburse office supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	278.48
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Staples		Transaction ID: SB21B.10972.0 Date of Disbursement 10 / 21 / 2006	
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 17.03	
City Providence	State RI	Zip Code 02906	[MEMO ITEM]
Purpose of Disbursement Office supplies	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: SB21B.10972.1 Date of Disbursement 10 / 21 / 2006	
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 5.33	
City Providence	State RI	Zip Code 02906	[MEMO ITEM]
Purpose of Disbursement Office supplies	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Adam Brand		Transaction ID: SB21B.12799 Date of Disbursement 10 / 26 / 2006	
Mailing Address 704 Crooked Creek Drive		Amount of Each Disbursement this Period 3000.00	
City Rockville	State MD	Zip Code 20850	[MEMO ITEM]
Purpose of Disbursement Legal consulting	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Adam Brand		Transaction ID: SB21B.12801 Date of Disbursement 10 / 26 / 2006	
Mailing Address 704 Crooked Creek Drive		Amount of Each Disbursement this Period 232.60	
City Rockville State MD Zip Code 20850	Purpose of Disbursement Reimburse travel	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Transaction ID: SB21B.12801.0 Date of Disbursement 10 / 23 / 2006	
Mailing Address Theodore Francis Green Airport		Amount of Each Disbursement this Period 232.60	
City Warwick State RI Zip Code 02886	Purpose of Disbursement Airfare	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Adam Brand		Transaction ID: SB21B.10996 Date of Disbursement 11 / 08 / 2006	
Mailing Address 704 Crooked Creek Drive		Amount of Each Disbursement this Period 263.08	
City Rockville State MD Zip Code 20850	Purpose of Disbursement Reimburse meals	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

495.68

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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. Providence Marriott		Transaction ID: SB21B.10996.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address Charles & Orms Street		Amount of Each Disbursement this Period 97.75 [MEMO ITEM]
City Providence State RI Zip Code 02906		
Purpose of Disbursement Meals Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Gregory Buckland		Transaction ID: SB21B.10089 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 9 Kahler Avenue		Amount of Each Disbursement this Period 42.20
City Milton State MA Zip Code 02186		
Purpose of Disbursement Reimburse meeting refreshments Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Campaign Finance Consultants		Transaction ID: SB21B.13354 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 10 G Street NE		Amount of Each Disbursement this Period 1060.60
City Washington State DC Zip Code 20002		
Purpose of Disbursement Reimburse lodging Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1102.80
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Sean Cartwright		Transaction ID: SB21B.10098 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 2800 Wisconsin Avenue		Amount of Each Disbursement this Period 232.60
City Washington State DC Zip Code 20007	Purpose of Disbursement Reimburse airfare Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Transaction ID: SB21B.10098.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address Theodore Francis Green Airport		Amount of Each Disbursement this Period 232.60
City Warwick State RI Zip Code 02886	Purpose of Disbursement Airfare Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: SB21B.12964 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 36.00
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fees Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	268.60
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Citizens Bank		Transaction ID: SB21B.12965 Date of Disbursement 10 / 23 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: SB21B.12966 Date of Disbursement 10 / 23 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: SB21B.12967 Date of Disbursement 10 / 24 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 12.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	48.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<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. Citizens Bank		Transaction ID: SB21B.12979 Date of Disbursement 10 / 24 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: SB21B.12968 Date of Disbursement 10 / 25 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 12.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: SB21B.12969 Date of Disbursement 10 / 27 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 12.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	42.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

<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. Citizens Bank		Transaction ID: SB21B.12970 Date of Disbursement 10 / 27 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: SB21B.12981 Date of Disbursement 10 / 27 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 12.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: SB21B.12971 Date of Disbursement 10 / 30 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	48.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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. Citizens Bank		Transaction ID: SB21B.12972 Date of Disbursement 10 / 30 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 12.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: SB21B.12983 Date of Disbursement 10 / 30 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 36.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fees	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: SB21B.12973 Date of Disbursement 10 / 31 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	66.00
TOTAL This Period (last page this line number only) ▶	66.00

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)

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<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. Citizens Bank		Transaction ID: SB21B.12974 Date of Disbursement 10 / 31 / 2006
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 77.00
City Providence State RI Zip Code 02903	Category/ Type	
Purpose of Disbursement Bank fees		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: SB21B.12984 Date of Disbursement 10 / 31 / 2006
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 98.00
City Providence State RI Zip Code 02903	Category/ Type	
Purpose of Disbursement Bank fees		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: SB21B.12985 Date of Disbursement 11 / 01 / 2006
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00
City Providence State RI Zip Code 02903	Category/ Type	
Purpose of Disbursement Wire fee		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	193.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

<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. Citizens Bank		Transaction ID: SB21B.12975 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00
City Providence State RI Zip Code 02903		
Purpose of Disbursement Wire fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: SB21B.12976 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00
City Providence State RI Zip Code 02903		
Purpose of Disbursement Wire fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: SB21B.12986 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00
City Providence State RI Zip Code 02903		
Purpose of Disbursement Wire fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	54.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<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. Citizens Bank		Transaction ID: SB21B.12977 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: SB21B.12978 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 12.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Computer Telephone, Inc.		Transaction ID: SB21B.12825 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 60 Alhambra Road		Amount of Each Disbursement this Period 805.37	
City Warwick State RI Zip Code 02886	Purpose of Disbursement Phone installations Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	835.37
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Computer Telephone, Inc.		Transaction ID: SB21B.10095	
Mailing Address 60 Alhambra Road		Date of Disbursement 11 / 01 / 2006	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 571.41
Purpose of Disbursement Telephone installation and rental		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Computer Telephone, Inc.		Transaction ID: SB21B.13282	
Mailing Address 60 Alhambra Road		Date of Disbursement 11 / 27 / 2006	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 207.00
Purpose of Disbursement Equipment removal		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Jacob Conarck		Transaction ID: SB21B.13579	
Mailing Address 7 Oxford Drive		Date of Disbursement 11 / 03 / 2006	
City Port Jeff Station	State NY	Zip Code 11776	Amount of Each Disbursement this Period 119.00
Purpose of Disbursement Lodging reimbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	897.41
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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. Jacob Conarck		Transaction ID: SB21B.13853 Date of Disbursement 11 / 03 / 2006	
Mailing Address 7 Oxford Drive		Amount of Each Disbursement this Period -119.00	
City Port Jeff Station	State NY	Zip Code 11776	Category/ Type
Purpose of Disbursement Payment not used			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Cox Communications		Transaction ID: SB21B.12824 Date of Disbursement 10 / 19 / 2006	
Mailing Address P.O. Box 39		Amount of Each Disbursement this Period 757.80	
City Newark	State NJ	Zip Code 07101	Category/ Type
Purpose of Disbursement Telephone service			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Cox Communications		Transaction ID: SB21B.12821 Date of Disbursement 10 / 20 / 2006	
Mailing Address P.O. Box 39		Amount of Each Disbursement this Period 111.00	
City Newark	State NJ	Zip Code 07101	Category/ Type
Purpose of Disbursement Internet service			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	749.80
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Cox Communications		Transaction ID: SB21B.12819 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 39		Amount of Each Disbursement this Period 454.69
City Newark State NJ Zip Code 07101	Purpose of Disbursement Telephone service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Cox Communications		Transaction ID: SB21B.12798 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 39		Amount of Each Disbursement this Period 1144.62
City Newark State NJ Zip Code 07101	Purpose of Disbursement Telephone service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Cox Communications		Transaction ID: SB21B.12826 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 39		Amount of Each Disbursement this Period 3212.30
City Newark State NJ Zip Code 07101	Purpose of Disbursement Telephone service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	4811.61
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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. Cox Communications		Transaction ID: SB21B.10967 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 39		Amount of Each Disbursement this Period 356.00
City Newark State NJ Zip Code 07101	Purpose of Disbursement Internet service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cox Communications		Transaction ID: SB21B.13364 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 39		Amount of Each Disbursement this Period 697.83
City Newark State NJ Zip Code 07101	Purpose of Disbursement Telephone/internet service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cox Communications		Transaction ID: SB21B.13361 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 39		Amount of Each Disbursement this Period 21.04
City Newark State NJ Zip Code 07101	Purpose of Disbursement Cable service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1074.87
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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. Melodie DeMulling		Transaction ID: SB21B.10974 Date of Disbursement MM / DD / YYYY 11 / 10 / 2006	
Mailing Address 13981 121st Avenue		Amount of Each Disbursement this Period 79.10	
City Dayton State MN Zip Code 55327	Purpose of Disbursement Reimburse office supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: SB21B.10974.0 Date of Disbursement MM / DD / YYYY 10 / 13 / 2006	
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 70.55	
City Providence State RI Zip Code 02906	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Discount Disposal		Transaction ID: SB21B.10987 Date of Disbursement MM / DD / YYYY 11 / 09 / 2006	
Mailing Address 19 C Buck Hill Road		Amount of Each Disbursement this Period 299.00	
City Johnston State RI Zip Code 02919	Purpose of Disbursement Dumpster rental Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	378.10
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Discount Disposal		Transaction ID: SB21B.10989	
Mailing Address 19 C Buck Hill Road		Date of Disbursement MM / DD / YYYY 11 / 10 / 2006	
City Johnston	State RI	Zip Code 02919	Amount of Each Disbursement this Period 299.00
Purpose of Disbursement Dumpster rental		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Dr A C Cleaning		Transaction ID: SB21B.10977	
Mailing Address 41 Goldsmith Avenue		Date of Disbursement MM / DD / YYYY 11 / 10 / 2006	
City East Providence	State RI	Zip Code 02914	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement Office maintenance		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Dr A C Cleaning		Transaction ID: SB21B.13384	
Mailing Address 41 Goldsmith Avenue		Date of Disbursement MM / DD / YYYY 11 / 17 / 2006	
City East Providence	State RI	Zip Code 02914	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement Office maintenance		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	599.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Dunkin Donuts		Transaction ID: SB21B.13570 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1245 North Main Street		Amount of Each Disbursement this Period 163.82
City Providence State RI Zip Code 02906	Purpose of Disbursement Meeting Refreshments Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Lacy Dwyer		Transaction ID: SB21B.10979 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 47 Wyndham Hill		Amount of Each Disbursement this Period 125.69
City Middletown State RI Zip Code 02842	Purpose of Disbursement Reimburse office supplies/parking Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Parker Farrington		Transaction ID: SB21B.12831 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 37 Devon Road		Amount of Each Disbursement this Period 116.54
City Chestnut Hill State MA Zip Code 02467	Purpose of Disbursement Reimburse office supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	406.05
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<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. FedexKinkos		Transaction ID: SB21B.12988	
Mailing Address 236 Meeting Street		Date of Disbursement 10 / 30 / 2006	
City Providence	State RI	Zip Code 02906	Amount of Each Disbursement this Period 24.97
Purpose of Disbursement Mailing fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. FedexKinkos		Transaction ID: SB21B.12790	
Mailing Address 236 Meeting Street		Date of Disbursement 11 / 02 / 2006	
City Providence	State RI	Zip Code 02906	Amount of Each Disbursement this Period 300.65
Purpose of Disbursement Committee copying charges		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. FedexKinkos		Transaction ID: SB21B.12989	
Mailing Address 236 Meeting Street		Date of Disbursement 11 / 02 / 2006	
City Providence	State RI	Zip Code 02906	Amount of Each Disbursement this Period 1027.36
Purpose of Disbursement Committee copying charges		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1352.98
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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. FedexKinkos		Transaction ID: SB21B.12987 Date of Disbursement 11 / 04 / 2006	
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 974.67	
City Providence State RI Zip Code 02906	Purpose of Disbursement Committee copying charges	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. FedexKinkos		Transaction ID: SB21B.13382 Date of Disbursement 11 / 05 / 2006	
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 754.07	
City Providence State RI Zip Code 02906	Purpose of Disbursement Committee copying charges	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Regina Fiorentini		Transaction ID: SB21B.12797 Date of Disbursement 11 / 01 / 2006	
Mailing Address 36 Macon Avenue		Amount of Each Disbursement this Period 92.97	
City Haverhill State MA Zip Code 01830	Purpose of Disbursement Reimburse office supplies	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1821.71
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

<input 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. Timothy Fraser		Transaction ID: SB21B.10973 Date of Disbursement 11 / 10 / 2006	
Mailing Address 78 Fisher Street		Amount of Each Disbursement this Period 84.85	
City Medway State MA Zip Code 02053	Purpose of Disbursement Reimburse office supplies Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: SB21B.10973.1 Date of Disbursement 09 / 25 / 2006	
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 22.32	
City Providence State RI Zip Code 02906	Purpose of Disbursement Office supplies Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Stop & Shop		Transaction ID: SB21B.10973.3 Date of Disbursement 10 / 19 / 2006	
Mailing Address 333 West River		Amount of Each Disbursement this Period 29.39	
City Providence State RI Zip Code 02904	Purpose of Disbursement Office Refreshments Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	84.85
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Grassroots Solutions		Transaction ID: SB21B.12822	
Mailing Address 2929 University Ave. SE		Date of Disbursement 10 / 19 / 2006	
City Minneapolis	State MN	Zip Code 55414	Amount of Each Disbursement this Period 7500.00
Purpose of Disbursement Field consulting		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Grassroots Solutions		Transaction ID: SB21B.12828	
Mailing Address 2929 University Ave. SE		Date of Disbursement 10 / 26 / 2006	
City Minneapolis	State MN	Zip Code 55414	Amount of Each Disbursement this Period 2111.15
Purpose of Disbursement Reimburse travel/lodging		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Grassroots Solutions		Transaction ID: SB21B.10978	
Mailing Address 2929 University Ave. SE		Date of Disbursement 11 / 10 / 2006	
City Minneapolis	State MN	Zip Code 55414	Amount of Each Disbursement this Period 3578.86
Purpose of Disbursement Reimburse travel/lodging		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	13190.01
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input 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. Grassroots Solutions		Transaction ID: SB21B.13422
Mailing Address 2929 University Ave. SE		Date of Disbursement MM / DD / YYYY 11 / 17 / 2006
City Minneapolis	State MN	Zip Code 55414
Purpose of Disbursement Field consulting		Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Grassroots Solutions		Transaction ID: SB21B.13328
Mailing Address 2929 University Ave. SE		Date of Disbursement MM / DD / YYYY 11 / 27 / 2006
City Minneapolis	State MN	Zip Code 55414
Purpose of Disbursement Reimburse travel/lodging		Amount of Each Disbursement this Period 877.91
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Robert Hanson		Transaction ID: SB21B.13325
Mailing Address 83 Arrowhead Trail		Date of Disbursement MM / DD / YYYY 11 / 10 / 2006
City Wakefield	State RI	Zip Code 02879
Purpose of Disbursement Reimburse lodging		Amount of Each Disbursement this Period 324.77
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	6202.68
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<input 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. Providence Biltmore		Transaction ID: SB21B.13325.0 Date of Disbursement MM / DD / YYYY 11 / 10 / 2006
Mailing Address Kennedy Plaza		Amount of Each Disbursement this Period 324.77 [MEMO ITEM]
City Providence	State RI	
Zip Code 02903		
Purpose of Disbursement Lodging reimbursement Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Kelly Harlow		Transaction ID: SB21B.13347 Date of Disbursement MM / DD / YYYY 11 / 03 / 2006
Mailing Address 3906 West Oak Drive		Amount of Each Disbursement this Period 152.09 [MEMO ITEM]
City Columbia	State MO	
Zip Code 65302		
Purpose of Disbursement Reimburse office supplies & food Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Stop & Shop		Transaction ID: SB21B.13347.5 Date of Disbursement MM / DD / YYYY 10 / 28 / 2006
Mailing Address 333 West River		Amount of Each Disbursement this Period 16.00 [MEMO ITEM]
City Providence	State RI	
Zip Code 02904		
Purpose of Disbursement Office Food supplies Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	152.09
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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. Hildebrand Tewes Consulting		Transaction ID: SB21B.10995 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 326 E 8th Street		Amount of Each Disbursement this Period 3956.43
City Sioux Falls	State SD	
Zip Code 57103		Category/ Type
Purpose of Disbursement Travel & Lodging reimbursement		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Hildebrand Tewes Consulting		Transaction ID: SB21B.13383 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 326 E 8th Street		Amount of Each Disbursement this Period 25000.00
City Sioux Falls	State SD	
Zip Code 57103		Category/ Type
Purpose of Disbursement Campaign consultant		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Nicole Hilmer-Heartte		Transaction ID: SB21B.13327 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6
Mailing Address 5 East Street		Amount of Each Disbursement this Period 24.65
City Providence	State RI	
Zip Code 02906		Category/ Type
Purpose of Disbursement Reimburse copies		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	28981.08
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input 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. FedexKinkos		Transaction ID: SB21B.13327.0 Date of Disbursement 10 / 26 / 2006	
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 24.65	
City Providence State RI Zip Code 02906	Purpose of Disbursement Copying charges Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Jessica Hogle		Transaction ID: SB21B.12771 Date of Disbursement 11 / 10 / 2006	
Mailing Address 10 G Street		Amount of Each Disbursement this Period 647.25	
City Washington State DC Zip Code 20002	Purpose of Disbursement Reimburse car rental Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Hertz-		Transaction ID: SB21B.12771.0 Date of Disbursement 11 / 08 / 2006	
Mailing Address TFGreen Airport		Amount of Each Disbursement this Period 602.25	
City Warwick State RI Zip Code 02886	Purpose of Disbursement Car rental Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	647.25
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Holiday Inn Express		Transaction ID: SB21B.13330 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6
Mailing Address 901 Jefferson Boulevard		Amount of Each Disbursement this Period 403.41
City Warwick State RI Zip Code 02886	Category/ Type	
Purpose of Disbursement Lodging		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Holiday Inn Express		Transaction ID: SB21B.13331 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 901 Jefferson Boulevard		Amount of Each Disbursement this Period 339.00
City Warwick State RI Zip Code 02886	Category/ Type	
Purpose of Disbursement Lodging		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Nicholas Jeffrey		Transaction ID: SB21B.10966 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 6
Mailing Address 6 Holiday Court		Amount of Each Disbursement this Period 31.49
City Lincoln State RI Zip Code 02865	Category/ Type	
Purpose of Disbursement Reimburse office supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	773.90
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Manuel Jimenez		Transaction ID: SB21B.13352 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6
Mailing Address 1099 Broad Street		Amount of Each Disbursement this Period 250.00
City Providence State RI Zip Code 02905	Category/ Type	
Purpose of Disbursement Office rent		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Patricia Kammerer		Transaction ID: SB21B.12796 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 1495		Amount of Each Disbursement this Period 87.30
City Westerly State RI Zip Code 02891	Category/ Type	
Purpose of Disbursement Reimburse travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Transaction ID: SB21B.12796.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address Theodore Francis Green Airport		Amount of Each Disbursement this Period 87.30 [MEMO ITEM]
City Warwick State RI Zip Code 02886	Category/ Type	
Purpose of Disbursement Car rental		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	337.30
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Patricia Kammerer		Transaction ID: SB21B.12778 Date of Disbursement 11 / 10 / 2006	
Mailing Address PO Box 1495		Amount of Each Disbursement this Period 501.70	
City Westerly	State RI	Zip Code 02891	Category/ Type
Purpose of Disbursement Reimburse airfare		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Transaction ID: SB21B.12778.0 Date of Disbursement 11 / 04 / 2006	
Mailing Address Theodore Francis Green Airport		Amount of Each Disbursement this Period 501.70	
City Warwick	State RI	Zip Code 02886	Category/ Type
Purpose of Disbursement Airfare		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Steven LaForm		Transaction ID: SB21B.12791 Date of Disbursement 11 / 03 / 2006	
Mailing Address 28 Broadway		Amount of Each Disbursement this Period 500.00	
City Newport	State RI	Zip Code 02840	Category/ Type
Purpose of Disbursement Office rent		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	1001.70
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input 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. Lexisnexis		Transaction ID: SB21B.13591 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 6
Mailing Address PO Box 7247-7090		Amount of Each Disbursement this Period 150.00
City Philadelphia State PA Zip Code 19170	Purpose of Disbursement Subscription Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Brett Lincoln		Transaction ID: SB21B.10975 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 28 Irving Road		Amount of Each Disbursement this Period 408.95
City New Hartford State NY Zip Code 13413	Purpose of Disbursement Reimburse office food & supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Farnsworth Cafe		Transaction ID: SB21B.10975.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 302 Willett Avenue		Amount of Each Disbursement this Period 286.74
City Riverside State RI Zip Code 02915	Purpose of Disbursement Office catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	558.95
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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. Sara Lonardo		Transaction ID: SB21B.10103 Date of Disbursement 10 / 24 / 2006	
Mailing Address 471 Douglas Avenue		Amount of Each Disbursement this Period 28.06	
City Providence State RI Zip Code 02908	Purpose of Disbursement Reimburse office refreshments	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. Rudy Lopez		Transaction ID: SB21B.13345 Date of Disbursement 11 / 03 / 2006	
Mailing Address 1608 Senator Drive		Amount of Each Disbursement this Period 509.00	
City East Chicago State IL Zip Code 46312	Purpose of Disbursement Reimbursement office supplies	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Sprint		Transaction ID: SB21B.13345.0 Date of Disbursement 11 / 02 / 2006	
Mailing Address 1199 Pontiac Avenue		Amount of Each Disbursement this Period 299.00	
City Cranston State RI Zip Code 02920	Purpose of Disbursement Phone	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

537.06

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

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

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

FOR LINE NUMBER:
(check only one)

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<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. Keyla's Party Shop		Transaction ID: SB21B.13345.1 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 968 Atwells Avenue		Amount of Each Disbursement this Period 210.00 [MEMO ITEM]
City Providence State RI Zip Code 02909		
Purpose of Disbursement Outreach chair rental	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Rudy Lopez		Transaction ID: SB21B.10986 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 1608 Senator Drive		Amount of Each Disbursement this Period 198.64
City East Chicago State IL Zip Code 46312		
Purpose of Disbursement Reimburse outreach refreshments	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Rudy Lopez		Transaction ID: SB21B.13353 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 1608 Senator Drive		Amount of Each Disbursement this Period 1100.00
City East Chicago State IL Zip Code 46312		
Purpose of Disbursement Reimburse outreach expenses	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1298.64
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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

A. Juan Perez Full Name (Last, First, Middle Initial) Mailing Address 25 Gilmore Street City Providence State RI Zip Code 02907 Purpose of Disbursement Music Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.13353.0 Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
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B. Keyla's Party Shop Full Name (Last, First, Middle Initial) Mailing Address 968 Atwells Avenue City Providence State RI Zip Code 02909 Purpose of Disbursement Chair Rental Deposit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.13353.1 Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
--	--	---

C. Matthew Lydon Full Name (Last, First, Middle Initial) Mailing Address 73 Fremont City Providence State RI Zip Code 02906 Purpose of Disbursement Reimburse office supplies & tokens Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.13349 Date of Disbursement 10 / 22 / 2006 Amount of Each Disbursement this Period 165.56
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SUBTOTAL of Disbursements This Page (optional) ▶	165.56
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

<input 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

<p>A. Full Name (Last, First, Middle Initial) RI Bridge & Turnpike Authority</p>		<p>Transaction ID: SB21B.13349.1 Date of Disbursement</p>
<p>Mailing Address East Shore Road</p>		<p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p>
<p>City Jamestown State RI Zip Code 02835</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>	
<p>Purpose of Disbursement Yokens</p>	<p><input type="text" value=""/></p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>	<p>[MEMO ITEM]</p>	

<p>B. Full Name (Last, First, Middle Initial) Matthew Lydon</p>		<p>Transaction ID: SB21B.13350 Date of Disbursement</p>
<p>Mailing Address 73 Fremont</p>		<p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p>
<p>City Providence State RI Zip Code 02906</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="277.19"/></p>	
<p>Purpose of Disbursement Reimburse airfare</p>	<p><input type="text" value=""/></p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p>C. Full Name (Last, First, Middle Initial) United Airlines</p>		<p>Transaction ID: SB21B.13350.0 Date of Disbursement</p>
<p>Mailing Address TFG Airport</p>		<p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p>
<p>City Warwick State RI Zip Code 02886</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="277.19"/></p>	
<p>Purpose of Disbursement Airfare</p>	<p><input type="text" value=""/></p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>	<p>[MEMO ITEM]</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="277.19"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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. Matthew Lydon		Transaction ID: SB21B.13351 Date of Disbursement 11 / 12 / 2006
Mailing Address 73 Fremont		Amount of Each Disbursement this Period 189.20
City Providence State RI Zip Code 02906	Purpose of Disbursement Reimburse office supplies/food Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. RI Bridge & Turnpike Authority		Transaction ID: SB21B.13351.2 Date of Disbursement 11 / 05 / 2006
Mailing Address East Shore Road		Amount of Each Disbursement this Period 10.00
City Jamestown State RI Zip Code 02835	Purpose of Disbursement Tokens Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. McBee Systems, Inc.		Transaction ID: SB21B.12794 Date of Disbursement 10 / 31 / 2006
Mailing Address PO Box 88042		Amount of Each Disbursement this Period 146.55
City Chicago State IL Zip Code 60680	Purpose of Disbursement Checkbook supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	335.75
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

<input 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. McBee Systems, Inc.		Transaction ID: SB21B.12787 Date of Disbursement 11 / 03 / 2006	
Mailing Address PO Box 88042		Amount of Each Disbursement this Period 146.55	
City Chicago State IL Zip Code 60680	Purpose of Disbursement Checkbook supplies Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. McBee Systems, Inc.		Transaction ID: SB21B.12785 Date of Disbursement 11 / 05 / 2006	
Mailing Address PO Box 88042		Amount of Each Disbursement this Period 195.04	
City Chicago State IL Zip Code 60680	Purpose of Disbursement Checkbook supplies Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Donald McFarland		Transaction ID: SB21B.10102 Date of Disbursement 10 / 24 / 2006	
Mailing Address 411 Laurel Avenue		Amount of Each Disbursement this Period 470.20	
City St Paul State MN Zip Code 55102	Purpose of Disbursement Reimburse airfare Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	811.79
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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<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. US Airways		Transaction ID: SB21B.10102.0 Date of Disbursement 10 / 22 / 2006	
Mailing Address Theodore Francis Green Airport		Amount of Each Disbursement this Period 470.20	
City Warwick State RI Zip Code 02886	Purpose of Disbursement Airfare	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Donald McFarland		Transaction ID: SB21B.10093 Date of Disbursement 11 / 01 / 2006	
Mailing Address 411 Laurel Avenue		Amount of Each Disbursement this Period 828.44	
City St Paul State MN Zip Code 55102	Purpose of Disbursement Reimburse lodging, car rental	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Comfort Inn		Transaction ID: SB21B.10093.0 Date of Disbursement 11 / 01 / 2006	
Mailing Address 2 George Street		Amount of Each Disbursement this Period 480.25	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Lodging	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	828.44
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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. Rent a Wreck		Transaction ID: SB21B.10093.1 Date of Disbursement																					
Mailing Address 1073 Douglas Avenue		<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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	8		2	0	0	6														
City Providence	State RI	Zip Code 02904	Amount of Each Disbursement this Period																				
Purpose of Disbursement Car rental		Category/ Type	283.55																				
Candidate Name			[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. RI Bridge & Turnpike Authority		Transaction ID: SB21B.10093.5 Date of Disbursement																					
Mailing Address East Shore Road		<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>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	9		2	0	0	6														
City Jamestown	State RI	Zip Code 02835	Amount of Each Disbursement this Period																				
Purpose of Disbursement Tolls		Category/ Type	4.00																				
Candidate Name			[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. Donald McFarland		Transaction ID: SB21B.13324 Date of Disbursement																					
Mailing Address 411 Laurel Avenue		<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>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	5		2	0	0	6														
City St Paul	State MN	Zip Code 55102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimburse office copying costs		Category/ Type	530.74																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	530.74
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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<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. FedExKinko's		Transaction ID: SB21B.13324.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 40 Cumberland Avenue		Amount of Each Disbursement this Period 530.74 [MEMO ITEM]
City North Attleboro State MA Zip Code 02760		
Purpose of Disbursement Office copying charges Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Donald McFarland		Transaction ID: SB21B.10985 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 411 Laurel Avenue		Amount of Each Disbursement this Period 43.54
City St Paul State MN Zip Code 55102		
Purpose of Disbursement Reimburse office refreshments Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Petty Cashier Michael Dorsey		Transaction ID: SB21B.13338 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6
Mailing Address 845 North Main Street		Amount of Each Disbursement this Period 1095.46
City Providence State RI Zip Code 02904		
Purpose of Disbursement Petty Cash Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1139.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. Staples		Transaction ID: SB21B.13338.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 18.38 [MEMO ITEM]
City Providence State RI Zip Code 02906		
Purpose of Disbursement Office Supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. RI Bridge & Turnpike Authority		Transaction ID: SB21B.13338.6 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6
Mailing Address East Shore Road		Amount of Each Disbursement this Period 20.00 [MEMO ITEM]
City Jamestown State RI Zip Code 02835		
Purpose of Disbursement Tokens Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Home Depot		Transaction ID: SB21B.13338.27 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6
Mailing Address 387 Charles Street		Amount of Each Disbursement this Period 71.10 [MEMO ITEM]
City Providence State RI Zip Code 02908		
Purpose of Disbursement Supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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)

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<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. Home Depot		Transaction ID: SB21B.13338.28	
Mailing Address 387 Charles Street		Date of Disbursement MM / DD / YYYY 11 / 06 / 2006	
City Providence	State RI	Zip Code 02908	Amount of Each Disbursement this Period 82.21
Purpose of Disbursement Supplies		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM]		

Full Name (Last, First, Middle Initial) B. Mi Sueno		Transaction ID: SB21B.13605	
Mailing Address 1070 Broad Street		Date of Disbursement MM / DD / YYYY 11 / 12 / 2006	
City Providence	State RI	Zip Code 02905	Amount of Each Disbursement this Period 150.00
Purpose of Disbursement Outreach Catering		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. National Grid		Transaction ID: SB21B.12818	
Mailing Address Processing Center		Date of Disbursement MM / DD / YYYY 10 / 24 / 2006	
City Woburn	State MA	Zip Code 01807	Amount of Each Disbursement this Period 59.35
Purpose of Disbursement Utility usage		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	209.35
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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. National Grid		Transaction ID: SB21B.12783 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6
Mailing Address Processing Center		Amount of Each Disbursement this Period 139.66
City Woburn State MA Zip Code 01807	Purpose of Disbursement Utility usage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. National Grid		Transaction ID: SB21B.10984 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address Processing Center		Amount of Each Disbursement this Period 715.31
City Woburn State MA Zip Code 01807	Purpose of Disbursement Electricity Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. National Grid		Transaction ID: SB21B.10968 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 6
Mailing Address Processing Center		Amount of Each Disbursement this Period 450.95
City Woburn State MA Zip Code 01807	Purpose of Disbursement Electricity Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1305.92
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

<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. Deborah Papa		Transaction ID: SB21B.10970 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 188 Brookwood Road		Amount of Each Disbursement this Period 2000.00
City Warwick State RI Zip Code 02889	Purpose of Disbursement Receptionist stipend Candidate Name <input type="text"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Pay Pal Inc		Transaction ID: SB21B.12991 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 22.40
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit card fees Candidate Name <input type="text"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Perkins Coie		Transaction ID: SB21B.13611 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 1201 Third Avenue		Amount of Each Disbursement this Period 750.00
City Seattle State WA Zip Code 98101	Purpose of Disbursement Legal services Candidate Name <input type="text"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2772.40
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. PMA Engineering		Transaction ID: SB21B.13348 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 6
Mailing Address 681 Killingly Street		Amount of Each Disbursement this Period 395.00
City Johnston State RI Zip Code 02919	Purpose of Disbursement Bull horn rental	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Postmaster		Transaction ID: SB21B.12992 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address Turnkey Station		Amount of Each Disbursement this Period 117.00
City Providence State RI Zip Code 02940	Purpose of Disbursement Office Postage	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Providence Marriott		Transaction ID: SB21B.13233 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address Charles & Orms Street		Amount of Each Disbursement this Period 2325.65
City Providence State RI Zip Code 02906	Purpose of Disbursement Lodging	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2837.65
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Providence Marriott		Transaction ID: SB21B.13234 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address Charles & Orms Street		Amount of Each Disbursement this Period 606.81
City Providence State RI Zip Code 02906		
Purpose of Disbursement Lodging Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Providence Marriott		Transaction ID: SB21B.13232 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address Charles & Orms Street		Amount of Each Disbursement this Period 811.08
City Providence State RI Zip Code 02906		
Purpose of Disbursement Lodging Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Providence Marriott		Transaction ID: SB21B.13302 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address Charles & Orms Street		Amount of Each Disbursement this Period 395.07
City Providence State RI Zip Code 02906		
Purpose of Disbursement Lodging Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1812.96
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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. Providence Marriott		Transaction ID: SB21B.13303 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address Charles & Orms Street		Amount of Each Disbursement this Period 292.67
City Providence State RI Zip Code 02906		
Purpose of Disbursement Lodging Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Providence Marriott		Transaction ID: SB21B.13231 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address Charles & Orms Street		Amount of Each Disbursement this Period 2482.46
City Providence State RI Zip Code 02906		
Purpose of Disbursement Lodging Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Providence Marriott		Transaction ID: SB21B.13309 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address Charles & Orms Street		Amount of Each Disbursement this Period 745.69
City Providence State RI Zip Code 02906		
Purpose of Disbursement Lodging Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3520.82
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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. Providence Marriott		Transaction ID: SB21B.13310 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address Charles & Orms Street		Amount of Each Disbursement this Period 1270.56
City Providence State RI Zip Code 02906		
Purpose of Disbursement Lodging Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Providence Marriott		Transaction ID: SB21B.13311 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address Charles & Orms Street		Amount of Each Disbursement this Period 202.27
City Providence State RI Zip Code 02906		
Purpose of Disbursement Lodging Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Providence Marriott		Transaction ID: SB21B.13312 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address Charles & Orms Street		Amount of Each Disbursement this Period 248.60
City Providence State RI Zip Code 02906		
Purpose of Disbursement Lodging Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1721.43
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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. Radioshack		Transaction ID: SB21B.13227 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 84 Providence Place		Amount of Each Disbursement this Period 348.71
City Providence State RI Zip Code 02903	Purpose of Disbursement Office equipment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Rent a Wreck		Transaction ID: SB21B.12994 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1073 Douglas Avenue		Amount of Each Disbursement this Period 396.79
City Providence State RI Zip Code 02904	Purpose of Disbursement Car rental Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Rent a Wreck		Transaction ID: SB21B.10976 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 1073 Douglas Avenue		Amount of Each Disbursement this Period 67.94
City Providence State RI Zip Code 02904	Purpose of Disbursement Car rental Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	813.44
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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<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. Rent a Wreck		Transaction ID: SB21B.13421	
Mailing Address 1073 Douglas Avenue		Date of Disbursement MM / DD / YYYY 11 / 12 / 2006	
City Providence	State RI	Zip Code 02904	Amount of Each Disbursement this Period 33.97
Purpose of Disbursement Car rental		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Ronzio Pizza		Transaction ID: SB21B.13206	
Mailing Address 422 Warwick Avenue		Date of Disbursement MM / DD / YYYY 10 / 27 / 2006	
City Warwick	State RI	Zip Code 02888	Amount of Each Disbursement this Period 377.62
Purpose of Disbursement Staff appreciation		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Yolanda Sanchez		Transaction ID: SB21B.12788	
Mailing Address 10886 Mimosa Place		Date of Disbursement MM / DD / YYYY 11 / 05 / 2006	
City Oakton	State VA	Zip Code 22124	Amount of Each Disbursement this Period 1163.00
Purpose of Disbursement Reimbursement travel		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1574.59
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<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. Southwest Airlines		Transaction ID: SB21B.12788.0	
Mailing Address Theodore Francis Green Airport		Date of Disbursement MM / DD / YYYY 11 / 03 / 2006	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 1163.00
Purpose of Disbursement Airfares		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Hollie Saunders		Transaction ID: SB21B.12823	
Mailing Address 29 Russell Avenue		Date of Disbursement MM / DD / YYYY 10 / 19 / 2006	
City East Providence	State RI	Zip Code 02914	Amount of Each Disbursement this Period 122.42
Purpose of Disbursement Reimburse office supplies & refreshments		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Shein Management		Transaction ID: SB21B.12792	
Mailing Address 845 North Main Street		Date of Disbursement MM / DD / YYYY 11 / 03 / 2006	
City Providence	State RI	Zip Code 02904	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Office rent		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	2622.42
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<input 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. Vivian Spencer		Transaction ID: SB21B.12795 Date of Disbursement 11 / 01 / 2006	
Mailing Address 9 University Avenue		Amount of Each Disbursement this Period 300.24	
City Providence State RI Zip Code 02906	Purpose of Disbursement Reimburse food staff appreciation	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. The Butcher Shop		Transaction ID: SB21B.12795.0 Date of Disbursement 10 / 07 / 2006	
Mailing Address 157 Elmgrove Avenue		Amount of Each Disbursement this Period 300.24	
City Providence State RI Zip Code 02906	Purpose of Disbursement Refreshments staff appreciation	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Vivian Spencer		Transaction ID: SB21B.12786 Date of Disbursement 11 / 03 / 2006	
Mailing Address 9 University Avenue		Amount of Each Disbursement this Period 1097.80	
City Providence State RI Zip Code 02906	Purpose of Disbursement Reimburse volunteer food	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1398.04
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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. BJ's Wholesale Club		Transaction ID: SB21B.12786.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1300 Hartford Avenue		Amount of Each Disbursement this Period 1097.80 [MEMO ITEM]
City Johnston State RI Zip Code 02919		
Purpose of Disbursement Volunteer food supplies	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: SB21B.12779 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 349.17
City Providence State RI Zip Code 02906		
Purpose of Disbursement Office supplies	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: SB21B.13301 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 10.15
City Providence State RI Zip Code 02906		
Purpose of Disbursement Office supplies	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	359.32
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Stop & Shop		Transaction ID: SB21B.13257 Date of Disbursement																					
Mailing Address 333 West River		<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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	8		2	0	0	6														
City Providence	State RI	Zip Code 02904	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Food supplies		Category/ Type	17.99																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. Stop & Shop		Transaction ID: SB21B.13313 Date of Disbursement																					
Mailing Address 333 West River		<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>1</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	6		2	0	0	6														
City Providence	State RI	Zip Code 02904	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Food supplies		Category/ Type	50.57																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. Stop & Shop		Transaction ID: SB21B.13314 Date of Disbursement																					
Mailing Address 333 West River		<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>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	7		2	0	0	6														
City Providence	State RI	Zip Code 02904	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Food supplies		Category/ Type	20.28																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	88.84
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Stop & Shop		Transaction ID: SB21B.13315 Date of Disbursement																					
Mailing Address 333 West River		<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>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	7	/	2	0	0	6														
City Providence	State RI	Zip Code 02904	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Food supplies		Category/ Type	9.98																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. Laura Swanson		Transaction ID: SB21B.12814 Date of Disbursement																					
Mailing Address 904 A Street		<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>1</td><td>0</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	6	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	6	/	2	0	0	6														
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimburse airfare		Category/ Type	210.60																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Transaction ID: SB21B.12814.0 Date of Disbursement																					
Mailing Address Theodore Francis Green Airport		<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>1</td><td>0</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	6	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	6	/	2	0	0	6														
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare		Category/ Type	210.60																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	220.58
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

<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. U P S Store		Transaction ID: SB21B.13356 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 11 South Angell Street		Amount of Each Disbursement this Period 627.34
City Providence State RI Zip Code 02906	Purpose of Disbursement Committee Printing Costs Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Jhomphy Ventura		Transaction ID: SB21B.10982 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 32 Farragut Avenue		Amount of Each Disbursement this Period 125.00
City Providence State RI Zip Code 02905	Purpose of Disbursement Reimburse outreach refreshments Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: SB21B.12820 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address P.O. 1		Amount of Each Disbursement this Period 4258.69
City Worcester State MA Zip Code 01654	Purpose of Disbursement Telephone service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	5011.03
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input 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. Verizon		Transaction ID: SB21B.12817	
Mailing Address P.O. 1		Date of Disbursement 10 / 24 / 2006	
City Worcester	State MA	Zip Code 01654	Amount of Each Disbursement this Period 710.96
Purpose of Disbursement Telephone service		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: SB21B.12793	
Mailing Address P.O. 1		Date of Disbursement 10 / 28 / 2006	
City Worcester	State MA	Zip Code 01654	Amount of Each Disbursement this Period 550.17
Purpose of Disbursement Telephone service		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: SB21B.12827	
Mailing Address P.O. 1		Date of Disbursement 10 / 31 / 2006	
City Worcester	State MA	Zip Code 01654	Amount of Each Disbursement this Period 1270.98
Purpose of Disbursement Telephone service		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ► **2532.11**

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

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

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

FOR LINE NUMBER:
(check only one)

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<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. Verizon		Transaction ID: SB21B.12784	
Mailing Address P.O. 1		Date of Disbursement 11 / 05 / 2006	
City Worcester	State MA	Zip Code 01654	Amount of Each Disbursement this Period 547.94
Purpose of Disbursement Telephone service		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: SB21B.10983	
Mailing Address P.O. 1		Date of Disbursement 11 / 10 / 2006	
City Worcester	State MA	Zip Code 01654	Amount of Each Disbursement this Period 1841.69
Purpose of Disbursement Telephone service		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: SB21B.13365	
Mailing Address P.O. 1		Date of Disbursement 11 / 18 / 2006	
City Worcester	State MA	Zip Code 01654	Amount of Each Disbursement this Period 659.96
Purpose of Disbursement Telephone service		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	3049.59
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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<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

A. Full Name (Last, First, Middle Initial)
Megan Wilbur

Mailing Address 299 Wickenden Street

City Providence State RI Zip Code 02903

Purpose of Disbursement Reimburse Lodging

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.13332

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/Type

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

Mailing Address Kennedy Plaza

City Providence State RI Zip Code 02903

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.13332.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. BJ's Wholesale Club		Transaction ID: SB23.13639 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 1300 Hartford Avenue		Amount of Each Disbursement this Period 54.85
City Johnston State RI Zip Code 02919	Category/ Type 007	
Purpose of Disbursement Food supplies - in kind		
Candidate Name SHELDON II WHITEHOUSE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Department of Employment & Training		Transaction ID: SB23.13640 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address One Capitol Hill		Amount of Each Disbursement this Period 3121.08
City Providence State RI Zip Code 02908	Category/ Type	
Purpose of Disbursement Unemploy Taxes -voter persuasion in kind		
Candidate Name SHELDON II WHITEHOUSE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Message Broadcast		Transaction ID: SB23.13638 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 4685 MacArthur Court		Amount of Each Disbursement this Period 1259.70
City Newport Beach State CA Zip Code 92660	Category/ Type 007	
Purpose of Disbursement Community dinner calls-in kind		
Candidate Name SHELDON II WHITEHOUSE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4435.63
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. Scottish Rite Masonic Temple

Mailing Address 2115 Broad Street

City Cranston State RI Zip Code 02905

Purpose of Disbursement
Hall rental - in kind

Candidate Name
SHELDON II WHITEHOUSE

Office Sought: House
 Senate
 President

State: RI District: 00

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.13637

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

560.00

SUBTOTAL of Disbursements This Page (optional)

560.00

TOTAL This Period (last page this line number only)

4995.63

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 102 / 304

<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. Abar Hutton Media		Transaction ID: SB30B.13196 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 6190 Grovedale Court		Amount of Each Disbursement this Period 2246.96
City Alexandria State VA Zip Code 22310	Purpose of Disbursement Generic Latino radio Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Sean Abernathy		Transaction ID: SB30B.12402 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 11 Central Avenue		Amount of Each Disbursement this Period 250.00
City North Providence State RI Zip Code 02911	Purpose of Disbursement Canvass stipend Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Nancy Adames		Transaction ID: SB30B.12043 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 861 Broad Street		Amount of Each Disbursement this Period 200.00
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2696.96
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Nancy Adames		Transaction ID: SB30B.12552 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 861 Broad Street		Amount of Each Disbursement this Period 100.00
City Providence State RI Zip Code 02907	Category/ Type	
Purpose of Disbursement Canvasser stipend		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Advantage Payroll		Transaction ID: SB30B.13358 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 90 Jefferson Boulevard		Amount of Each Disbursement this Period 115.05
City Warwick State RI Zip Code 02888	Category/ Type	
Purpose of Disbursement Payroll service		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Advantage Payroll		Transaction ID: SB30B.13359 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 90 Jefferson Boulevard		Amount of Each Disbursement this Period 104.05
City Warwick State RI Zip Code 02888	Category/ Type	
Purpose of Disbursement Payroll service fee		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	319.10
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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<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. Alicia Amdur		Transaction ID: SB30B.13035 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 792 McIntyre Avenue		Amount of Each Disbursement this Period 539.99	
City Winter Prk State FL Zip Code 32709	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Alicia Amdur		Transaction ID: SB30B.13036 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 792 McIntyre Avenue		Amount of Each Disbursement this Period 809.57	
City Winter Prk State FL Zip Code 32709	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB30B.13212 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 300 South Riverside Plaza		Amount of Each Disbursement this Period 2080.95	
City Chicago State IL Zip Code 60606	Purpose of Disbursement Credit Card Payment	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3430.51
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Shell.com		Transaction ID: SB30B.13212.0 Date of Disbursement 10 / 26 / 2006	
Mailing Address PO Box 2463		Amount of Each Disbursement this Period 2080.95	
City Houston State TX Zip Code 77252	Purpose of Disbursement Gas cards Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB30B.13213 Date of Disbursement 10 / 28 / 2006	
Mailing Address 300 South Riverside Plaza		Amount of Each Disbursement this Period 2080.95	
City Chicago State IL Zip Code 60606	Purpose of Disbursement Credit card payment Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Shell.com		Transaction ID: SB30B.13213.0 Date of Disbursement 10 / 28 / 2006	
Mailing Address PO Box 2463		Amount of Each Disbursement this Period 2080.95	
City Houston State TX Zip Code 77252	Purpose of Disbursement Gas cards Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	2080.95
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. American Express		Transaction ID: SB30B.12834	
Mailing Address 300 South Riverside Plaza		Date of Disbursement 11 / 02 / 2006	
City Chicago	State IL	Zip Code 60606	Amount of Each Disbursement this Period 12839.47
Purpose of Disbursement Credit card payment		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: SB30B.12834.0	
Mailing Address 50 Ann Mary Drive		Date of Disbursement 11 / 02 / 2006	
City Pawtucket	State RI	Zip Code 02860	Amount of Each Disbursement this Period 12839.47
Purpose of Disbursement Portable phones		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB30B.12766	
Mailing Address 300 South Riverside Plaza		Date of Disbursement 11 / 12 / 2006	
City Chicago	State IL	Zip Code 60606	Amount of Each Disbursement this Period 14477.06
Purpose of Disbursement Credit Card Payment		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	27316.53
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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. Avis Rent a Car		Transaction ID: SB30B.12766.0	
Mailing Address 2000 Post Road		Date of Disbursement MM / DD / YYYY 11 / 08 / 2006	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 14477.06
Purpose of Disbursement Van rentals	Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) B. AMS Communications Inc		Transaction ID: SB30B.13180	
Mailing Address 500 Sansome Street		Date of Disbursement MM / DD / YYYY 10 / 19 / 2006	
City San Francisco	State CA	Zip Code 94111	Amount of Each Disbursement this Period 60627.00
Purpose of Disbursement War Literature-exempt	Candidate Name SHELDON II WHITEHOUSE		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI District: 00	Category/ Type		

Full Name (Last, First, Middle Initial) C. AMS Communications Inc		Transaction ID: SB30B.13181	
Mailing Address 500 Sansome Street		Date of Disbursement MM / DD / YYYY 10 / 19 / 2006	
City San Francisco	State CA	Zip Code 94111	Amount of Each Disbursement this Period 24300.00
Purpose of Disbursement Generic Mailing	Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/ Type		

SUBTOTAL of Disbursements This Page (optional)	84927.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<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. AMS Communications Inc		Transaction ID: SB30B.13182	
Mailing Address 500 Sansome Street		Date of Disbursement 10 / 23 / 2006	
City San Francisco	State CA	Zip Code 94111	Amount of Each Disbursement this Period 69150.00
Purpose of Disbursement Failed Agenda literature-exempt		Category/ Type	
Candidate Name SHELDON II WHITEHOUSE			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District: 00		

Full Name (Last, First, Middle Initial) B. AMS Communications Inc		Transaction ID: SB30B.13184	
Mailing Address 500 Sansome Street		Date of Disbursement 10 / 24 / 2006	
City San Francisco	State CA	Zip Code 94111	Amount of Each Disbursement this Period 61504.00
Purpose of Disbursement Washington Trust literature-exempt		Category/ Type	
Candidate Name SHELDON II WHITEHOUSE			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District: 00		

Full Name (Last, First, Middle Initial) C. AMS Communications Inc		Transaction ID: SB30B.13186	
Mailing Address 500 Sansome Street		Date of Disbursement 10 / 26 / 2006	
City San Francisco	State CA	Zip Code 94111	Amount of Each Disbursement this Period 30313.00
Purpose of Disbursement Senate Supporters Literature-exempt		Category/ Type	
Candidate Name SHELDON II WHITEHOUSE			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District: 00		

SUBTOTAL of Disbursements This Page (optional)	160967.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<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. AMS Communications Inc		Transaction ID: SB30B.13185	
Mailing Address 500 Sansome Street		Date of Disbursement 10 / 27 / 2006	
City San Francisco	State CA	Zip Code 94111	Amount of Each Disbursement this Period 114020.00
Purpose of Disbursement Slate mail/doorhangers-exempt		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. AMS Communications Inc		Transaction ID: SB30B.13187	
Mailing Address 500 Sansome Street		Date of Disbursement 10 / 30 / 2006	
City San Francisco	State CA	Zip Code 94111	Amount of Each Disbursement this Period 80360.00
Purpose of Disbursement Slate mail-exempt		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. AMS Communications Inc		Transaction ID: SB30B.13189	
Mailing Address 500 Sansome Street		Date of Disbursement 10 / 30 / 2006	
City San Francisco	State CA	Zip Code 94111	Amount of Each Disbursement this Period 5400.00
Purpose of Disbursement Democratic Senate literature-exempt		Category/ Type	
Candidate Name SHELDON II WHITEHOUSE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI District: 00			

SUBTOTAL of Disbursements This Page (optional)	199780.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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<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. AMS Communications Inc		Transaction ID: SB30B.13191	
Mailing Address 500 Sansome Street		Date of Disbursement MM / DD / YYYY 11 / 01 / 2006	
City San Francisco	State CA	Zip Code 94111	Amount of Each Disbursement this Period 22625.00
Purpose of Disbursement War Views Literature-exempt		Category/ Type	
Candidate Name SHELDON II WHITEHOUSE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District: 00		

Full Name (Last, First, Middle Initial) B. AMS Communications Inc		Transaction ID: SB30B.13192	
Mailing Address 500 Sansome Street		Date of Disbursement MM / DD / YYYY 11 / 03 / 2006	
City San Francisco	State CA	Zip Code 94111	Amount of Each Disbursement this Period 20756.00
Purpose of Disbursement Democrat senate literature- exempt		Category/ Type	
Candidate Name SHELDON II WHITEHOUSE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District: 00		

Full Name (Last, First, Middle Initial) C. Matthew Arnold		Transaction ID: SB30B.13037	
Mailing Address 83 Oaklawn Avenue		Date of Disbursement MM / DD / YYYY 10 / 30 / 2006	
City Cranston	State RI	Zip Code 02920	Amount of Each Disbursement this Period 574.39
Purpose of Disbursement Net wages		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional) **43955.39**

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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<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. Matthew Arnold		Transaction ID: SB30B.13038 Date of Disbursement 11 / 15 / 2006	
Mailing Address 83 Oaklawn Avenue		Amount of Each Disbursement this Period 861.14	
City Cranston State RI Zip Code 02920	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Derek Arruda		Transaction ID: SB30B.11845 Date of Disbursement 11 / 08 / 2006	
Mailing Address 80 First Street		Amount of Each Disbursement this Period 280.00	
City East Providence State RI Zip Code 02914	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Eben Asare		Transaction ID: SB30B.12418 Date of Disbursement 11 / 09 / 2006	
Mailing Address 62 Capitol View Avenue		Amount of Each Disbursement this Period 200.00	
City North Providence State RI Zip Code 02908	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1341.14
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Avis Rent a Car		Transaction ID: SB30B.13322
Mailing Address 2000 Post Road		Date of Disbursement MM / DD / YYYY 11 / 10 / 2006
City Warwick	State RI	Zip Code 02886
Purpose of Disbursement Van rentals	Amount of Each Disbursement this Period 941.70	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Avis Rent a Car		Transaction ID: SB30B.13425
Mailing Address 2000 Post Road		Date of Disbursement MM / DD / YYYY 11 / 10 / 2006
City Warwick	State RI	Zip Code 02886
Purpose of Disbursement Van rentals	Amount of Each Disbursement this Period 454.90	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Avis Rent a Car		Transaction ID: SB30B.13426
Mailing Address 2000 Post Road		Date of Disbursement MM / DD / YYYY 11 / 10 / 2006
City Warwick	State RI	Zip Code 02886
Purpose of Disbursement Van rentals	Amount of Each Disbursement this Period 539.29	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1935.89
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Avis Rent a Car		Transaction ID: SB30B.13427
Mailing Address 2000 Post Road		Date of Disbursement MM / DD / YYYY 11 / 10 / 2006
City Warwick	State RI	Zip Code 02886
Purpose of Disbursement Van rentals	Amount of Each Disbursement this Period 563.92	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Avis Rent a Car		Transaction ID: SB30B.13428
Mailing Address 2000 Post Road		Date of Disbursement MM / DD / YYYY 11 / 10 / 2006
City Warwick	State RI	Zip Code 02886
Purpose of Disbursement Van rentals	Amount of Each Disbursement this Period 591.80	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Roger Bacon		Transaction ID: SB30B.12405
Mailing Address 4 Oregon Avenue		Date of Disbursement MM / DD / YYYY 11 / 09 / 2006
City North Providence	State RI	Zip Code 02911
Purpose of Disbursement Canvasser stipend	Amount of Each Disbursement this Period 300.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1455.72
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Angel Baez		Transaction ID: SB30B.11121 Date of Disbursement 10 / 30 / 2006	
Mailing Address 13 Husted Court		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02905	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Angel Baez		Transaction ID: SB30B.11175 Date of Disbursement 10 / 30 / 2006	
Mailing Address 13 Husted Court		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02905	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Angela Baez		Transaction ID: SB30B.11076 Date of Disbursement 10 / 30 / 2006	
Mailing Address 13 Husted Court		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02905	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	40.00

**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)

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<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. Angela Baez		Transaction ID: SB30B.11179 Date of Disbursement 10 / 30 / 2006	
Mailing Address 13 Husted Court		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02905	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Angela Baez		Transaction ID: SB30B.13856 Date of Disbursement 10 / 30 / 2006	
Mailing Address 13 Husted Court		Amount of Each Disbursement this Period -40.00	
City Providence State RI Zip Code 02905	Purpose of Disbursement Payment error	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Angela Baez		Transaction ID: SB30B.13434 Date of Disbursement 11 / 17 / 2006	
Mailing Address 13 Husted Court		Amount of Each Disbursement this Period 160.00	
City Providence State RI Zip Code 02905	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	160.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<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. Donna Baguchinsky		Transaction ID: SB30B.11255 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 175 Sisson Street		Amount of Each Disbursement this Period 120.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Donna Baguchinsky		Transaction ID: SB30B.11522 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 175 Sisson Street		Amount of Each Disbursement this Period 160.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Andrew Barbosa		Transaction ID: SB30B.12474 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 36 Day Street		Amount of Each Disbursement this Period 80.00	
City Fall River State MA Zip Code 02724	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	360.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Kimberly Bastin		Transaction ID: SB30B.12839 Date of Disbursement 10 / 26 / 2006	
Mailing Address 544 Orange Drive		Amount of Each Disbursement this Period 2200.00	
City Altamonte Springs State FL Zip Code 32701	Purpose of Disbursement Operations Coordinator stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. Nathan Baxter		Transaction ID: SB30B.11284 Date of Disbursement 11 / 03 / 2006	
Mailing Address 8 Rose Street		Amount of Each Disbursement this Period 200.00	
City Warwick State RI Zip Code 02888	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Nathan Baxter		Transaction ID: SB30B.11352 Date of Disbursement 11 / 08 / 2006	
Mailing Address 8 Rose Street		Amount of Each Disbursement this Period 50.00	
City Warwick State RI Zip Code 02888	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	2450.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Matthew Beland		Transaction ID: SB30B.12074 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 106 Langdon Street		Amount of Each Disbursement this Period 350.00
City Providence State RI Zip Code 02904	Purpose of Disbursement Canvasser stipend	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ramon Belliard		Transaction ID: SB30B.11163 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 20 Tobyhanna		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvass Per Diem	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ramon Belliard		Transaction ID: SB30B.11164 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 20 Tobyhanna		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvass Per Diem	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	430.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Ramon Belliard		Transaction ID: SB30B.11269 Date of Disbursement 11 / 03 / 2006	
Mailing Address 20 Tobyhanna		Amount of Each Disbursement this Period 80.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ramon Belliard		Transaction ID: SB30B.11836 Date of Disbursement 11 / 08 / 2006	
Mailing Address 20 Tobyhanna		Amount of Each Disbursement this Period 200.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mahalia Benbow		Transaction ID: SB30B.11901 Date of Disbursement 11 / 08 / 2006	
Mailing Address 108 Colfax Street		Amount of Each Disbursement this Period 200.00	
City Providence State RI Zip Code 02905	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	480.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. David Bernstein		Transaction ID: SB30B.11012 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 1755 S Street, NW		Amount of Each Disbursement this Period 50.00	
City Washington State DC Zip Code 20009	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) B. David Bernstein		Transaction ID: SB30B.11013 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 1755 S Street, NW		Amount of Each Disbursement this Period 45.00	
City Washington State DC Zip Code 20009	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) C. David Bernstein		Transaction ID: SB30B.11153 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 1755 S Street, NW		Amount of Each Disbursement this Period 80.00	
City Washington State DC Zip Code 20009	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	175.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. David Bernstein		Transaction ID: SB30B.11275 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 1755 S Street, NW		Amount of Each Disbursement this Period 40.00	
City Washington State DC Zip Code 20009	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David Bernstein		Transaction ID: SB30B.11483 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 1755 S Street, NW		Amount of Each Disbursement this Period 90.00	
City Washington State DC Zip Code 20009	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jennifer Bhogal		Transaction ID: SB30B.11093 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 108 Comstock Avenue		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	170.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

<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. Jennifer Bhogal		Transaction ID: SB30B.11676 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 108 Comstock Avenue		Amount of Each Disbursement this Period 240.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Aaron Blackiston		Transaction ID: SB30B.11774 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 6	
Mailing Address 231 Orms Street		Amount of Each Disbursement this Period 160.00	
City Providence State RI Zip Code 02908	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Andrew Blasko		Transaction ID: SB30B.11638 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 23 Bellevue Avenue		Amount of Each Disbursement this Period 260.00	
City North Smithfield State RI Zip Code 02896	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	660.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Andrew Blasko		Transaction ID: SB30B.11296 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 23 Bellevue Avenue		Amount of Each Disbursement this Period 100.00
City North Smithfield State RI Zip Code 02896		
Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jacqueline Blasko		Transaction ID: SB30B.11640 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 23 Bellevue Avenue		Amount of Each Disbursement this Period 140.00
City North Smithfield State RI Zip Code 02896		
Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Blue Cross Blue Shield of Rhode Island		Transaction ID: SB30B.13218 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address PO Box 1057		Amount of Each Disbursement this Period 3039.54
City Providence State RI Zip Code 02901		
Purpose of Disbursement Health Insurance	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3279.54
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Gabriel Bluestone		Transaction ID: SB30B.13039 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 86 South Angell Street		Amount of Each Disbursement this Period 964.30
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. Gabriel Bluestone		Transaction ID: SB30B.13040 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 86 South Angell Street		Amount of Each Disbursement this Period 964.29
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Carolina Bogaert Madera		Transaction ID: SB30B.12563 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 133 Mitchell Street		Amount of Each Disbursement this Period 50.00
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1978.59
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Sarah Bogdan		Transaction ID: SB30B.13041 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 133 Sutton Street		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02903	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sarah Bogdan		Transaction ID: SB30B.13042 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 133 Sutton Street		Amount of Each Disbursement this Period 809.57
City Providence State RI Zip Code 02903	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Matt Boland		Transaction ID: SB30B.11363 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 106 Langdon Street		Amount of Each Disbursement this Period 120.00
City Providence State RI Zip Code 02904	Category/ Type	
Purpose of Disbursement Canvass per diem		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1469.56
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Brendon Bolton		Transaction ID: SB30B.11843 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 2890 Pawtucket Avenue		Amount of Each Disbursement this Period 250.00
City East Providence State RI Zip Code 02914		
Purpose of Disbursement Canvasser stipend		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Brendon Bolton		Transaction ID: SB30B.12481 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 2890 Pawtucket Avenue		Amount of Each Disbursement this Period 30.00
City East Providence State RI Zip Code 02914		
Purpose of Disbursement Canvasser stipend		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. David Bonzagni		Transaction ID: SB30B.13043 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 74 South River Drive		Amount of Each Disbursement this Period 522.80
City Narragansett State RI Zip Code 02882		
Purpose of Disbursement Net wages		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	802.80
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. David Bonzagni		Transaction ID: SB30B.13044 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 74 South River Drive		Amount of Each Disbursement this Period 783.80
City Narragansett State RI Zip Code 02882		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Angela Botticella		Transaction ID: SB30B.13045 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 18 Phillipsburg		Amount of Each Disbursement this Period 1142.25
City Irvine State CA Zip Code 92620		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Angela Botticella		Transaction ID: SB30B.13046 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 18 Phillipsburg		Amount of Each Disbursement this Period 1142.25
City Irvine State CA Zip Code 92620		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3068.30
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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

A. Full Name (Last, First, Middle Initial) Jillian Brackett		Transaction ID: SB30B.11329 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 900 Post Road		Amount of Each Disbursement this Period 130.00
City Warwick State RI Zip Code 02888	Purpose of Disbursement Canvasser stipend	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Jillian Brackett		Transaction ID: SB30B.12082 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 900 Post Road		Amount of Each Disbursement this Period 120.00
City Warwick State RI Zip Code 02888	Purpose of Disbursement Canvasser stipend	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Brett Broesder		Transaction ID: SB30B.13483 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1 Trenton Street		Amount of Each Disbursement this Period 557.19
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	807.19
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Brett Broesder		Transaction ID: SB30B.13047 Date of Disbursement 11 / 15 / 2006	
Mailing Address 1 Trenton Street		Amount of Each Disbursement this Period 835.36	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sean Brophy		Transaction ID: SB30B.13049 Date of Disbursement 10 / 30 / 2006	
Mailing Address 92 Melrose Street		Amount of Each Disbursement this Period 612.23	
City Providence State RI Zip Code 02907	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sean Brophy		Transaction ID: SB30B.13050 Date of Disbursement 11 / 15 / 2006	
Mailing Address 92 Melrose Street		Amount of Each Disbursement this Period 917.87	
City Providence State RI Zip Code 02907	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2365.46
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Dylan Brown		Transaction ID: SB30B.13051	
Mailing Address 20 Avondale Road		Date of Disbursement 10 / 30 / 2006	
City Westerly	State RI	Zip Code 02891	Amount of Each Disbursement this Period 539.99
Purpose of Disbursement Net wages		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Dylan Brown		Transaction ID: SB30B.10100	
Mailing Address 20 Avondale Road		Date of Disbursement 11 / 01 / 2006	
City Westerly	State RI	Zip Code 02891	Amount of Each Disbursement this Period 67.32
Purpose of Disbursement Reimburse health insurance		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Dylan Brown		Transaction ID: SB30B.13052	
Mailing Address 20 Avondale Road		Date of Disbursement 11 / 15 / 2006	
City Westerly	State RI	Zip Code 02891	Amount of Each Disbursement this Period 809.57
Purpose of Disbursement Net wages		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1416.88
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Celina Brunelle		Transaction ID: SB30B.11642 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 361 Logee Street		Amount of Each Disbursement this Period 210.00	
City Woonsocket State RI Zip Code 02895	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gregory Buckland		Transaction ID: SB30B.13053 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 9 Kahler Avenue		Amount of Each Disbursement this Period 522.80	
City Milton State MA Zip Code 02186	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gregory Buckland		Transaction ID: SB30B.13054 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 9 Kahler Avenue		Amount of Each Disbursement this Period 783.80	
City Milton State MA Zip Code 02186	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1516.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<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. Budget Rent a CAR		Transaction ID: SB30B.13564	
Mailing Address TFG Airport		Date of Disbursement MM / DD / YYYY 11 / 13 / 2006	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 622.46
Purpose of Disbursement Van rentals		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Richard Burt		Transaction ID: SB30B.11696	
Mailing Address 14 Victoria Street		Date of Disbursement MM / DD / YYYY 11 / 08 / 2006	
City Providence	State RI	Zip Code 02909	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement Canvasser stipend		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Busbank.com		Transaction ID: SB30B.13294	
Mailing Address 200 W Adams Street		Date of Disbursement MM / DD / YYYY 11 / 01 / 2006	
City Chicago	State IL	Zip Code 60606	Amount of Each Disbursement this Period 1320.00
Purpose of Disbursement Bus rentals		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	2142.46
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Busbank.com		Transaction ID: SB30B.13295 Date of Disbursement 11 / 01 / 2006	
Mailing Address 200 W Adams Street		Amount of Each Disbursement this Period 643.50	
City Chicago State IL Zip Code 60606	Purpose of Disbursement Bus rentals	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Busbank.com		Transaction ID: SB30B.13296 Date of Disbursement 11 / 01 / 2006	
Mailing Address 200 W Adams Street		Amount of Each Disbursement this Period 550.00	
City Chicago State IL Zip Code 60606	Purpose of Disbursement Bus rentals	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Anayka Campbell		Transaction ID: SB30B.12075 Date of Disbursement 11 / 08 / 2006	
Mailing Address 99 Union Avenue		Amount of Each Disbursement this Period 350.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1543.50
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Jeremie Campus		Transaction ID: SB30B.11281 Date of Disbursement MM / DD / YYYY 11 / 03 / 2006
Mailing Address 56 Errol Street		Amount of Each Disbursement this Period 120.00
City Warwick State RI Zip Code 02888	Category/ Type	
Purpose of Disbursement Canvass Per Diem		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jeremie Campus		Transaction ID: SB30B.11326 Date of Disbursement MM / DD / YYYY 11 / 08 / 2006
Mailing Address 56 Errol Street		Amount of Each Disbursement this Period 170.00
City Warwick State RI Zip Code 02888	Category/ Type	
Purpose of Disbursement Canvasser stipend		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Charlen Caprio		Transaction ID: SB30B.11854 Date of Disbursement MM / DD / YYYY 11 / 08 / 2006
Mailing Address 151 Park Avenue		Amount of Each Disbursement this Period 210.00
City Pawtucket State RI Zip Code 02860	Category/ Type	
Purpose of Disbursement Canvasser stipend		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Charlen Caprio		Transaction ID: SB30B.12391 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 151 Park Avenue		Amount of Each Disbursement this Period 40.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Charlen Caprio		Transaction ID: SB30B.12392 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 151 Park Avenue		Amount of Each Disbursement this Period 110.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Rosemary Carrillo		Transaction ID: SB30B.11697 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 98 Comstock Avenue		Amount of Each Disbursement this Period 200.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	350.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Yolanda Carrillo		Transaction ID: SB30B.11710 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 98 Comstock Avenue		Amount of Each Disbursement this Period 200.00
City Providence State RI Zip Code 02905	Purpose of Disbursement Canvasser stipend Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Yolanda Carrillo		Transaction ID: SB30B.12447 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 98 Comstock Avenue		Amount of Each Disbursement this Period 100.00
City Providence State RI Zip Code 02905	Purpose of Disbursement Canvasser stipend Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Aaron Charniak		Transaction ID: SB30B.11282 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 106 Halsey Street		Amount of Each Disbursement this Period 160.00
City Providence State RI Zip Code 02906	Purpose of Disbursement Canvass Per Diem Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	460.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Aaron Charniak		Transaction ID: SB30B.11297 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 106 Halsey Street		Amount of Each Disbursement this Period 200.00
City Providence State RI Zip Code 02906	Purpose of Disbursement Canvasser stipend	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Angela Chasebi		Transaction ID: SB30B.13055 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address PO Box 4470		Amount of Each Disbursement this Period 539.99
City Austintown State OH Zip Code 44515	Purpose of Disbursement Net wages	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Angela Chasebi		Transaction ID: SB30B.13056 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address PO Box 4470		Amount of Each Disbursement this Period 809.57
City Austintown State OH Zip Code 44515	Purpose of Disbursement Net wages	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1549.56
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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. Citizens Bank		Transaction ID: SB30B.13177 Date of Disbursement 10 / 30 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 2091.49	
City Providence State RI Zip Code 02903	Purpose of Disbursement FUTA deposit	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: SB30B.13226 Date of Disbursement 10 / 30 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 2877.59	
City Providence State RI Zip Code 02903	Purpose of Disbursement Payroll tax deposit	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: SB30B.13174 Date of Disbursement 11 / 10 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 30800.12	
City Providence State RI Zip Code 02903	Purpose of Disbursement October payroll tax deposit	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	35769.20
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<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. Etta Collins		Transaction ID: SB30B.11543 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 69 Fairmont Avenue		Amount of Each Disbursement this Period 120.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	Category/ Type []	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jacob Conarck		Transaction ID: SB30B.13057 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 7 Oxford Drive		Amount of Each Disbursement this Period 539.99	
City Port Jeff Station State NY Zip Code 11776	Purpose of Disbursement Net wages	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jacob Conarck		Transaction ID: SB30B.13058 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 7 Oxford Drive		Amount of Each Disbursement this Period 809.57	
City Port Jeff Station State NY Zip Code 11776	Purpose of Disbursement Net wages	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1469.56
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Ruben Contreras		Transaction ID: SB30B.12049 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 79 Killingly Street		Amount of Each Disbursement this Period 300.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Silas Cooper		Transaction ID: SB30B.11535 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 45 Dodge Street		Amount of Each Disbursement this Period 200.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Geraldine Cordeiro		Transaction ID: SB30B.13200 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 6	
Mailing Address 422 Smithfield		Amount of Each Disbursement this Period 1000.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Office management stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Dattco		Transaction ID: SB30B.13222 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 583 South Street		Amount of Each Disbursement this Period 650.00	
City New Britain State CT Zip Code 06051	Purpose of Disbursement Bus rentals	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Phil Davey		Transaction ID: SB30B.11224 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 168 Armington Street		Amount of Each Disbursement this Period 40.00	
City Cranston State RI Zip Code 02905	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Phil Davey		Transaction ID: SB30B.11225 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 168 Armington Street		Amount of Each Disbursement this Period 40.00	
City Cranston State RI Zip Code 02905	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	730.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Phil Davey		Transaction ID: SB30B.11226 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 168 Armington Street		Amount of Each Disbursement this Period 40.00	
City Cranston State RI Zip Code 02905	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Phil Davey		Transaction ID: SB30B.11227 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 168 Armington Street		Amount of Each Disbursement this Period 40.00	
City Cranston State RI Zip Code 02905	Purpose of Disbursement Canvass per Diem	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Phil Davey		Transaction ID: SB30B.11258 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 168 Armington Street		Amount of Each Disbursement this Period 120.00	
City Cranston State RI Zip Code 02905	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	200.00

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)

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<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. Phil Davey		Transaction ID: SB30B.12132 Date of Disbursement 11 / 09 / 2006	
Mailing Address 168 Armington Street		Amount of Each Disbursement this Period 300.00	
City Cranston State RI Zip Code 02905	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Narcisa De La Cruz		Transaction ID: SB30B.11686 Date of Disbursement 11 / 08 / 2006	
Mailing Address 19 Algonquin Street		Amount of Each Disbursement this Period 240.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ricardo de Leon		Transaction ID: SB30B.11695 Date of Disbursement 11 / 08 / 2006	
Mailing Address 24 Matson Avenue		Amount of Each Disbursement this Period 240.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	780.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Hector Delgado		Transaction ID: SB30B.11145 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 15 Detroit Avenue		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Hector Delgado		Transaction ID: SB30B.11146 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 15 Detroit Avenue		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Hector Delgado		Transaction ID: SB30B.11147 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 15 Detroit Avenue		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Hector Delgado		Transaction ID: SB30B.11148 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 15 Detroit Avenue		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Hector Delgado		Transaction ID: SB30B.11264 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 15 Detroit Avenue		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Sharon Delgado		Transaction ID: SB30B.11868 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 80 Admiral Street		Amount of Each Disbursement this Period 210.00
City Providence State RI Zip Code 02908	Purpose of Disbursement Canvasser stipend Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	290.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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<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. Susann Della Rosa		Transaction ID: SB30B.12836 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 60 Don Avenue		Amount of Each Disbursement this Period 13339.22
City Rumford	State RI Zip Code 02916	
Purpose of Disbursement Reimburse portable phones		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Radio Shack		Transaction ID: SB30B.12836.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 623 Atwells Avenue		Amount of Each Disbursement this Period 13339.22
City Providence	State RI Zip Code 02909	
Purpose of Disbursement Portable phones		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Peter Delossantos		Transaction ID: SB30B.11692 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 135 Hazael Avenue		Amount of Each Disbursement this Period 240.00
City Providence	State RI Zip Code 02908	
Purpose of Disbursement Canvasser stipend		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

13579.22

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

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

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

FOR LINE NUMBER:
(check only one)

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<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. Melodie DeMulling		Transaction ID: SB30B.13059 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 13981 121st Avenue		Amount of Each Disbursement this Period 1731.75
City Dayton State MN Zip Code 55327	Purpose of Disbursement Net wages	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Melodie DeMulling		Transaction ID: SB30B.13060 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 13981 121st Avenue		Amount of Each Disbursement this Period 1731.75
City Dayton State MN Zip Code 55327	Purpose of Disbursement Net wages	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Department of Employment & Training		Transaction ID: SB30B.13176 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address One Capitol Hill		Amount of Each Disbursement this Period 11421.31
City Providence State RI Zip Code 02908	Purpose of Disbursement State unemployment taxes	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	14884.81
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Rose Dickens		Transaction ID: SB30B.10890 Date of Disbursement 10 / 24 / 2006	
Mailing Address 15 Lehlán Road		Amount of Each Disbursement this Period 50.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvass per diem Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Rose Dickens		Transaction ID: SB30B.10891 Date of Disbursement 10 / 24 / 2006	
Mailing Address 15 Lehlán Road		Amount of Each Disbursement this Period 50.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvass per diem Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rose Dickens		Transaction ID: SB30B.11055 Date of Disbursement 10 / 24 / 2006	
Mailing Address 15 Lehlán Road		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvass Per Diem Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	140.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Jeffrey Dickson		Transaction ID: SB30B.13061 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 522.80
City No Providence	State RI	
Zip Code 02911		
Purpose of Disbursement Net wages		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Jeffrey Dickson		Transaction ID: SB30B.13062 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 783.80
City No Providence	State RI	
Zip Code 02911		
Purpose of Disbursement Net wages		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Yahaira Disla		Transaction ID: SB30B.11094 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 10 Gallup Street		Amount of Each Disbursement this Period 40.00
City Providence	State RI	
Zip Code 02907		
Purpose of Disbursement Canvass Per Diem		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1346.60
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Yahaira Disla		Transaction ID: SB30B.11095 Date of Disbursement 10 / 30 / 2006	
Mailing Address 10 Gallup Street		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Yahaira Disla		Transaction ID: SB30B.11096 Date of Disbursement 10 / 30 / 2006	
Mailing Address 10 Gallup Street		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Yahaira Disla		Transaction ID: SB30B.11097 Date of Disbursement 10 / 30 / 2006	
Mailing Address 10 Gallup Street		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Division of Taxation		Transaction ID: SB30B.13175 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address One Capitol Hill		Amount of Each Disbursement this Period 3722.06
City Providence State RI Zip Code 02908	Category/ Type	
Purpose of Disbursement October state withholding		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Steve Dominguez		Transaction ID: SB30B.11546 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 560 Prospect Street		Amount of Each Disbursement this Period 160.00
City Pawtucket State RI Zip Code 02860	Category/ Type	
Purpose of Disbursement Canvasser stipend		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Steve Dominguez		Transaction ID: SB30B.13435 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 560 Prospect Street		Amount of Each Disbursement this Period 40.00
City Pawtucket State RI Zip Code 02860	Category/ Type	
Purpose of Disbursement Canvasser stipend		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3922.06
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Michael Dorsey		Transaction ID: SB30B.13063 Date of Disbursement 10 / 30 / 2006	
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 2263.39	
City Providence State RI Zip Code 02909	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael Dorsey		Transaction ID: SB30B.13064 Date of Disbursement 11 / 15 / 2006	
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 2263.38	
City Providence State RI Zip Code 02909	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Veronica DosSantos		Transaction ID: SB30B.11537 Date of Disbursement 11 / 08 / 2006	
Mailing Address 90 Cleveland Street		Amount of Each Disbursement this Period 200.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4726.77
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Lacy Dwyer		Transaction ID: SB30B.13065 Date of Disbursement 10 / 30 / 2006	
Mailing Address 47 Wyndham Hill			
City Middletown	State RI	Zip Code 02842	
Purpose of Disbursement Net wages		Amount of Each Disbursement this Period 1170.57	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. Lacy Dwyer		Transaction ID: SB30B.13066 Date of Disbursement 11 / 15 / 2006	
Mailing Address 47 Wyndham Hill			
City Middletown	State RI	Zip Code 02842	
Purpose of Disbursement Net wages		Amount of Each Disbursement this Period 1170.57	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) C. Andrew Egan		Transaction ID: SB30B.13430 Date of Disbursement 11 / 27 / 2006	
Mailing Address 545 Prospect Street			
City Woonsocket	State RI	Zip Code 02895	
Purpose of Disbursement Canvass stipend		Amount of Each Disbursement this Period 80.00	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional) ▶	2421.14
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Robert Elwell		Transaction ID: SB30B.11277 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 100 Beachery Ct		Amount of Each Disbursement this Period 160.00	
City Warwick State RI Zip Code 02886	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jonathan Engel		Transaction ID: SB30B.13067 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 45 Junip Road		Amount of Each Disbursement this Period 539.99	
City Belmont State MA Zip Code 02478	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jonathan Engel		Transaction ID: SB30B.13068 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 45 Junip Road		Amount of Each Disbursement this Period 809.57	
City Belmont State MA Zip Code 02478	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1509.56
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Hector Escoto		Transaction ID: SB30B.11040 Date of Disbursement 10 / 24 / 2006	
Mailing Address 118 Waverly Street		Amount of Each Disbursement this Period 50.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Hector Escoto		Transaction ID: SB30B.11041 Date of Disbursement 10 / 24 / 2006	
Mailing Address 118 Waverly Street		Amount of Each Disbursement this Period 30.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Hector Escoto		Transaction ID: SB30B.11117 Date of Disbursement 10 / 30 / 2006	
Mailing Address 118 Waverly Street		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Hector Escoto		Transaction ID: SB30B.11118 Date of Disbursement 10 / 30 / 2006	
Mailing Address 118 Waverly Street		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Hector Escoto		Transaction ID: SB30B.11119 Date of Disbursement 10 / 30 / 2006	
Mailing Address 118 Waverly Street		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Hector Escoto		Transaction ID: SB30B.11120 Date of Disbursement 10 / 30 / 2006	
Mailing Address 118 Waverly Street		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Hector Escoto		Transaction ID: SB30B.11674 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 118 Waverly Street		Amount of Each Disbursement this Period 320.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Hector Escoto		Transaction ID: SB30B.12443 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 118 Waverly Street		Amount of Each Disbursement this Period 50.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Ruth Estrella		Transaction ID: SB30B.11698 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 105 Comstock Avenue		Amount of Each Disbursement this Period 240.00	
City Providence State RI Zip Code 02905	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	610.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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

A. Ruth Estrella Full Name (Last, First, Middle Initial) Mailing Address 105 Comstock Avenue City Providence State RI Zip Code 02905 Purpose of Disbursement Canvasser stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB30B.12446 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 Category/Type
--	--	--

B. Kristian Farman Full Name (Last, First, Middle Initial) Mailing Address 11 Archdale Drive City Warwick State RI Zip Code 02889 Purpose of Disbursement Canvass Per Diem Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB30B.11279 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 160.00 Category/Type
--	--	--

C. Brian Farnkoff Full Name (Last, First, Middle Initial) Mailing Address 43 Billings Street City Boston State MA Zip Code 02132 Purpose of Disbursement Net wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB30B.13069 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 522.80 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	782.80
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Brian Farnkoff		Transaction ID: SB30B.13070 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 43 Billings Street		Amount of Each Disbursement this Period 783.80	
City Boston State MA Zip Code 02132	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Parker Farrington		Transaction ID: SB30B.13071 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 37 Devon Road		Amount of Each Disbursement this Period 539.99	
City Chestnut Hill State MA Zip Code 02467	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Parker Farrington		Transaction ID: SB30B.13072 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 37 Devon Road		Amount of Each Disbursement this Period 809.57	
City Chestnut Hill State MA Zip Code 02467	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2133.36
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Rachel Ferrara		Transaction ID: SB30B.11354 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 285 Inez Avenue		Amount of Each Disbursement this Period 120.00
City Warwick State RI Zip Code 02886	Purpose of Disbursement Canvasser stipend	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Financial Innovations		Transaction ID: SB30B.12835 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address One Weingeroff Boulevard		Amount of Each Disbursement this Period 18157.00
City Cranston State RI Zip Code 02910	Purpose of Disbursement Generic Lawn signs	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Financial Innovations		Transaction ID: SB30B.13217 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address One Weingeroff Boulevard		Amount of Each Disbursement this Period 1787.50
City Cranston State RI Zip Code 02910	Purpose of Disbursement Generic lawn signs	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	20064.50
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Financial Innovations		Transaction ID: SB30B.12840 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address One Weingeroff Boulevard		Amount of Each Disbursement this Period 2996.00
City Cranston State RI Zip Code 02910	Purpose of Disbursement Spanish generic lawn signs Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Financial Innovations		Transaction ID: SB30B.12858 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address One Weingeroff Boulevard		Amount of Each Disbursement this Period 6206.00
City Cranston State RI Zip Code 02910	Purpose of Disbursement Yard signs - exempt Candidate Name SHELDON II WHITEHOUSE	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Financial Innovations		Transaction ID: SB30B.12841 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address One Weingeroff Boulevard		Amount of Each Disbursement this Period 1337.50
City Cranston State RI Zip Code 02910	Purpose of Disbursement Generic yard signs Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	10539.50
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Financial Innovations		Transaction ID: SB30B.13216 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address One Weingeroff Boulevard		Amount of Each Disbursement this Period 1337.50
City Cranston State RI Zip Code 02910	Category/ Type	
Purpose of Disbursement Yard signs - exempt		
Candidate Name SHELDON II WHITEHOUSE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Regina Fiorentini		Transaction ID: SB30B.13074 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 36 Macon Avenue		Amount of Each Disbursement this Period 1170.57
City Haverhill State MA Zip Code 01830	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Regina Fiorentini		Transaction ID: SB30B.13075 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 36 Macon Avenue		Amount of Each Disbursement this Period 1170.57
City Haverhill State MA Zip Code 01830	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3678.64
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Paola Flores		Transaction ID: SB30B.11166 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 71 Bellevue Avenue		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Paola Flores		Transaction ID: SB30B.11167 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 71 Bellevue Avenue		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Paola Flores		Transaction ID: SB30B.11168 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 71 Bellevue Avenue		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	0.00

**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)

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<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. Paola Flores		Transaction ID: SB30B.11271 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 71 Bellevue Avenue		Amount of Each Disbursement this Period 80.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Paola Flores		Transaction ID: SB30B.11728 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 71 Bellevue Avenue		Amount of Each Disbursement this Period 200.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael Forgue		Transaction ID: SB30B.11084 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 676 Pontiac Avenue		Amount of Each Disbursement this Period 40.00	
City Cranston State RI Zip Code 02910	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	320.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Michael Fogue		Transaction ID: SB30B.11085 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 676 Pontiac Avenue		Amount of Each Disbursement this Period 40.00
City Cranston State RI Zip Code 02910	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Michael Fogue		Transaction ID: SB30B.11086 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 676 Pontiac Avenue		Amount of Each Disbursement this Period 40.00
City Cranston State RI Zip Code 02910	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Michael Fogue		Transaction ID: SB30B.11260 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 676 Pontiac Avenue		Amount of Each Disbursement this Period 80.00
City Cranston State RI Zip Code 02910	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	160.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Michael Forgue		Transaction ID: SB30B.12127 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 676 Pontiac Avenue		Amount of Each Disbursement this Period 100.00
City Cranston State RI Zip Code 02910	Purpose of Disbursement Canvasser stipend Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Amanda Foster		Transaction ID: SB30B.13076 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 539.99
City North Providence State RI Zip Code 02911	Purpose of Disbursement Net wages Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Amanda Foster		Transaction ID: SB30B.13077 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 809.57
City North Providence State RI Zip Code 02911	Purpose of Disbursement Net wages Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1449.56
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Timothy Fraser		Transaction ID: SB30B.13078	
Mailing Address 78 Fisher Street		Date of Disbursement 10 / 30 / 2006	
City Medway	State MA	Zip Code 02053	Amount of Each Disbursement this Period 1170.57
Purpose of Disbursement Net wages		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Timothy Fraser		Transaction ID: SB30B.13079	
Mailing Address 78 Fisher Street		Date of Disbursement 11 / 15 / 2006	
City Medway	State MA	Zip Code 02053	Amount of Each Disbursement this Period 1170.57
Purpose of Disbursement Net wages		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Damian Garcia		Transaction ID: SB30B.11102	
Mailing Address 1375 Broad Street		Date of Disbursement 10 / 30 / 2006	
City Providence	State RI	Zip Code 02905	Amount of Each Disbursement this Period 40.00
Purpose of Disbursement Canvass Per Diem		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	2381.14
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Kayla Garcia		Transaction ID: SB30B.11539 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 112 Anthony Avenue		Amount of Each Disbursement this Period 200.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sherry Garcia		Transaction ID: SB30B.11714 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 37 Kimball Street		Amount of Each Disbursement this Period 280.00	
City Providence State RI Zip Code 02908	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sherry Garcia		Transaction ID: SB30B.11783 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 37 Kimball Street		Amount of Each Disbursement this Period 100.00	
City Providence State RI Zip Code 02908	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	580.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Dynaurt George		Transaction ID: SB30B.11532 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 112 Raymond Avenue		Amount of Each Disbursement this Period 200.00
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Meagan Gifford		Transaction ID: SB30B.13452 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 138 Hope Street		Amount of Each Disbursement this Period 110.00
City Woonsocket State RI Zip Code 02895	Purpose of Disbursement Canvasser stipend Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Jeffrey Gohringer		Transaction ID: SB30B.13080 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 539.99
City North Providence State RI Zip Code 02911	Purpose of Disbursement Net wages Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	849.99
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Jeffrey Gohringer		Transaction ID: SB30B.13081 Date of Disbursement 11 / 15 / 2006
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 809.57
City North Providence	State RI Zip Code 02911	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Stephanie Gomes		Transaction ID: SB30B.11536 Date of Disbursement 11 / 08 / 2006
Mailing Address 27 Derby Street		Amount of Each Disbursement this Period 200.00
City Pawtucket	State RI Zip Code 02860	
Purpose of Disbursement Canvasser stipend		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Alba Gonzalez		Transaction ID: SB30B.11775 Date of Disbursement 11 / 08 / 2006
Mailing Address 183 Barton Street		Amount of Each Disbursement this Period 240.00
City Pawtucket	State RI Zip Code 02860	
Purpose of Disbursement Canvasser stipend		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1249.57
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Alba Gonzalez		Transaction ID: SB30B.12441 Date of Disbursement 11 / 09 / 2006	
Mailing Address 183 Barton Street		Amount of Each Disbursement this Period 100.00	
City Pawtucket	State RI	Zip Code 02860	Category/ Type
Purpose of Disbursement Canvasser stipend		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

Full Name (Last, First, Middle Initial) B. Juan Gonzalez		Transaction ID: SB30B.12085 Date of Disbursement 11 / 09 / 2006	
Mailing Address 32 Oxford Avenue		Amount of Each Disbursement this Period 260.00	
City Warwick	State RI	Zip Code 02889	Category/ Type
Purpose of Disbursement Canvasser stipend		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

Full Name (Last, First, Middle Initial) C. Roberto Gonzalez		Transaction ID: SB30B.11563 Date of Disbursement 11 / 08 / 2006	
Mailing Address 116 Cottage Street		Amount of Each Disbursement this Period 200.00	
City Central Falls	State RI	Zip Code 02863	Category/ Type
Purpose of Disbursement Canvasser stipend		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	560.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Sherrelle Goodridge		Transaction ID: SB30B.11157 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1469 Warwick Avenue		Amount of Each Disbursement this Period 160.00
City Warwick State RI Zip Code 02888	Purpose of Disbursement Canvass Per Diem	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sherrelle Goodridge		Transaction ID: SB30B.11360 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 1469 Warwick Avenue		Amount of Each Disbursement this Period 370.00
City Warwick State RI Zip Code 02888	Purpose of Disbursement Canvasser stipend	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Gloria Grullon		Transaction ID: SB30B.11673 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 101 Lexington Avenue		Amount of Each Disbursement this Period 280.00
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	810.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Yahiris Guridy		Transaction ID: SB30B.11709 Date of Disbursement 11 / 08 / 2006	
Mailing Address 19 Algonquin Street		Amount of Each Disbursement this Period 240.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Yahiris Guridy		Transaction ID: SB30B.12451 Date of Disbursement 11 / 09 / 2006	
Mailing Address 19 Algonquin Street		Amount of Each Disbursement this Period 100.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Elisabeth Gushlaw		Transaction ID: SB30B.11107 Date of Disbursement 10 / 30 / 2006	
Mailing Address 135 Almy Street		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	380.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Elisabeth Gushlaw		Transaction ID: SB30B.11108 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 135 Almy Street		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Elisabeth Gushlaw		Transaction ID: SB30B.11110 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 135 Almy Street		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Nicole Gushlaw		Transaction ID: SB30B.11105 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 135 Almy Street		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: (check only one)

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<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. Nicole Gushlaw		Transaction ID: SB30B.11106 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 135 Almy Street		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02909	Category/ Type	
Purpose of Disbursement Canvass Per Diem		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nicole Gushlaw		Transaction ID: SB30B.13433 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 135 Almy Street		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02909	Category/ Type	
Purpose of Disbursement Canvass Per Diem		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Anna Gustina		Transaction ID: SB30B.13083 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 111 University Avenue		Amount of Each Disbursement this Period 1731.75
City Buffalo State NY Zip Code 14214	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1811.75
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Anna Gustina		Transaction ID: SB30B.13084 Date of Disbursement 11 / 15 / 2006	
Mailing Address 111 University Avenue		Amount of Each Disbursement this Period 1731.75	
City Buffalo State NY Zip Code 14214	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Alan Guzman		Transaction ID: SB30B.12005 Date of Disbursement 11 / 08 / 2006	
Mailing Address 41 Wales Street		Amount of Each Disbursement this Period 250.00	
City Cranston State RI Zip Code 02910	Purpose of Disbursement Canvasser stipend Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kelly Harlow		Transaction ID: SB30B.13085 Date of Disbursement 10 / 30 / 2006	
Mailing Address 3906 West Oak Drive		Amount of Each Disbursement this Period 1170.57	
City Columbia State MO Zip Code 65302	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3152.32
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Kelly Harlow		Transaction ID: SB30B.13086 Date of Disbursement 11 / 15 / 2006	
Mailing Address 3906 West Oak Drive		Amount of Each Disbursement this Period 1170.57	
City Columbia State MO Zip Code 65302	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dannybel Hernandez		Transaction ID: SB30B.11668 Date of Disbursement 11 / 08 / 2006	
Mailing Address 57 Laura Street		Amount of Each Disbursement this Period 200.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dominic Hernandez		Transaction ID: SB30B.11646 Date of Disbursement 11 / 08 / 2006	
Mailing Address 133 Olo Street		Amount of Each Disbursement this Period 210.00	
City Woonsocket State RI Zip Code 02895	Purpose of Disbursement Canvasser stipend Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1580.57
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Ruben Hernandez		Transaction ID: SB30B.12050 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 40 Eudora Street		Amount of Each Disbursement this Period 300.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Nicole Hilmer-Heartte		Transaction ID: SB30B.13087 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 5 East Street		Amount of Each Disbursement this Period 783.80	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nicole Hilmer-Heartte		Transaction ID: SB30B.13088 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 5 East Street		Amount of Each Disbursement this Period 783.80	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1867.60
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Bety Huaranga		Transaction ID: SB30B.12539 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 77 Alvin Street		Amount of Each Disbursement this Period 100.00
City Providence State RI Zip Code 02907		
Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Rose Jackson		Transaction ID: SB30B.13089 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 5750 Broadway Street		Amount of Each Disbursement this Period 522.80
City Indianapolis State IN Zip Code 46220		
Purpose of Disbursement Net wages	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Rose Jackson		Transaction ID: SB30B.13090 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 5750 Broadway Street		Amount of Each Disbursement this Period 783.80
City Indianapolis State IN Zip Code 46220		
Purpose of Disbursement Net wages	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1406.60
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Nicholas Jeffrey		Transaction ID: SB30B.13091 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 6 Holiday Court		Amount of Each Disbursement this Period 539.99
City Lincoln State RI Zip Code 02865	Purpose of Disbursement Net wages	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nicholas Jeffrey		Transaction ID: SB30B.13092 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 6 Holiday Court		Amount of Each Disbursement this Period 809.57
City Lincoln State RI Zip Code 02865	Purpose of Disbursement Net wages	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kathryn Johnson		Transaction ID: SB30B.11276 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 40 Willing Avenue		Amount of Each Disbursement this Period 160.00
City Warwick State RI Zip Code 02888	Purpose of Disbursement Canvass Per Diem	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1509.56
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Kathryn Johnson		Transaction ID: SB30B.11336 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 40 Willing Avenue		Amount of Each Disbursement this Period 90.00	
City Warwick State RI Zip Code 02888	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Hector Jose		Transaction ID: SB30B.12028 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 560 Public Street		Amount of Each Disbursement this Period 250.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Patricia Kammerer		Transaction ID: SB30B.13093 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address PO Box 1495		Amount of Each Disbursement this Period 1333.63	
City Westerly State RI Zip Code 02891	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1673.63
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Patricia Kammerer		Transaction ID: SB30B.13094 Date of Disbursement 11 / 15 / 2006	
Mailing Address PO Box 1495		Amount of Each Disbursement this Period 1333.64	
City Westerly State RI Zip Code 02891	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Micheal Keane		Transaction ID: SB30B.13095 Date of Disbursement 10 / 30 / 2006	
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 1333.63	
City Providence State RI Zip Code 02909	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Micheal Keane		Transaction ID: SB30B.13096 Date of Disbursement 11 / 15 / 2006	
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 1333.64	
City Providence State RI Zip Code 02909	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.91
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Joy Langley		Transaction ID: SB30B.12855 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 3754 W Street, NW		Amount of Each Disbursement this Period 400.00
City Washington State DC Zip Code 20007	Category/ Type	
Purpose of Disbursement Canvasser stipend		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Seth Larson		Transaction ID: SB30B.13097 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 65 Plantation Drive		Amount of Each Disbursement this Period 522.80
City Saunderstown State RI Zip Code 02874	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Seth Larson		Transaction ID: SB30B.13098 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 65 Plantation Drive		Amount of Each Disbursement this Period 783.80
City Saunderstown State RI Zip Code 02874	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1706.60
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Maricelly Ledee		Transaction ID: SB30B.12040 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 15 Linwood Avenue		Amount of Each Disbursement this Period 250.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mindy Leon		Transaction ID: SB30B.12857 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 8454 Toll House Road		Amount of Each Disbursement this Period 750.00	
City Annandale State VA Zip Code 22003	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gregory Leonard		Transaction ID: SB30B.11319 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 80 Shady Hill Drive		Amount of Each Disbursement this Period 210.00	
City West Warwick State RI Zip Code 02893	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1210.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Emily LePlante		Transaction ID: SB30B.11077 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 142 Royal Avenue		Amount of Each Disbursement this Period 40.00
City Cranston State RI Zip Code 02920	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Emily LePlante		Transaction ID: SB30B.11078 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 142 Royal Avenue		Amount of Each Disbursement this Period 40.00
City Cranston State RI Zip Code 02920	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Emily LePlante		Transaction ID: SB30B.11079 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 142 Royal Avenue		Amount of Each Disbursement this Period 40.00
City Cranston State RI Zip Code 02920	Purpose of Disbursement Canvass Per diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Emily LePlante		Transaction ID: SB30B.11080 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 142 Royal Avenue		Amount of Each Disbursement this Period 40.00
City Cranston State RI Zip Code 02920	Category/ Type	
Purpose of Disbursement Canvass Per Diem		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Emily LePlante		Transaction ID: SB30B.11228 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 142 Royal Avenue		Amount of Each Disbursement this Period 40.00
City Cranston State RI Zip Code 02920	Category/ Type	
Purpose of Disbursement Canvass Per Diem		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Emily LePlante		Transaction ID: SB30B.11259 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 142 Royal Avenue		Amount of Each Disbursement this Period 120.00
City Cranston State RI Zip Code 02920	Category/ Type	
Purpose of Disbursement Canvass Per Diem		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Lightning Radio Inc.		Transaction ID: SB30B.13214 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 5781 Lee Boulevard		Amount of Each Disbursement this Period 6475.00
City Lehigh Acres State FL Zip Code 33971	Purpose of Disbursement Committee Pager rentals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Brett Lincoln		Transaction ID: SB30B.13099 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 28 Irving Road		Amount of Each Disbursement this Period 539.99
City New Hartford State NY Zip Code 13413	Purpose of Disbursement Net wages Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Brett Lincoln		Transaction ID: SB30B.13100 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 28 Irving Road		Amount of Each Disbursement this Period 809.57
City New Hartford State NY Zip Code 13413	Purpose of Disbursement Net wages Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	7824.56
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Tim Littlefield		Transaction ID: SB30B.11361 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 116 Lakeshore Drive		Amount of Each Disbursement this Period 170.00
City Warwick State RI Zip Code 02889	Purpose of Disbursement Canvass stipend	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sara Lonardo		Transaction ID: SB30B.13101 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 471 Douglas Avenue		Amount of Each Disbursement this Period 522.80
City Providence State RI Zip Code 02908	Purpose of Disbursement Net wages	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sara Lonardo		Transaction ID: SB30B.13102 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 471 Douglas Avenue		Amount of Each Disbursement this Period 783.80
City Providence State RI Zip Code 02908	Purpose of Disbursement Net wages	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1476.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<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. Hamlet Lopez		Transaction ID: SB30B.13103 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 105 Comstock Street		Amount of Each Disbursement this Period 522.80
City Providence State RI Zip Code 02907	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hamlet Lopez		Transaction ID: SB30B.13104 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 105 Comstock Street		Amount of Each Disbursement this Period 783.80
City Providence State RI Zip Code 02907	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ricardo Lopez		Transaction ID: SB30B.12045 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 154 Beaufort Street		Amount of Each Disbursement this Period 250.00
City Providence State RI Zip Code 02908	Category/ Type	
Purpose of Disbursement Canvasser stipend		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1556.60
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Rudy Lopez		Transaction ID: SB30B.13105 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1608 Senator Drive		Amount of Each Disbursement this Period 2920.24
City East Chicago State IL Zip Code 46312	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Rudy Lopez		Transaction ID: SB30B.13106 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 1608 Senator Drive		Amount of Each Disbursement this Period 2920.25
City East Chicago State IL Zip Code 46312	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Odell Lora		Transaction ID: SB30B.11691 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 404 Union Avenue		Amount of Each Disbursement this Period 240.00
City Providence State RI Zip Code 02909	Category/ Type	
Purpose of Disbursement Canvasser stipend		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6080.49
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Ziary Lora		Transaction ID: SB30B.11711 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 404 Union Avenue		Amount of Each Disbursement this Period 240.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Matthew Lydon		Transaction ID: SB30B.13107 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 73 Fremont		Amount of Each Disbursement this Period 1170.57	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Matthew Lydon		Transaction ID: SB30B.13108 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 73 Fremont		Amount of Each Disbursement this Period 1170.57	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2581.14
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<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. Alexander Malki		Transaction ID: SB30B.12086 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 80 Maplewood Avenue		Amount of Each Disbursement this Period 220.00
City Warwick State RI Zip Code 02889	Purpose of Disbursement Canvasser stipend	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lauren Mandelker		Transaction ID: SB30B.13109 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 299 Wickenden Street		Amount of Each Disbursement this Period 522.80
City Providence State RI Zip Code 02903	Purpose of Disbursement Net wages	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lauren Mandelker		Transaction ID: SB30B.13110 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 299 Wickenden Street		Amount of Each Disbursement this Period 783.80
City Providence State RI Zip Code 02903	Purpose of Disbursement Net wages	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1526.60
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Dannel Marrow		Transaction ID: SB30B.11312	
Mailing Address 195 Tennyson Road		Date of Disbursement MM / DD / YYYY 11 / 08 / 2006	
City Warwick	State RI	Zip Code 02888	Amount of Each Disbursement this Period 170.00
Purpose of Disbursement Canvasser stipend		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Dannel Marrow		Transaction ID: SB30B.12084	
Mailing Address 195 Tennyson Road		Date of Disbursement MM / DD / YYYY 11 / 09 / 2006	
City Warwick	State RI	Zip Code 02888	Amount of Each Disbursement this Period 160.00
Purpose of Disbursement Canvasser stipend		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Denyz Marrow		Transaction ID: SB30B.11285	
Mailing Address 195 Tennyson Road		Date of Disbursement MM / DD / YYYY 11 / 03 / 2006	
City Warwick	State RI	Zip Code 02888	Amount of Each Disbursement this Period 80.00
Purpose of Disbursement Canvass Per Diem		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	410.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Denyz Marrow		Transaction ID: SB30B.11313 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 195 Tennyson Road		Amount of Each Disbursement this Period 130.00	
City Warwick State RI Zip Code 02888	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ivarionex Marte		Transaction ID: SB30B.11675 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 166 Clarence Street		Amount of Each Disbursement this Period 240.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kevin Martins		Transaction ID: SB30B.13461 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 48 Woodlawn Avenue		Amount of Each Disbursement this Period 80.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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<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. Yarelis Matos		Transaction ID: SB30B.12054 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 47 Salmon Street		Amount of Each Disbursement this Period 250.00
City Providence State RI Zip Code 02909		
Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jason McDowell		Transaction ID: SB30B.11325 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 66 Baywood Street		Amount of Each Disbursement this Period 270.00
City Warwick State RI Zip Code 02886		
Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Donald McFarland		Transaction ID: SB30B.12833 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 411 Laurel Avenue		Amount of Each Disbursement this Period 3000.00
City St Paul State MN Zip Code 55102		
Purpose of Disbursement Operations Manager stipend	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3520.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Fernando Mendez		Transaction ID: SB30B.13436 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 105 Hillcrest Avenue		Amount of Each Disbursement this Period 50.00
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Minya Mendoza		Transaction ID: SB30B.12042 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 560 Public Street		Amount of Each Disbursement this Period 250.00
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Message Broadcast		Transaction ID: SB30B.12765 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 4685 MacArthur Court		Amount of Each Disbursement this Period 17657.41
City Newport Beach State CA Zip Code 92660	Purpose of Disbursement GOTV generic calls	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	17957.41
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Message Broadcast		Transaction ID: SB30B.13402																					
Mailing Address 4685 MacArthur Court		Date of Disbursement																					
City Newport Beach State CA Zip Code 92660		<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>1</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	2	/	2	0	0	6														
Purpose of Disbursement GOTV generic calls		Amount of Each Disbursement this Period																					
Candidate Name		4943.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) B. Kayla Montanari		Transaction ID: SB30B.11650																					
Mailing Address 203 Welles Street		Date of Disbursement																					
City Woonsocket State RI Zip Code 02895		<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>1</td><td>1</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	8	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	8	/	2	0	0	6														
Purpose of Disbursement Canvasser stipend		Amount of Each Disbursement this Period																					
Candidate Name		190.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) C. Brian Monteiro		Transaction ID: SB30B.13111																					
Mailing Address 172 Leonard Avenue		Date of Disbursement																					
City East Providence State RI Zip Code 02914		<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>1</td><td>0</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	3	0	/	2	0	0	6														
Purpose of Disbursement Net wages		Amount of Each Disbursement this Period																					
Candidate Name		522.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)	5656.25
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Brian Monteiro		Transaction ID: SB30B.13112 Date of Disbursement 11 / 15 / 2006	
Mailing Address 172 Leonard Avenue		Amount of Each Disbursement this Period 783.80	
City East Providence State RI Zip Code 02914	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mercedes Monteiro		Transaction ID: SB30B.11278 Date of Disbursement 11 / 03 / 2006	
Mailing Address 2 Ridgeway Avenue		Amount of Each Disbursement this Period 200.00	
City Warwick State RI Zip Code 02889	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mercedes Monteiro		Transaction ID: SB30B.11347 Date of Disbursement 11 / 08 / 2006	
Mailing Address 2 Ridgeway Avenue		Amount of Each Disbursement this Period 170.00	
City Warwick State RI Zip Code 02889	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1153.80
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Emily Monti		Transaction ID: SB30B.11316 Date of Disbursement 11 / 08 / 2006	
Mailing Address 40 Gilcrest Drive		Amount of Each Disbursement this Period 90.00	
City West Warwick State RI Zip Code 02893	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Brett Moulay		Transaction ID: SB30B.11651 Date of Disbursement 11 / 08 / 2006	
Mailing Address 173 Rathbun Street		Amount of Each Disbursement this Period 185.00	
City Woonsocket State RI Zip Code 02895	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Samuel Muskelly		Transaction ID: SB30B.11699 Date of Disbursement 11 / 08 / 2006	
Mailing Address 21 Appleton Street		Amount of Each Disbursement this Period 280.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	555.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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<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. Samuel Muskelly		Transaction ID: SB30B.12442 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 21 Appleton Street		Amount of Each Disbursement this Period 100.00
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nicole Narducci		Transaction ID: SB30B.11867 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 36 Langdon Street		Amount of Each Disbursement this Period 120.00
City Providence State RI Zip Code 02904	Purpose of Disbursement Canvasser stipend	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tyrone Nared		Transaction ID: SB30B.11652 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 147 Rebekah Street		Amount of Each Disbursement this Period 225.00
City Woonsocket State RI Zip Code 02895	Purpose of Disbursement Canvasser stipend	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	445.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 201 / 304

<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. Amanda Nathaniel		Transaction ID: SB30B.11820 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 65 Niagara Street		Amount of Each Disbursement this Period 250.00
City Providence State RI Zip Code 02907		
Purpose of Disbursement Canvasser stipend	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Glenda Nathaniel		Transaction ID: SB30B.11819 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 65 Niagara Street		Amount of Each Disbursement this Period 250.00
City Providence State RI Zip Code 02907		
Purpose of Disbursement Canvasser stipend	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jayme Nathaniel		Transaction ID: SB30B.11821 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 65 Niagara Street		Amount of Each Disbursement this Period 250.00
City Providence State RI Zip Code 02907		
Purpose of Disbursement Canvasser stipend	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 202 / 304

<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

A. Lawrence O'Brien Full Name (Last, First, Middle Initial) Mailing Address 328 Grove Street City New Milford State NJ Zip Code 07646 Purpose of Disbursement Canvasser stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB30B.12421 Date of Disbursement 11 / 09 / 2006 Amount of Each Disbursement this Period 200.00 Category/Type
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B. Benedict Ojo Full Name (Last, First, Middle Initial) Mailing Address 101 Byfield Street City Providence State RI Zip Code 02905 Purpose of Disbursement Canvasser stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB30B.11777 Date of Disbursement 11 / 08 / 2006 Amount of Each Disbursement this Period 320.00 Category/Type
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C. Ian Orefice Full Name (Last, First, Middle Initial) Mailing Address 70 Barr Road City Malvern State PA Zip Code 19355 Purpose of Disbursement Canvass Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB30B.13334 Date of Disbursement 11 / 27 / 2006 Amount of Each Disbursement this Period 1000.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	1520.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Theophilus Osei		Transaction ID: SB30B.12417 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 28 Volturno Street		Amount of Each Disbursement this Period 300.00
City North Providence State RI Zip Code 02904	Category/ Type	
Purpose of Disbursement Canvasser stipend		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Josh Panger		Transaction ID: SB30B.13113 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 7101 Zoar Avenue		Amount of Each Disbursement this Period 522.80
City Lubbock State TX Zip Code 79424	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Josh Panger		Transaction ID: SB30B.13114 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 7101 Zoar Avenue		Amount of Each Disbursement this Period 783.80
City Lubbock State TX Zip Code 79424	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1606.60
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Obapda Papp		Transaction ID: SB30B.12044 Date of Disbursement 11 / 08 / 2006	
Mailing Address 88 Dexter Avenue		Amount of Each Disbursement this Period 250.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jose Perez		Transaction ID: SB30B.11735 Date of Disbursement 11 / 08 / 2006	
Mailing Address 23 Covell Street		Amount of Each Disbursement this Period 200.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jose Perez		Transaction ID: SB30B.12437 Date of Disbursement 11 / 09 / 2006	
Mailing Address 23 Covell Street		Amount of Each Disbursement this Period 50.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Jose Perez		Transaction ID: SB30B.12452 Date of Disbursement 11 / 09 / 2006	
Mailing Address 23 Covell Street		Amount of Each Disbursement this Period 120.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Linuchka Perez		Transaction ID: SB30B.11682 Date of Disbursement 11 / 08 / 2006	
Mailing Address 108 Comstock Avenue		Amount of Each Disbursement this Period 280.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Marilyn Perez		Transaction ID: SB30B.11685 Date of Disbursement 11 / 08 / 2006	
Mailing Address 108 Comstock Avenue		Amount of Each Disbursement this Period 240.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	640.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Marilyn Perez		Transaction ID: SB30B.12445 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 108 Comstock Avenue		Amount of Each Disbursement this Period 50.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend		
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Caroline Pichado		Transaction ID: SB30B.10916 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 20 Wildwood Avenue		Amount of Each Disbursement this Period 50.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass per diem		
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Caroline Pichado		Transaction ID: SB30B.11423 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 20 Wildwood Avenue		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass per diem		
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	140.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Caroline Pichado		Transaction ID: SB30B.11425 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 20 Wildwood Avenue		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass per diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Caroline Pichado		Transaction ID: SB30B.11427 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 20 Wildwood Avenue		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass per diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Caroline Pichado		Transaction ID: SB30B.11268 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 20 Wildwood Avenue		Amount of Each Disbursement this Period 80.00
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	160.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Caroline Pichado		Transaction ID: SB30B.11805 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 20 Wildwood Avenue		Amount of Each Disbursement this Period 200.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Faith Plante		Transaction ID: SB30B.11655 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 78 Park Avenue		Amount of Each Disbursement this Period 210.00	
City Woonsocket State RI Zip Code 02895	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PMA Engineering		Transaction ID: SB30B.13297 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 681 Killingly Street		Amount of Each Disbursement this Period 363.80	
City Johnston State RI Zip Code 02919	Purpose of Disbursement Video equipment rental	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	773.80
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Samuel Poku, III		Transaction ID: SB30B.12397 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 9 Lockridge Street		Amount of Each Disbursement this Period 300.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ivanna Porras		Transaction ID: SB30B.12030 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 14 Gray Street		Amount of Each Disbursement this Period 300.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Providence Marriott		Transaction ID: SB30B.13245 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address Charles & Orms Street		Amount of Each Disbursement this Period 2544.70	
City Providence State RI Zip Code 02906	Purpose of Disbursement GOTV meeting	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3144.70
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Providence Marriott		Transaction ID: SB30B.13321 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address Charles & Orms Street		Amount of Each Disbursement this Period 600.00
City Providence State RI Zip Code 02906	Purpose of Disbursement Meeting equipment rental Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Clara Puello		Transaction ID: SB30B.11188 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 281 Waldo Street		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Clara Puello		Transaction ID: SB30B.11189 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 281 Waldo Street		Amount of Each Disbursement this Period 40.00
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvass Per Diem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	680.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Clara Puello		Transaction ID: SB30B.11261 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 281 Waldo Street		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. Clara Puello		Transaction ID: SB30B.12016 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 281 Waldo Street		Amount of Each Disbursement this Period 100.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Clara Puello		Transaction ID: SB30B.12541 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 281 Waldo Street		Amount of Each Disbursement this Period 200.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	340.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<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. Jessica Puello		Transaction ID: SB30B.12032 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 281 Waldo Street		Amount of Each Disbursement this Period 250.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. Jessica Puello		Transaction ID: SB30B.12542 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 281 Waldo Street		Amount of Each Disbursement this Period 50.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Radio Shack		Transaction ID: SB30B.13255 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 355 Reservoir Avenue		Amount of Each Disbursement this Period 430.68	
City Providence State RI Zip Code 02907	Purpose of Disbursement Portable phones	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	730.68
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. RadioShack		Transaction ID: SB30B.13246 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 563 North Main Street		Amount of Each Disbursement this Period 171.19
City Providence State RI Zip Code 02904	Category/ Type	
Purpose of Disbursement Portable phones		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Meredith Regine		Transaction ID: SB30B.13115 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 155 Purgatory Road		Amount of Each Disbursement this Period 505.60
City Middletown, State RI Zip Code 02842	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Meredith Regine		Transaction ID: SB30B.13116 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 155 Purgatory Road		Amount of Each Disbursement this Period 758.01
City Middletown, State RI Zip Code 02842	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1434.80
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Sabrino Rincon		Transaction ID: SB30B.12051 Date of Disbursement 11 / 08 / 2006	
Mailing Address 482 Huntington Avenue		Amount of Each Disbursement this Period 250.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Philip Rivera		Transaction ID: SB30B.11840 Date of Disbursement 11 / 08 / 2006	
Mailing Address 36 Hobson Avenue		Amount of Each Disbursement this Period 220.00	
City East Providence State RI Zip Code 02914	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nicole Robin		Transaction ID: SB30B.11656 Date of Disbursement 11 / 08 / 2006	
Mailing Address 101 Mowry Street		Amount of Each Disbursement this Period 220.00	
City Woonsocket State RI Zip Code 02895	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	690.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Ashley Rodrigues		Transaction ID: SB30B.11531 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 47 Columbus Avenue		Amount of Each Disbursement this Period 200.00
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Domingas Rodrigues		Transaction ID: SB30B.11556 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 37 Thornley Street		Amount of Each Disbursement this Period 200.00
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dayanarah Rodriguez		Transaction ID: SB30B.13118 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 6 Gallup Street		Amount of Each Disbursement this Period 505.60
City Providence State RI Zip Code 02905	Purpose of Disbursement Net wages	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	905.60
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Dayanarah Rodriguez		Transaction ID: SB30B.13119 Date of Disbursement MM / DD / YYYY 11 / 15 / 2006
Mailing Address 6 Gallup Street		Amount of Each Disbursement this Period 758.01
City Providence State RI Zip Code 02905		
Purpose of Disbursement Net wages	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Eduardo Rodriguez		Transaction ID: SB30B.12550 Date of Disbursement MM / DD / YYYY 11 / 10 / 2006
Mailing Address 127 Sumter Street		Amount of Each Disbursement this Period 100.00
City Providence State RI Zip Code 02907		
Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Erlin Rodriguez		Transaction ID: SB30B.11550 Date of Disbursement MM / DD / YYYY 11 / 08 / 2006
Mailing Address 560 Prospect Street		Amount of Each Disbursement this Period 200.00
City Pawtucket State RI Zip Code 02860		
Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1058.01
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Fernando Romero		Transaction ID: SB30B.13571 Date of Disbursement 11 / 27 / 2006	
Mailing Address 482 Huntington Avenue		Amount of Each Disbursement this Period 250.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Gabino Romero		Transaction ID: SB30B.11548 Date of Disbursement 11 / 08 / 2006	
Mailing Address 560 Prospect Street		Amount of Each Disbursement this Period 200.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Kenneth Roper		Transaction ID: SB30B.11555 Date of Disbursement 11 / 08 / 2006	
Mailing Address 560 Prospect Street		Amount of Each Disbursement this Period 200.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Stephani Rosario		Transaction ID: SB30B.12448 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 96 Burns Street		Amount of Each Disbursement this Period 100.00
City Providence State RI Zip Code 02904		
Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. David Rosenthal		Transaction ID: SB30B.13120 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 69 Ocean View Road		Amount of Each Disbursement this Period 557.19
City Swampscott State MA Zip Code 01907		
Purpose of Disbursement Net wages	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. David Rosenthal		Transaction ID: SB30B.13121 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 69 Ocean View Road		Amount of Each Disbursement this Period 835.36
City Swampscott State MA Zip Code 01907		
Purpose of Disbursement Net wages	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1492.55
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Ruth Salvatierra		Transaction ID: SB30B.12047 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 9 Gray Street		Amount of Each Disbursement this Period 250.00
City Providence State RI Zip Code 02909		
Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Matthew Samson		Transaction ID: SB30B.11844 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 80 First Street		Amount of Each Disbursement this Period 280.00
City East Providence State RI Zip Code 02914		
Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Freddy Santana		Transaction ID: SB30B.11549 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 560 Prospect Street		Amount of Each Disbursement this Period 200.00
City Pawtucket State RI Zip Code 02860		
Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	730.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Omy Santana		Transaction ID: SB30B.13462 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 62 Wood Street		Amount of Each Disbursement this Period 130.00	
City Providence State RI Zip Code 02909	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Esther Santos		Transaction ID: SB30B.11169 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 71 Bellevue Avenue		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Esther Santos		Transaction ID: SB30B.11170 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 71 Bellevue Avenue		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	210.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Esther Santos		Transaction ID: SB30B.11171 Date of Disbursement 10 / 30 / 2006	
Mailing Address 71 Bellevue Avenue		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Esther Santos		Transaction ID: SB30B.11172 Date of Disbursement 10 / 30 / 2006	
Mailing Address 71 Bellevue Avenue		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Esther Santos		Transaction ID: SB30B.11270 Date of Disbursement 11 / 03 / 2006	
Mailing Address 71 Bellevue Avenue		Amount of Each Disbursement this Period 80.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	160.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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. Esther Santos		Transaction ID: SB30B.11727 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 71 Bellevue Avenue		Amount of Each Disbursement this Period 200.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Esther Santos		Transaction ID: SB30B.12468 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 71 Bellevue Avenue		Amount of Each Disbursement this Period 150.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Hollie Saunders		Transaction ID: SB30B.13122 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 29 Russell Avenue		Amount of Each Disbursement this Period 522.80	
City East Providence State RI Zip Code 02914	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	872.80
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Hollie Saunders		Transaction ID: SB30B.13123 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 29 Russell Avenue		Amount of Each Disbursement this Period 783.80	
City East Providence State RI Zip Code 02914	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Melissa Scully		Transaction ID: SB30B.13178 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 4 Pine Drive		Amount of Each Disbursement this Period 505.60	
City Unionville State CT Zip Code 06085	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Melissa Scully		Transaction ID: SB30B.13179 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 4 Pine Drive		Amount of Each Disbursement this Period 758.01	
City Unionville State CT Zip Code 06085	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2047.41
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Ryan Sears		Transaction ID: SB30B.13124 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 2156 Palmetto Terrace		Amount of Each Disbursement this Period 522.80
City Fullerton State CA Zip Code 92831	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ryan Sears		Transaction ID: SB30B.13125 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 2156 Palmetto Terrace		Amount of Each Disbursement this Period 783.80
City Fullerton State CA Zip Code 92831	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jeremy Slaughter		Transaction ID: SB30B.13126 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 55 Pond Drive		Amount of Each Disbursement this Period 1098.26
City Fairmont State WV Zip Code 26554	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2404.86
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Jeremy Slaughter		Transaction ID: SB30B.13127 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 55 Pond Drive		Amount of Each Disbursement this Period 1098.26
City Fairmont State WV Zip Code 26554		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Andrew Smeltzer		Transaction ID: SB30B.12380 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 74 South River Drive		Amount of Each Disbursement this Period 200.00
City Narragansett State RI Zip Code 02882		
Purpose of Disbursement Canvasser stipend Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Erica Smith		Transaction ID: SB30B.11317 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 74 Glendale Drive		Amount of Each Disbursement this Period 150.00
City West Warwick State RI Zip Code 02893		
Purpose of Disbursement Canvasser stipend Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1448.26
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Jenna Soendker		Transaction ID: SB30B.13128 Date of Disbursement 10 / 30 / 2006	
Mailing Address 12507 Hwy D		Amount of Each Disbursement this Period 783.80	
City Napoleon State MD Zip Code 64074	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jenna Soendker		Transaction ID: SB30B.13129 Date of Disbursement 11 / 15 / 2006	
Mailing Address 12507 Hwy D		Amount of Each Disbursement this Period 783.80	
City Napoleon State MD Zip Code 64074	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sowole Somalke		Transaction ID: SB30B.11704 Date of Disbursement 11 / 08 / 2006	
Mailing Address 6 George Street		Amount of Each Disbursement this Period 240.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1807.60
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Anisa Somani		Transaction ID: SB30B.13130 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 24 South Court Street		Amount of Each Disbursement this Period 539.99	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Anisa Somani		Transaction ID: SB30B.13131 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 24 South Court Street		Amount of Each Disbursement this Period 809.57	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sobayo Sonaik		Transaction ID: SB30B.11701 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 6 George Street		Amount of Each Disbursement this Period 240.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1589.56
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Squier, Napp, Dunn		Transaction ID: SB30B.12853 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 1818 N Street, NW		Amount of Each Disbursement this Period 6400.00
City Washington State DC Zip Code 20036	Category/ Type	
Purpose of Disbursement Generic broadcast production		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Squier, Napp, Dunn		Transaction ID: SB30B.13219 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1818 N Street, NW		Amount of Each Disbursement this Period 3165.44
City Washington State DC Zip Code 20036	Category/ Type	
Purpose of Disbursement Production generic message		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Squier, Napp, Dunn		Transaction ID: SB30B.13220 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1818 N Street, NW		Amount of Each Disbursement this Period 2484.90
City Washington State DC Zip Code 20036	Category/ Type	
Purpose of Disbursement Production generic message		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12050.34
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Zachary Stewart		Transaction ID: SB30B.11482 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 3422 Post Road		Amount of Each Disbursement this Period 130.00	
City Warwick	State RI	Zip Code 02886	Category/ Type
Purpose of Disbursement Canvasser stipend			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Zachary Stewart		Transaction ID: SB30B.12087 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 3422 Post Road		Amount of Each Disbursement this Period 70.00	
City Warwick	State RI	Zip Code 02886	Category/ Type
Purpose of Disbursement Canvasser stipend			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Prospero Suazo		Transaction ID: SB30B.13132 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 230 Roger Williams		Amount of Each Disbursement this Period 522.80	
City Providence	State RI	Zip Code 02907	Category/ Type
Purpose of Disbursement Net wages			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	722.80
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Prospero Suazo		Transaction ID: SB30B.13133 Date of Disbursement 11 / 15 / 2006	
Mailing Address 230 Roger Williams		Amount of Each Disbursement this Period 783.80	
City Providence State RI Zip Code 02907	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Anand Sudhakar		Transaction ID: SB30B.13134 Date of Disbursement 10 / 30 / 2006	
Mailing Address 93 East George Street		Amount of Each Disbursement this Period 612.23	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Anand Sudhakar		Transaction ID: SB30B.13135 Date of Disbursement 11 / 15 / 2006	
Mailing Address 93 East George Street		Amount of Each Disbursement this Period 917.87	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2313.90
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Emily Sullivan		Transaction ID: SB30B.8840 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 580 Wickenden Street		Amount of Each Disbursement this Period 577.84	
City Providence State RI Zip Code 02903	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Emily Sullivan		Transaction ID: SB30B.13136 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 580 Wickenden Street		Amount of Each Disbursement this Period 866.31	
City Providence State RI Zip Code 02903	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Karina Tavarez		Transaction ID: SB30B.11098 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 74 Sumter Street		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1484.15
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Karina Tavarez		Transaction ID: SB30B.11099 Date of Disbursement 10 / 30 / 2006	
Mailing Address 74 Sumter Street		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Karina Tavarez		Transaction ID: SB30B.11100 Date of Disbursement 10 / 30 / 2006	
Mailing Address 74 Sumter Street		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Karina Tavarez		Transaction ID: SB30B.11101 Date of Disbursement 10 / 30 / 2006	
Mailing Address 74 Sumter Street		Amount of Each Disbursement this Period 40.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvass Per Diem Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Karina Tavarez		Transaction ID: SB30B.11681 Date of Disbursement 11 / 08 / 2006	
Mailing Address 74 Sumter Street		Amount of Each Disbursement this Period 80.00	
City Providence State RI Zip Code 02907	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. The Contact Group		Transaction ID: SB30B.13193 Date of Disbursement 11 / 03 / 2006	
Mailing Address 2304 Hunterwoods Plaza		Amount of Each Disbursement this Period 21423.15	
City Reston State VA Zip Code 20191	Purpose of Disbursement Generic GOTV calls	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. The Tyson Organization		Transaction ID: SB30B.13183 Date of Disbursement 10 / 23 / 2006	
Mailing Address 1000 Macon Street		Amount of Each Disbursement this Period 16663.68	
City Forth Worth State TX Zip Code 76102	Purpose of Disbursement Generic GOTV calls	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	38166.83
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<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. The Tyson Organization		Transaction ID: SB30B.13190 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 1000 Macon Street		Amount of Each Disbursement this Period 91223.25
City Forth Worth	State TX	
Zip Code 76102		Category/ Type
Purpose of Disbursement Generic GOTV calls		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. The Tyson Organization		Transaction ID: SB30B.13195 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 1000 Macon Street		Amount of Each Disbursement this Period 7976.04
City Forth Worth	State TX	
Zip Code 76102		Category/ Type
Purpose of Disbursement Generic GOTV calls		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Jeff Thibeau		Transaction ID: SB30B.13137 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 30 Rock Street		Amount of Each Disbursement this Period 505.60
City Bristol	State RI	
Zip Code 02809		Category/ Type
Purpose of Disbursement Net wages		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	99704.89
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Jeff Thibeau		Transaction ID: SB30B.13138 Date of Disbursement 11 / 15 / 2006	
Mailing Address 30 Rock Street		Amount of Each Disbursement this Period 758.01	
City Bristol State RI Zip Code 02809	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dan Thompson		Transaction ID: SB30B.11662 Date of Disbursement 11 / 08 / 2006	
Mailing Address 505 Reservoir Road		Amount of Each Disbursement this Period 140.00	
City Pascoag State RI Zip Code 02895	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Thrifty Car Rental		Transaction ID: SB30B.13628 Date of Disbursement 11 / 12 / 2006	
Mailing Address 2329 Post Road		Amount of Each Disbursement this Period 180.70	
City Warwick State RI Zip Code 02886	Purpose of Disbursement Car rental	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1078.71
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Thrifty Car Rental		Transaction ID: SB30B.13629
Mailing Address 2329 Post Road		Date of Disbursement MM / DD / YYYY 11 / 12 / 2006
City Warwick	State RI	Zip Code 02886
Purpose of Disbursement Car rental	Amount of Each Disbursement this Period 228.81	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. John Tobin, III		Transaction ID: SB30B.12557
Mailing Address 1076 Roosevelt Avenue		Date of Disbursement MM / DD / YYYY 11 / 10 / 2006
City Pawtucket	State RI	Zip Code 02861
Purpose of Disbursement Canvasser stipend	Amount of Each Disbursement this Period 120.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Entony Toribio		Transaction ID: SB30B.11669
Mailing Address 138 Hamilton Street		Date of Disbursement MM / DD / YYYY 11 / 08 / 2006
City Providence	State RI	Zip Code 02907
Purpose of Disbursement Canvasser stipend	Amount of Each Disbursement this Period 320.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	668.81
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<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. Christopher Torres		Transaction ID: SB30B.13139 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 75 Waterman Street		Amount of Each Disbursement this Period 539.99	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Christopher Torres		Transaction ID: SB30B.13140 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 75 Waterman Street		Amount of Each Disbursement this Period 809.57	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ben Traverse		Transaction ID: SB30B.13141 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 32 Elmgrove Avenue		Amount of Each Disbursement this Period 539.99	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1889.55
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Ben Traverse		Transaction ID: SB30B.13142 Date of Disbursement 11 / 15 / 2006	
Mailing Address 32 Elmgrove Avenue		Amount of Each Disbursement this Period 809.57	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jesus Trejo		Transaction ID: SB30B.12089 Date of Disbursement 11 / 08 / 2006	
Mailing Address 41 Queen Avenue		Amount of Each Disbursement this Period 80.00	
City Methuen State MA Zip Code 01844	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joseph Tufano		Transaction ID: SB30B.12404 Date of Disbursement 11 / 09 / 2006	
Mailing Address 5 Meadowbrook Road		Amount of Each Disbursement this Period 300.00	
City North Providence State RI Zip Code 02911	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1189.57
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Latila Turley		Transaction ID: SB30B.11540 Date of Disbursement 11 / 08 / 2006	
Mailing Address 74 Lincoln Avenue		Amount of Each Disbursement this Period 200.00	
City Central Falls State RI Zip Code 02863	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carlos Vasquez		Transaction ID: SB30B.11552 Date of Disbursement 11 / 08 / 2006	
Mailing Address 560 Prospect Street		Amount of Each Disbursement this Period 200.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jhomphy Ventura		Transaction ID: SB30B.13143 Date of Disbursement 10 / 30 / 2006	
Mailing Address 32 Farragut Avenue		Amount of Each Disbursement this Period 958.48	
City Providence State RI Zip Code 02905	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1358.48
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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<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. Jhomphy Ventura		Transaction ID: SB30B.13144 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 32 Farragut Avenue		Amount of Each Disbursement this Period 1437.00
City Providence State RI Zip Code 02905	Category/ Type	
Purpose of Disbursement Net wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Niza Vinas		Transaction ID: SB30B.11689 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 1408 Broad Street		Amount of Each Disbursement this Period 240.00
City Providence State RI Zip Code 02905	Category/ Type	
Purpose of Disbursement Canvasser stipend		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Niza Vinas		Transaction ID: SB30B.12438 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 1408 Broad Street		Amount of Each Disbursement this Period 150.00
City Providence State RI Zip Code 02905	Category/ Type	
Purpose of Disbursement Canvasser stipend		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1827.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Voter Activation Network		Transaction ID: SB30B.12842	
Mailing Address 54 Regent Street		Date of Disbursement 11 / 05 / 2006	
City Cambridge	State MA	Zip Code 02140	Amount of Each Disbursement this Period 2900.00
Purpose of Disbursement Voter file maintenance		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Albie Watson, Jr.		Transaction ID: SB30B.11286	
Mailing Address 3422 Post Road		Date of Disbursement 11 / 03 / 2006	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement Canvass Per Diem		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Albie Watson, Jr.		Transaction ID: SB30B.11299	
Mailing Address 3422 Post Road		Date of Disbursement 11 / 08 / 2006	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 130.00
Purpose of Disbursement Canvasser stipend		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	3230.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. WFKO-AM		Transaction ID: SB30B.12851 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 1502 Wamponoag Trail		Amount of Each Disbursement this Period 289.00	
City Riverside State RI Zip Code 02915	Purpose of Disbursement Generic radio message	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. Allen Wheeler		Transaction ID: SB30B.12090 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 29 Alice Street		Amount of Each Disbursement this Period 250.00	
City Haverhill State MA Zip Code 01830	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Megan Wilbur		Transaction ID: SB30B.13145 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 299 Wickenden Street		Amount of Each Disbursement this Period 539.99	
City Providence State RI Zip Code 02903	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	1078.99
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Megan Wilbur		Transaction ID: SB30B.13146 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 299 Wickenden Street		Amount of Each Disbursement this Period 809.57	
City Providence State RI Zip Code 02903	Purpose of Disbursement Net wages	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. Felicia Wisseh-Bryant		Transaction ID: SB30B.11256 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 197 Newell Avenue		Amount of Each Disbursement this Period 120.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Felicia Wisseh-Bryant		Transaction ID: SB30B.11528 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 197 Newell Avenue		Amount of Each Disbursement this Period 40.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	969.57
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Felicia Wisseh-Bryant		Transaction ID: SB30B.13432 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 197 Newell Avenue		Amount of Each Disbursement this Period 40.00	
City Pawtucket State RI Zip Code 02860	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. WPRO-AM		Transaction ID: SB30B.12845 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 1502 Wamponoag Trail		Amount of Each Disbursement this Period 595.00	
City Riverside State RI Zip Code 02915	Purpose of Disbursement Generic radio message	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. WPRO-FM		Transaction ID: SB30B.12843 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 1502 Wamponoag Trail		Amount of Each Disbursement this Period 935.00	
City Riverside State RI Zip Code 02915	Purpose of Disbursement Generic radio message	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	1570.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. WWKX-FM		Transaction ID: SB30B.12849 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 1502 Wamponoag Trail		Amount of Each Disbursement this Period 425.00
City Riverside State RI Zip Code 02915	Purpose of Disbursement Generic radio message Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. WWLI		Transaction ID: SB30B.12847 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 1502 Wamponoag Trail		Amount of Each Disbursement this Period 1190.00
City Riverside State RI Zip Code 02915	Purpose of Disbursement Generic radio message Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Seneca Yearwood		Transaction ID: SB30B.11961 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 177 Norton Street		Amount of Each Disbursement this Period 180.00
City Riverside State RI Zip Code 02915	Purpose of Disbursement Canvasser stipend Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1795.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. Seneca Yearwood		Transaction ID: SB30B.13431 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 177 Norton Street		Amount of Each Disbursement this Period 80.00	
City Riverside State RI Zip Code 02915	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. Justin Zorabedian		Transaction ID: SB30B.11280 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 33 Scranton Avenue		Amount of Each Disbursement this Period 160.00	
City Warwick State RI Zip Code 02888	Purpose of Disbursement Canvass Per Diem	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Justin Zorabedian		Transaction ID: SB30B.11335 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 33 Scranton Avenue		Amount of Each Disbursement this Period 170.00	
City Warwick State RI Zip Code 02888	Purpose of Disbursement Canvasser stipend	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	410.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Justin Zorabedian

Mailing Address 33 Scranton Avenue

City Warwick State RI Zip Code 02888

Purpose of Disbursement
Canvasser stipend

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB30B.12083

Date of Disbursement

^M 1	^M /	^D 0	^D 8	^Y /	^Y 2	^Y 0	^Y 0	^Y 6
----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional) ►

40.00

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

960588.42

SCHEDULE C (FEC Form 3X)

LOANS

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

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:

- Primary
- General
- 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 1 2, D D 3 1, Y Y Y Y 1 9 8 8
 Date Due: _____ Interest Rate: _____ % (apr)
 Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Alicia Amdur		Purpose of Expenditure Net wages-voter persuasion		Category/Type
Mailing Address 792 McIntyre Avenue				
City Winter Prk	State FL	ZIP Code 32709		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 117083.54		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		
Transaction ID: SF25.12995				

Full Name (Last, First, Middle Initial) of Each Payee Matthew Arnold		Purpose of Expenditure Net wages-voter persuasion		Category/Type
Mailing Address 83 Oaklawn Avenue				
City Cranston	State RI	ZIP Code 02920		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 286.75
Aggregate General Election Expenditure for this Candidate ▶ 117370.29		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		
Transaction ID: SF25.12996				

Full Name (Last, First, Middle Initial) of Each Payee BJ's Wholesale Club		Purpose of Expenditure Supplies communi-ty dinner		Category/Type
Mailing Address 287 Washington Avenue				
City Attleboro	State MA	ZIP Code 02703		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 119.93
Aggregate General Election Expenditure for this Candidate ▶ 116658.57		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		
Transaction ID: SF25.13149				

SUBTOTAL of Expenditures This Page (optional)	676.26
TOTAL This Period (last page this line number only)	

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee BJ's Wholesale Club		Purpose of Expenditure Supplies communi-ty dinner		<input type="checkbox"/> Category/Type	
Mailing Address 287 Washington Avenue					
City Attleboro		State MA		ZIP Code 02703	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		116813.96		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
		Transaction ID: SF25.13148		Amount 155.39	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee BJ's Wholesale Club		Purpose of Expenditure Supplies communi-ty dinner		<input type="checkbox"/> Category/Type	
Mailing Address 287 Washington Avenue					
City Attleboro		State MA		ZIP Code 02703	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		127534.68		Date M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
		Transaction ID: SF25.13147		Amount 44.40	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Sarah Bogdan		Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type	
Mailing Address 133 Sutton Street					
City Providence		State RI		ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		117639.87		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
		Transaction ID: SF25.12997		Amount 269.58	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

SUBTOTAL of Expenditures This Page (optional)		▶		469.37	
TOTAL This Period (last page this line number only)		▶			

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee David Bonzagni		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 74 South River Drive			
City Narragansett	State RI	ZIP Code 02882	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 117900.87		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.12998			

Full Name (Last, First, Middle Initial) of Each Payee Angela Botticella		Purpose of Expenditure Reimburse event food	<input type="checkbox"/> Category/Type
Mailing Address 18 Phillipsburg			
City Irvine	State CA	ZIP Code 92620	Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 52.96
Aggregate General Election Expenditure for this Candidate ▶ 1238.43		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13155			

Full Name (Last, First, Middle Initial) of Each Payee Brett Broesder		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 1 Trenton Street			
City Providence	State RI	ZIP Code 02906	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 278.17
Aggregate General Election Expenditure for this Candidate ▶ 118179.04		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.12999			

SUBTOTAL of Expenditures This Page (optional)	592.13
TOTAL This Period (last page this line number only)	

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Sean Brophy		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 92 Melrose Street					
City Providence		State RI		ZIP Code 02907	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		118484.69		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
		Transaction ID: SF25.13000		Amount 305.65	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Dylan Brown		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 20 Avondale Road					
City Westerly		State RI		ZIP Code 02891	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		118754.27		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
		Transaction ID: SF25.13002		Amount 269.58	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Gregory Buckland		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 9 Kahler Avenue					
City Milton		State MA		ZIP Code 02186	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		119015.27		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
		Transaction ID: SF25.13003		Amount 261.00	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

SUBTOTAL of Expenditures This Page (optional)		836.23
TOTAL This Period (last page this line number only)		

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Angela Chasebi		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address PO Box 4470					
City Austintown		State OH	ZIP Code 44515		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		119284.85			
		Transaction ID: SF25.13004			

Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Amount 269.58	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Citizens Bank		Purpose of Expenditure FUTA deposit 3rd quarter		Category/Type	
Mailing Address One Citizens Plaza					
City Providence		State RI	ZIP Code 02903		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		3431.88			
		Transaction ID: SF25.13170			

Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Amount 433.40	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Citizens Bank		Purpose of Expenditure October payroll tax deposit		Category/Type	
Mailing Address One Citizens Plaza					
City Providence		State RI	ZIP Code 02903		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		10530.65			
		Transaction ID: SF25.13172			

Date M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Amount 6658.63	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	7361.61
TOTAL This Period (last page this line number only)	

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Jacob Conarck		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 7 Oxford Drive					
City Port Jeff Station		State NY	ZIP Code 11776		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		119554.43		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Transaction ID: SF25.13005				Amount 269.58	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Dickson		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 19 Byron Street					
City No Providence		State RI	ZIP Code 02911		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		119815.43		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Transaction ID: SF25.13006				Amount 261.00	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Division of Taxation		Purpose of Expenditure October withhold- ing taxes		Category/Type	
Mailing Address One Capitol Hill					
City Providence		State RI	ZIP Code 02908		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		11254.08		Date M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Transaction ID: SF25.13173				Amount 723.43	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	1254.01
TOTAL This Period (last page this line number only)	

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Jonathan Engel		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 45 Junip Road		Category/Type	
City Belmont	State MA	ZIP Code 02478	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 120085.01		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13007			

Full Name (Last, First, Middle Initial) of Each Payee Brian Farnkoff		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 43 Billings Street		Category/Type	
City Boston	State MA	ZIP Code 02132	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 120346.01		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13008			

Full Name (Last, First, Middle Initial) of Each Payee Parker Farrington		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 37 Devon Road		Category/Type	
City Chestnut Hill	State MA	ZIP Code 02467	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 120615.59		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13009			

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

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Regina Fiorentini		Purpose of Expenditure Reimburse event food		Category/Type	
Mailing Address 36 Macon Avenue		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6		Amount 42.76	
City Haverhill	State MA	ZIP Code 01830			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00		
Aggregate General Election Expenditure for this Candidate ▶ 1185.47		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
Transaction ID: SF25.13154					

Full Name (Last, First, Middle Initial) of Each Payee Amanda Foster		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 19 Byron Street		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount 269.58	
City North Providence	State RI	ZIP Code 02911			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00		
Aggregate General Election Expenditure for this Candidate ▶ 120885.17		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
Transaction ID: SF25.13010					

Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Gohringer		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 19 Byron Street		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount 269.58	
City North Providence	State RI	ZIP Code 02911			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00		
Aggregate General Election Expenditure for this Candidate ▶ 121154.75		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			
Transaction ID: SF25.13011					

SUBTOTAL of Expenditures This Page (optional)	581.92
TOTAL This Period (last page this line number only)	

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Rose Jackson		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 5750 Broadway Street					
City Indianapolis		State IN		ZIP Code 46220	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		121415.75		Amount 261.00	
Transaction ID: SF25.13012					

Full Name (Last, First, Middle Initial) of Each Payee Nicholas Jeffrey		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 6 Holiday Court					
City Lincoln		State RI		ZIP Code 02865	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		121685.33		Amount 269.58	
Transaction ID: SF25.13013					

Full Name (Last, First, Middle Initial) of Each Payee Seth Larson		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 65 Plantation Drive					
City Saunderstown		State RI		ZIP Code 02874	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		121946.33		Amount 261.00	
Transaction ID: SF25.13014					

SUBTOTAL of Expenditures This Page (optional)	791.58
TOTAL This Period (last page this line number only)	

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Brett Lincoln		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 28 Irving Road					
City New Hartford		State NY	ZIP Code 13413	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 269.58	
Aggregate General Election Expenditure for this Candidate ▶		122215.91		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13015					

Full Name (Last, First, Middle Initial) of Each Payee Sara Lonardo		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 471 Douglas Avenue					
City Providence		State RI	ZIP Code 02908	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 261.00	
Aggregate General Election Expenditure for this Candidate ▶		122476.91		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13016					

Full Name (Last, First, Middle Initial) of Each Payee Hamlet Lopez		Purpose of Expenditure Net wages -voter persuasion		Category/Type	
Mailing Address 105 Comstock Street					
City Providence		State RI	ZIP Code 02907	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 261.00	
Aggregate General Election Expenditure for this Candidate ▶		122737.91		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13017					

SUBTOTAL of Expenditures This Page (optional)	791.58
TOTAL This Period (last page this line number only)	

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Lauren Mandelker		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 299 Wickenden Street		Category/Type	
City Providence	State RI	ZIP Code 02903	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 122998.91		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13018			

Full Name (Last, First, Middle Initial) of Each Payee Brian Monteiro		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 172 Leonard Avenue		Category/Type	
City East Providence	State RI	ZIP Code 02914	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 123259.91		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13019			

Full Name (Last, First, Middle Initial) of Each Payee Old Slater Mill Association		Purpose of Expenditure Event rental	<input type="checkbox"/>
Mailing Address 67 Roosevelt Avenue		Category/Type	
City Pawtucket	State RI	ZIP Code 02860	Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 800.00
Aggregate General Election Expenditure for this Candidate ▶ 2038.43		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13156			

SUBTOTAL of Expenditures This Page (optional)	1322.00
TOTAL This Period (last page this line number only)	

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee:	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Josh Panger	Purpose of Expenditure Net wages-voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: 5px;">Category/Type</div>
Mailing Address 7101 Zoar Avenue	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
City State ZIP Code Lubbock TX 79424	Amount <div style="border: 1px solid black; width: 100%; text-align: right;">261.00</div>
Name of Federal Candidate Supported Office Sought: House State: RI SHELDON II WHITEHOUSE <input checked="" type="checkbox"/> Senate District: 00 Presidential	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 100%; text-align: right;">123520.91</div> Transaction ID: SF25.13020	

Full Name (Last, First, Middle Initial) of Each Payee Portuguese American Social Club	Purpose of Expenditure Event rental <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: 5px;">Category/Type</div>
Mailing Address 32 Sheldon Avenue	Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
City State ZIP Code Providence RI 02906	Amount <div style="border: 1px solid black; width: 100%; text-align: right;">150.00</div>
Name of Federal Candidate Supported Office Sought: House State: RI SHELDON II WHITEHOUSE <input checked="" type="checkbox"/> Senate District: 00 Presidential	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 100%; text-align: right;">2746.07</div> Transaction ID: SF25.13164	

Full Name (Last, First, Middle Initial) of Each Payee Meredith Regine	Purpose of Expenditure Net wages - voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: 5px;">Category/Type</div>
Mailing Address 155 Purgatory Road	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
City State ZIP Code Middletown, RI 02842	Amount <div style="border: 1px solid black; width: 100%; text-align: right;">252.41</div>
Name of Federal Candidate Supported Office Sought: House State: RI SHELDON II WHITEHOUSE <input checked="" type="checkbox"/> Senate District: 00 Presidential	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 100%; text-align: right;">123773.32</div> Transaction ID: SF25.13021	

SUBTOTAL of Expenditures This Page (optional)	<div style="border: 1px solid black; width: 100%; text-align: right;">663.41</div>
TOTAL This Period (last page this line number only)	

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Dayanarah Rodriguez		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 6 Gallup Street			
City Providence	State RI	ZIP Code 02905	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 252.41
Aggregate General Election Expenditure for this Candidate ▶ 124025.73 Transaction ID: SF25.13022		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee David Rosenthal		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 69 Ocean View Road			
City Swampscott	State MA	ZIP Code 01907	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 278.17
Aggregate General Election Expenditure for this Candidate ▶ 124303.90 Transaction ID: SF25.13023		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Saratoga Museum Foundation		Purpose of Expenditure Candidate forum	<input type="checkbox"/> Category/Type
Mailing Address PO Box 845			
City No Kingstown	State RI	ZIP Code 02852	Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 100.00
Aggregate General Election Expenditure for this Candidate ▶ 2138.43 Transaction ID: SF25.13161		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	630.58
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
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(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Hollie Saunders		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 29 Russell Avenue			
City East Providence	State RI	ZIP Code 02914	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 124564.90		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13024			

Full Name (Last, First, Middle Initial) of Each Payee Scottish Rite Masonic Temple		Purpose of Expenditure Event rental	<input type="checkbox"/> Category/Type
Mailing Address 2115 Broad Street			
City Cranston	State RI	ZIP Code 02905	Date M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 140.00
Aggregate General Election Expenditure for this Candidate ▶ 2278.43		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13158			

Full Name (Last, First, Middle Initial) of Each Payee Melissa Scully		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 4 Pine Drive			
City Unionville	State CT	ZIP Code 06085	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 252.41
Aggregate General Election Expenditure for this Candidate ▶ 2998.48		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13169			

SUBTOTAL of Expenditures This Page (optional)	653.41
TOTAL This Period (last page this line number only)	

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Ryan Sears		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 2156 Palmetto Terrace		Category/Type	
City Fullerton	State CA	ZIP Code 92831	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 124825.90		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13025			

Full Name (Last, First, Middle Initial) of Each Payee Anisa Somani		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 24 South Court Street		Category/Type	
City Providence	State RI	ZIP Code 02906	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 125095.48		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13026			

Full Name (Last, First, Middle Initial) of Each Payee Vivian Spencer		Purpose of Expenditure Reimburse food supplies	<input type="checkbox"/>
Mailing Address 9 University Avenue		Category/Type	
City Providence	State RI	ZIP Code 02906	Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 167.64
Aggregate General Election Expenditure for this Candidate ▶ 2446.07		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13163			

SUBTOTAL of Expenditures This Page (optional)	698.22
TOTAL This Period (last page this line number only)	

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Rhode Island Democratic State Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Squantum Association		Purpose of Expenditure Room rental	<input type="text"/> Category/Type
Mailing Address 947 Veterans Memorial Parkway			
City Riverside	State RI	ZIP Code 02915	Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Name of Federal Candidate Supported JAMES R LANGEVIN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 02	Amount 108.00
Aggregate General Election Expenditure for this Candidate ▶ 108.00		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13701			

Full Name (Last, First, Middle Initial) of Each Payee Squantum Association		Purpose of Expenditure Room rental	<input type="text"/> Category/Type
Mailing Address 947 Veterans Memorial Parkway			
City Riverside	State RI	ZIP Code 02915	Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Name of Federal Candidate Supported PATRICK J KENNEDY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 01	Amount 108.00
Aggregate General Election Expenditure for this Candidate ▶ 108.00		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13703			

Full Name (Last, First, Middle Initial) of Each Payee Prospero Suazo		Purpose of Expenditure Net wages-voter persuasion	<input type="text"/> Category/Type
Mailing Address 230 Roger Williams			
City Providence	State RI	ZIP Code 02907	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 125356.48		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13027			

SUBTOTAL of Expenditures This Page (optional)	477.00
TOTAL This Period (last page this line number only)	

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Anand Sudhakar		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 93 East George Street		Category/Type	
City Providence	State RI	ZIP Code 02906	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 305.65
Aggregate General Election Expenditure for this Candidate ▶ 125662.13		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13028			

Full Name (Last, First, Middle Initial) of Each Payee Emily Sullivan		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 580 Wickenden Street		Category/Type	
City Providence	State RI	ZIP Code 02903	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 288.48
Aggregate General Election Expenditure for this Candidate ▶ 125950.61		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13029			

Full Name (Last, First, Middle Initial) of Each Payee Jeff Thibeau		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 30 Rock Street		Category/Type	
City Bristol	State RI	ZIP Code 02809	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 252.41
Aggregate General Election Expenditure for this Candidate ▶ 126203.02		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.13030			

SUBTOTAL of Expenditures This Page (optional)	846.54
TOTAL This Period (last page this line number only)	

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Toppa's		Purpose of Expenditure Food community dinner		Category/Type	
Mailing Address 951 Aquidneck Avenue					
City Middletown		State RI	ZIP Code 02842		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		3872.02		Date M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Transaction ID: SF25.13244				Amount 440.14	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Christopher Torres		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 75 Waterman Street					
City Providence		State RI	ZIP Code 02906		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		126472.60		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Transaction ID: SF25.13031				Amount 269.58	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Ben Traverse		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 32 Elmgrove Avenue					
City Providence		State RI	ZIP Code 02906		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		126742.18		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Transaction ID: SF25.13032				Amount 269.58	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)		979.30
TOTAL This Period (last page this line number only)		

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

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Tri City Elks Lodge		Purpose of Expenditure Event rental		
Mailing Address 1919 West Shore Road				Category/Type
City Warwick	State RI	ZIP Code 02889		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		2596.07		Amount <div style="border: 1px solid black; width: 100%; text-align: right;">150.00</div>
		Transaction ID: SF25.13166		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee Jhomphy Ventura		Purpose of Expenditure Net wages - outr-each		
Mailing Address 32 Farragut Avenue				Category/Type
City Providence	State RI	ZIP Code 02905		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		127220.70		Amount <div style="border: 1px solid black; width: 100%; text-align: right;">478.52</div>
		Transaction ID: SF25.13033		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee Megan Wilbur		Purpose of Expenditure Net wages - voter persuasion		
Mailing Address 299 Wickenden Street				Category/Type
City Providence	State RI	ZIP Code 02903		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		127490.28		Amount <div style="border: 1px solid black; width: 100%; text-align: right;">269.58</div>
		Transaction ID: SF25.13034		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

SUBTOTAL of Expenditures This Page (optional)	898.10
TOTAL This Period (last page this line number only)	21323.41

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)**(Seperate 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)
- X Senate-Only Election Year (21% Federal)
- _____ 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 H2 (FEC Form 3X)**ALLOCATION RATIOS**

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.
For PACs Only : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER

Hope Awards 2006 (10/16/2006)

ACTIVITY IS:

 Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

 New Revised Same as Previously Reported

FEDERAL %

90.00 %

NONFEDERAL %

10.00 %Transaction ID:
H2.14469

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

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RI Democratic Non-federal Account	M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	4968.22

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	4968.22	Transaction ID: H3.12761
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

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

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RI Democratic Non-federal Account	M M / D D / Y Y Y Y 10 / 27 / 2006	9279.90

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative		2844.00	Transaction ID: H3.12763
ii) Generic Voter Drive			Transaction ID:
iii) Exempt Activities			Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)			
a) Hope Awards 2006 (10/16/2006)	6435.90		Transaction ID: H3.12763.0
b) _____			Transaction ID:
c) Total Amount Transferred for Direct Fundraising		6435.90	
v) Direct Candidate Support (List of Activity or Event Identifier)			
a) _____			Transaction ID:
b) _____			Transaction ID:
c) Total Amount Transferred For Direct Candidate Support			
vi) Public Communications Referring Only to Party (Made by PAC)			Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

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

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RI Democratic Non-federal Account	M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	425.25

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative		0.00	Transaction ID: H3.12764
ii) Generic Voter Drive			Transaction ID:
iii) Exempt Activities			Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)			
a) Hope Awards 2006 (10/16/2006)	425.25		Transaction ID: H3.12764.0
b)			Transaction ID:
c) Total Amount Transferred for Direct Fundraising		425.25	
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)	7812.22
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	6861.15
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)	14673.37

**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) W.B. Mason			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 59 Centre Street			Allocated Activity or Event Year-To-Date 143443.97		
City Brockton	State MA	Zip Code 02303	Date MM / DD / YYYY 10 / 24 / 2006		
Purpose of Disbursement: Office supplies			Transaction ID: H4.13251		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
145.96		549.07		695.03

B. Full Name (Last, First, Middle Initial) Crimson Imaging Supplies, LLC			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 4011 Pacific Coast Highway			Allocated Activity or Event Year-To-Date 144633.97		
City Torrance	State CA	Zip Code 90505	Date MM / DD / YYYY 10 / 24 / 2006		
Purpose of Disbursement: Office supplies			Transaction ID: H4.13271		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
249.99		940.01		1190.00

C. Full Name (Last, First, Middle Initial) Providence Biltmore			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 Kennedy Plaza			Allocated Activity or Event Year-To-Date 145633.97		
City Providence	State RI	Zip Code 02903	Date MM / DD / YYYY 10 / 27 / 2006		
Purpose of Disbursement: Election night ballroom deposit			Transaction ID: H4.13268		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		790.00		1000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
605.95		2279.08		2885.03

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 Financial Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 41564			Allocated Activity or Event Year-To-Date 145797.68		
City Philadelphia	State PA	Zip Code 19101	Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>		
Purpose of Disbursement: Copier Lease			Transaction ID: H4.13642		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.38		129.33		163.71

B. Full Name (Last, First, Middle Initial) W.B. Mason			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 59 Centre Street			Allocated Activity or Event Year-To-Date 146064.05		
City Brockton	State MA	Zip Code 02303	Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>		
Purpose of Disbursement: Office supplies			Transaction ID: H4.13644		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.94		210.43		266.37

C. 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 146281.02		
City Worcester	State MA	Zip Code 01654	Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>		
Purpose of Disbursement: Telephone service			Transaction ID: H4.13646		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
45.57		171.40		216.97

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
135.89		511.16		647.05

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) 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 146331.02		
City Providence	State RI	Zip Code 02904	Date <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Reimburse cell phone expense			Transaction ID: H4.13648		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.50		39.50		50.00

B. Full Name (Last, First, Middle Initial) Verizon Wireless			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 15023			Allocated Activity or Event Year-To-Date 0.00		
City Worcester	State MA	Zip Code 01615	Date <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Cell phone			Transaction ID: H4.14470		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.50		39.50		50.00

C. Full Name (Last, First, Middle Initial) VarTec Solutions			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 78228			Allocated Activity or Event Year-To-Date 146359.53		
City Phoenix	State AZ	Zip Code 85062	Date <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Long distance service			Transaction ID: H4.13649		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.99		22.52		28.51

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.49		62.02		78.51

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) MBNA			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 15019			Allocated Activity or Event Year-To-Date 149104.54		
City Wilmington	State DE	Zip Code 19886	Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>		
Purpose of Disbursement: Credit Card Payment			Transaction ID: H4.13651		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
576.54		2168.47		2745.01

B. Full Name (Last, First, Middle Initial) Capriccio			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2 Pine Street			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>		
Purpose of Disbursement: Meeting 9/6/06			Transaction ID: H4.13674		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.22		45.93		58.15

C. Full Name (Last, First, Middle Initial) Hemenway's Seafood			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1 Providence Washington Plaza			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>		
Purpose of Disbursement: Meeting 9/7/06			Transaction ID: H4.13675		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
43.05		161.93		204.98

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
576.54		2168.47		2745.01

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) Capriccio <hr/> Mailing Address 2 Pine Street <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td rowspan="2" style="width:15%; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td>Providence</td> <td>RI</td> <td>02903</td> </tr> </table> <hr/> Purpose of Disbursement: Meeting 9/9/06	City	State	Zip Code	Category/ Type	Providence	RI	02903	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 <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">0.00</div> <hr/> Date M M / D D / Y Y Y Y <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">1 0 / 2 7 / 2 0 0 6</div> Transaction ID: H4.13676
City	State	Zip Code	Category/ Type					
Providence	RI	02903						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
103.79		390.41		494.20

B. Full Name (Last, First, Middle Initial) LJ's Barbecue <hr/> Mailing Address 650 Douglas Avenue <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td rowspan="2" style="width:15%; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td>Providence</td> <td>RI</td> <td>02908</td> </tr> </table> <hr/> Purpose of Disbursement: Meeting 9/12/06	City	State	Zip Code	Category/ Type	Providence	RI	02908	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 <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">0.00</div> <hr/> Date M M / D D / Y Y Y Y <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">1 0 / 2 7 / 2 0 0 6</div> Transaction ID: H4.13677
City	State	Zip Code	Category/ Type					
Providence	RI	02908						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.03		37.72		47.75

C. Full Name (Last, First, Middle Initial) Delta Airlines <hr/> Mailing Address TFG Airport <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td rowspan="2" style="width:15%; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td>Warwick</td> <td>RI</td> <td>02886</td> </tr> </table> <hr/> Purpose of Disbursement: ASDC airfare	City	State	Zip Code	Category/ Type	Warwick	RI	02886	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 <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">0.00</div> <hr/> Date M M / D D / Y Y Y Y <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">1 0 / 2 7 / 2 0 0 6</div> Transaction ID: H4.13679
City	State	Zip Code	Category/ Type					
Warwick	RI	02886						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
238.65		897.75		1136.40

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) Ten Prime Steak			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 55 Pine Street			Allocated Activity or Event Year-To-Date [0.00]		
City Providence	State RI	Zip Code 02903	Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6		
Purpose of Disbursement: Meeting 9/13/06			Transaction ID: H4.13680		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[13.81]		[51.92]		[65.73]

B. Full Name (Last, First, Middle Initial) Four Seasons Hotel			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 7680 Granite Loop Road			Allocated Activity or Event Year-To-Date [0.00]		
City Jackson Hole	State WY	Zip Code 83025	Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6		
Purpose of Disbursement: Room deposit ASDC meeting			Transaction ID: H4.13681		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[31.50]		[118.50]		[150.00]

C. Full Name (Last, First, Middle Initial) Constantino's			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 265 Atwells Avenue			Allocated Activity or Event Year-To-Date [0.00]		
City Providence	State RI	Zip Code 02903	Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6		
Purpose of Disbursement: Meeting 9/14/06			Transaction ID: H4.13683		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[32.15]		[120.81]		[152.96]

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) Davenport's			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 1070 Mendon Road			Allocated Activity or Event Year-To-Date <input style="width:100%;" type="text" value="0.00"/>	
City Cumberland	State RI	Zip Code 02864	Date <input style="width:15%; text-align:center" type="text" value="10"/> / <input style="width:15%; text-align:center" type="text" value="27"/> / <input style="width:15%; text-align:center" type="text" value="2006"/> Transaction ID: H4.13684	
Purpose of Disbursement: Meeting 9/15/06				
Activity or Event Identifier: Administrative [MEMO ITEM]				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input style="width:100%;" type="text" value="12.38"/>		<input style="width:100%;" type="text" value="46.54"/>		<input style="width:100%;" type="text" value="58.92"/>

B. 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 <input style="width:100%;" type="text" value="0.00"/>	
City Providence	State RI	Zip Code 02903	Date <input style="width:15%; text-align:center" type="text" value="10"/> / <input style="width:15%; text-align:center" type="text" value="27"/> / <input style="width:15%; text-align:center" type="text" value="2006"/> Transaction ID: H4.13686	
Purpose of Disbursement: Meeting 9/19/06				
Activity or Event Identifier: Administrative [MEMO ITEM]				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input style="width:100%;" type="text" value="17.08"/>		<input style="width:100%;" type="text" value="64.22"/>		<input style="width:100%;" type="text" value="81.30"/>

C. Full Name (Last, First, Middle Initial) Pane Vino			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 365 Atwells Avenue			Allocated Activity or Event Year-To-Date <input style="width:100%;" type="text" value="0.00"/>	
City Providence	State RI	Zip Code 02903	Date <input style="width:15%; text-align:center" type="text" value="10"/> / <input style="width:15%; text-align:center" type="text" value="27"/> / <input style="width:15%; text-align:center" type="text" value="2006"/> Transaction ID: H4.13687	
Purpose of Disbursement: Meeting 9/23/06				
Activity or Event Identifier: Administrative [MEMO ITEM]				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input style="width:100%;" type="text" value="22.19"/>		<input style="width:100%;" type="text" value="83.45"/>		<input style="width:100%;" type="text" value="105.64"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input style="width:100%;" type="text" value="0.00"/>		<input style="width:100%;" type="text" value="0.00"/>		<input style="width:100%;" 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 style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" 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) Capriccio			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2 Pine Street			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6		
Purpose of Disbursement: Meeting 9/28/06			Transaction ID: H4.13689		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.92		41.08		52.00

B. Full Name (Last, First, Middle Initial) Paragon			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 1149 Division Street			Allocated Activity or Event Year-To-Date 0.00		
City EAsT Greenwich	State RI	Zip Code 02818	Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6		
Purpose of Disbursement: Meeting 9/30/06			Transaction ID: H4.13690		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.23		83.62		105.85

C. Full Name (Last, First, Middle Initial) Yesterday's			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 Washington Place			Allocated Activity or Event Year-To-Date 0.00		
City Newport	State RI	Zip Code 02840	Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6		
Purpose of Disbursement: Meeting 10/2/06			Transaction ID: H4.13692		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.54		24.59		31.13

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) 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 149512.62		
City	State	Zip Code	Category/ Type		
Chicago	IL	60606			
Purpose of Disbursement: Credit Card payment			Date <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative			Transaction ID: H4.13694		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
85.71		322.37		408.08

B. Full Name (Last, First, Middle Initial) Blaze East Side			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 776 Hope Street			Allocated Activity or Event Year-To-Date 0.00		
City	State	Zip Code	Category/ Type		
Providence	RI	02906			
Purpose of Disbursement: Meeting 9/20/06			Date <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative [MEMO ITEM]			Transaction ID: H4.13695		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.55		111.16		140.71

C. Full Name (Last, First, Middle Initial) Bravo Brasserie			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 123 Empire Street			Allocated Activity or Event Year-To-Date 0.00		
City	State	Zip Code	Category/ Type		
Providence	RI	02903			
Purpose of Disbursement: Meeting 9/21/06			Date <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative [MEMO ITEM]			Transaction ID: H4.13696		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.24		87.41		110.65

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
85.71		322.37		408.08

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)
Providence Marriott

Mailing Address
Charles & Orms Street

City	State	Zip Code	
Providence	RI	02906	

Purpose of Disbursement: Meeting 10/3/06	Category/ Type
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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
1	0	/	2	7	/	2	0	0	6

Transaction ID: H4.13697

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.91		18.46		23.37

B. Full Name (Last, First, Middle Initial)
Ristorante Pizzico

Mailing Address
762 Hope Street

City	State	Zip Code	
Providence	RI	02906	

Purpose of Disbursement: Meeting 9/26/06	Category/ Type
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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
1	0	/	2	7	/	2	0	0	6

Transaction ID: H4.13698

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.01		105.34		133.35

C. Full Name (Last, First, Middle Initial)
Patrick's Pub

Mailing Address
381 Smith Street

City	State	Zip Code	
Providence	RI	02908	

Purpose of Disbursement: Staff appreciation	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
150834.20

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	6

Transaction ID: H4.13237

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
277.54		1044.04		1321.58

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
277.54		1044.04		1321.58

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) Adler's Hardware			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 173 Wickenden Street			Allocated Activity or Event Year-To-Date 153295.20	
City	State	Zip Code	Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2006"/> Transaction ID: H4.13261	
Providence	RI	02903		
Purpose of Disbursement: Committee Supplies			Category/ Type	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
516.81		1944.19		2461.00

B. Full Name (Last, First, Middle Initial) Holiday Inn 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 901 Jefferson Boulevard			Allocated Activity or Event Year-To-Date 158154.20	
City	State	Zip Code	Date <input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2006"/> Transaction ID: H4.13264	
Warwick	RI	02886		
Purpose of Disbursement: Lodging			Category/ Type	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1020.39		3838.61		4859.00

C. Full Name (Last, First, Middle Initial) Sara Glove Company			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 350			Allocated Activity or Event Year-To-Date 159224.45	
City	State	Zip Code	Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2006"/> Transaction ID: H4.13262	
Woodbury	CT	06798		
Purpose of Disbursement: Committee Supplies			Category/ Type	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
224.75		845.50		1070.25

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1761.95		6628.30		8390.25

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) BJ's Wholesale Club			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 1300 Hartford Avenue			Allocated Activity or Event Year-To-Date 160433.12		
City Johnston	State RI	Zip Code 02919	Date MM / DD / YYYY 11 / 02 / 2006		
Purpose of Disbursement: Volunteer food supplies			Transaction ID: H4.13270		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
253.82		954.85		1208.67

B. Full Name (Last, First, Middle Initial) Comfort Inn			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 George Street			Allocated Activity or Event Year-To-Date 162975.62		
City Pawtucket	State RI	Zip Code 02860	Date MM / DD / YYYY 11 / 02 / 2006		
Purpose of Disbursement: Lodging			Transaction ID: H4.13274		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
533.92		2008.58		2542.50

C. Full Name (Last, First, Middle Initial) ATR Treehouse			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 812 Charles Street			Allocated Activity or Event Year-To-Date 170529.45		
City Providence	State RI	Zip Code 02904	Date MM / DD / YYYY 11 / 03 / 2006		
Purpose of Disbursement: Committee election night equipment			Transaction ID: H4.13269		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1586.31		5967.52		7553.83

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2374.05		8930.95		11305.00

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) Steere Orchards			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 150 Austin Avenue			Allocated Activity or Event Year-To-Date 170829.45		
City Greenville	State RI	Zip Code 02828	Date <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Committee Food Supplies			Transaction ID: H4.13281		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
128.72		171.28		300.00

B. Full Name (Last, First, Middle Initial) BJ's Wholesale Club			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 1300 Hartford Avenue			Allocated Activity or Event Year-To-Date 171127.86		
City Johnston	State RI	Zip Code 02919	Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Committee Food Supplies			Transaction ID: H4.13239		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.67		235.74		298.41

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 178227.86		
City Rumford	State RI	Zip Code 02916	Date <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Accounting services-non employee			Transaction ID: H4.13250		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1491.00		5609.00		7100.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1682.39		6016.02		7698.41

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) Staples			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 551 North Main Street			Allocated Activity or Event Year-To-Date 178789.13		
City Providence	State RI	Zip Code 02906	Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Office supplies			Transaction ID: H4.13259		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
117.87		443.40		561.27

B. Full Name (Last, First, Middle Initial) Towne Wine & Liquors			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 179 Newport Avenue			Allocated Activity or Event Year-To-Date 179696.49		
City Rumford	State RI	Zip Code 02916	Date <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Committee Refreshments			Transaction ID: H4.13288		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
190.54		716.82		907.36

C. Full Name (Last, First, Middle Initial) Providence Biltmore			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 Kennedy Plaza			Allocated Activity or Event Year-To-Date 185005.55		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Lodging and meals			Transaction ID: H4.13240		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1114.91		4194.15		5309.06

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1423.32		5354.37		6777.69

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) A T & T Universal Card			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 8214			Allocated Activity or Event Year-To-Date 185069.75		
City So. Hackensack	State NJ	Zip Code 07606	Date MM / DD / YYYY 11 / 09 / 2006		
Purpose of Disbursement: Credit card payment			Transaction ID: H4.13705		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.48		50.72		64.20

B. Full Name (Last, First, Middle Initial) Wickford Flowers			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 170 West Main Street			Allocated Activity or Event Year-To-Date 0.00		
City North Kingstown	State RI	Zip Code 02852	Date MM / DD / YYYY 09 / 29 / 2006		
Purpose of Disbursement: Sympathy arrangement			Transaction ID: H4.13710		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.48		50.72		64.20

C. Full Name (Last, First, Middle Initial) W.B. Mason			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 59 Centre Street			Allocated Activity or Event Year-To-Date 186969.77		
City Brockton	State MA	Zip Code 02303	Date MM / DD / YYYY 11 / 10 / 2006		
Purpose of Disbursement: Office supplies			Transaction ID: H4.13248		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
399.00		1501.02		1900.02

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
412.48		1551.74		1964.22

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) Ronzio Management			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 111 John Street			Allocated Activity or Event Year-To-Date 193412.83		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Lincoln	RI	02865	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: Volunteer Refreshments			Transaction ID: H4.13272		
Activity or Event Identifier: Administrative			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Date <input type="text"/> / <input type="text"/> / <input type="text"/>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5090.02		1353.04		6443.06

B. Full Name (Last, First, Middle Initial) Hope Street Pizza			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 772 Hope Street			Allocated Activity or Event Year-To-Date 196673.92		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Providence	RI	02906	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: Staff appreciation			Transaction ID: H4.13266		
Activity or Event Identifier: Administrative			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Date <input type="text"/> / <input type="text"/> / <input type="text"/>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
684.83		2576.26		3261.09

C. Full Name (Last, First, Middle Initial) Al DeAndrade Music			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 101 Grandview Avenue			Allocated Activity or Event Year-To-Date 198173.92		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Lincoln	RI	02865	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: Election night entertainment			Transaction ID: H4.13700		
Activity or Event Identifier: Administrative			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Date <input type="text"/> / <input type="text"/> / <input type="text"/>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6089.85		5114.30		11204.15

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) Vision Strategies			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 125 Holden Street			Allocated Activity or Event Year-To-Date 204423.92	
City	State	Zip Code	Category/ Type	
Providence	RI	02908		
Purpose of Disbursement: Committee Media coordination			Date M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Activity or Event Identifier: Administrative			Transaction ID: H4.13267	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1312.50		4937.50		6250.00

B. Full Name (Last, First, Middle Initial) The Edge			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 199 Wayland Avenue			Allocated Activity or Event Year-To-Date 204843.92	
City	State	Zip Code	Category/ Type	
Providence	RI	02906		
Purpose of Disbursement: Committee Catering			Date M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Activity or Event Identifier: Administrative			Transaction ID: H4.13707	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
88.20		331.80		420.00

C. Full Name (Last, First, Middle Initial) MBNA			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 15019			Allocated Activity or Event Year-To-Date 208715.20	
City	State	Zip Code	Category/ Type	
Wilmington	DE	19886		
Purpose of Disbursement: Credit Card payment			Date M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Activity or Event Identifier: Administrative			Transaction ID: H4.13709	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
812.97		3058.31		3871.28

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2213.67		8327.61		10541.28

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) Brick Alley Pub & Restaurant			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 140 Thames Street			Allocated Activity or Event Year-To-Date 0.00		
City Newport	State RI	Zip Code 02840	Date MM / DD / YYYY 11 / 16 / 2006		
Purpose of Disbursement: Meeting 10/3/06			Transaction ID: H4.13712		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.59		28.57		36.16

B. Full Name (Last, First, Middle Initial) Capriccio			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2 Pine Street			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date MM / DD / YYYY 11 / 16 / 2006		
Purpose of Disbursement: Meeting 10/4/06			Transaction ID: H4.13714		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.25		61.15		77.40

C. Full Name (Last, First, Middle Initial) World Trophies			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 275 Silver Spring Street			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02904	Date MM / DD / YYYY 11 / 16 / 2006		
Purpose of Disbursement: Gifts - memorabilia			Transaction ID: H4.13715		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
184.82		695.26		880.08

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) Capriccio			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2 Pine Street			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date MM / DD / YYYY 11 / 16 / 2006		
Purpose of Disbursement: Meeting 10/14/06			Transaction ID: H4.13716		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
73.29		275.71		349.00

B. Full Name (Last, First, Middle Initial) Ri-Ra			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 50 Exchange Terrace			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date MM / DD / YYYY 11 / 16 / 2006		
Purpose of Disbursement: Meeting 10/16/06			Transaction ID: H4.13717		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
43.57		163.92		207.49

C. Full Name (Last, First, Middle Initial) Hemenway's Seafood			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1 Providence Washington Plaza			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date MM / DD / YYYY 11 / 16 / 2006		
Purpose of Disbursement: Meeting 10/18/06			Transaction ID: H4.13718		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.12		83.20		105.32

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) Gregg's Restaurant			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 1303 North Main Street			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02904	Date MM / DD / YYYY 11 / 16 / 2006		
Purpose of Disbursement: Meeting 10/18/06			Transaction ID: H4.13719		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.92		33.56		42.48

B. Full Name (Last, First, Middle Initial) East Greenwich Photo & Studio Inc			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 631 Main Street			Allocated Activity or Event Year-To-Date 0.00		
City East Greenwich	State RI	Zip Code 02818	Date MM / DD / YYYY 11 / 16 / 2006		
Purpose of Disbursement: Gifts - photographs			Transaction ID: H4.13720		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
118.55		445.99		564.54

C. Full Name (Last, First, Middle Initial) Capital Grille			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address One Cookson Place			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date MM / DD / YYYY 10 / 19 / 2006		
Purpose of Disbursement: Meeting 10/19/06			Transaction ID: H4.13721		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.43		54.27		68.70

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)
Gregg's Restaurant

Mailing Address
1303 North Main Street

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement:
Meeting

Category/
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date

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

Transaction ID: H4.13722

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.08		22.85		28.93

B. Full Name (Last, First, Middle Initial)
East Greenwich Photo & Studio Inc

Mailing Address
631 Main Street

City	State	Zip Code
East Greenwich	RI	02818

Purpose of Disbursement:
Gifts-photographs

Category/
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date

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

Transaction ID: H4.13723

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
59.32		223.16		282.48

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

Mailing Address
P.O. Box 15019

City	State	Zip Code
Wilmington	DE	19886

Purpose of Disbursement:
Fees

Category/
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date

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

Transaction ID: H4.13724

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.18		75.92		96.10

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) Parkside Rotisserie			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 76 South Main Street			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; width: 100%; text-align: center;">0.00</div>	
City	State	Zip Code	Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6 Transaction ID: H4.13725	
Providence	RI	02903		
Purpose of Disbursement: Meeting			Category/ Type	
Activity or Event Identifier: Administrative [MEMO ITEM]				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.28		83.80		106.08

B. Full Name (Last, First, Middle Initial) Hemenway's Seafood			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1 Providence Washington Plaza			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; width: 100%; text-align: center;">0.00</div>	
City	State	Zip Code	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: H4.13726	
Providence	RI	02903		
Purpose of Disbursement: Meeting			Category/ Type	
Activity or Event Identifier: Administrative [MEMO ITEM]				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.44		178.48		225.92

C. Full Name (Last, First, Middle Initial) LaBella Restaurant & Deli			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 553 Hartford Avenue			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; width: 100%; text-align: center;">0.00</div>	
City	State	Zip Code	Date M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: H4.13727	
Providence	RI	02909		
Purpose of Disbursement: Meeting			Category/ Type	
Activity or Event Identifier: Administrative [MEMO ITEM]				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.64		66.37		84.01

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)
Joseph Genuradi Florist

Mailing Address
410 East Fornance Street

City State Zip Code
Norristown PA 19401

Purpose of Disbursement:
Sympathy arrangement

Category/
Type

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date / /

Transaction ID: H4.13728

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.02		90.35		114.37

B. Full Name (Last, First, Middle Initial)
Isabella's Restaurant

Mailing Address
266 Putnam Pike

City State Zip Code
Smithfield RI 02917

Purpose of Disbursement:
Meeting

Category/
Type

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date / /

Transaction ID: H4.13730

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.58		122.54		155.12

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

Mailing Address
158 Wickenden Street

City State Zip Code
Providence RI 02903

Purpose of Disbursement:
Gifts-photographs

Category/
Type

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date / /

Transaction ID: H4.13732

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
87.18		327.95		415.13

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) Union Station Brewery			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 36 Exchange Terrace			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date MM / DD / YYYY 11 / 03 / 2006		
Purpose of Disbursement: Meeting			Transaction ID: H4.13733		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.71		25.26		31.97

B. Full Name (Last, First, Middle Initial) Ikon Financial Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 41564			Allocated Activity or Event Year-To-Date 208878.91		
City Philadelphia	State PA	Zip Code 19101	Date MM / DD / YYYY 11 / 27 / 2006		
Purpose of Disbursement: Copier Lease			Transaction ID: H4.13643		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.38		129.33		163.71

C. Full Name (Last, First, Middle Initial) W.B. Mason			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 59 Centre Street			Allocated Activity or Event Year-To-Date 209498.39		
City Brockton	State MA	Zip Code 02303	Date MM / DD / YYYY 11 / 27 / 2006		
Purpose of Disbursement: Office supplies			Transaction ID: H4.13645		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
130.09		489.39		619.48

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
164.47		618.72		783.19

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

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

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

A. Full Name (Last, First, Middle Initial) Verizon			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. 1			Allocated Activity or Event Year-To-Date 209739.08		
City Worcester	State MA	Zip Code 01654	Date <input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Telephone service			Transaction ID: H4.13647		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.54		190.15		240.69

B. Full Name (Last, First, Middle Initial) VarTec Solutions			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 78228			Allocated Activity or Event Year-To-Date 209756.40		
City Phoenix	State AZ	Zip Code 85062	Date <input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Long distance service			Transaction ID: H4.13650		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.64		13.68		17.32

C. 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 209968.40		
City Newark	State NJ	Zip Code 07101	Date <input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Monthly cable and modem fee			Transaction ID: H4.13699		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.52		167.48		212.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
98.70		371.31		470.01

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) Pauly Penta's Italian Deli			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 1290 Mineral Spring Avenue			Allocated Activity or Event Year-To-Date 211142.80		
City No Providence	State RI	Zip Code 02904	Date <input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Committee Catering			Transaction ID: H4.13706		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
246.62		927.78		1174.40

B. Full Name (Last, First, Middle Initial) Providence Biltmore			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 Kennedy Plaza			Allocated Activity or Event Year-To-Date 211544.30		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Committee catering			Transaction ID: H4.13734		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.32		317.18		401.50

C. 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 212083.75		
City Chicago	State IL	Zip Code 60606	Date <input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Credit Card Payment			Transaction ID: H4.13736		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
113.28		426.17		539.45

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
444.22		1671.13		2115.35

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) Providence Biltmore			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 Kennedy Plaza			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Election night lodging			Transaction ID: H4.13737		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
80.52		302.92		383.44

B. Full Name (Last, First, Middle Initial) Venda's Salvatoris Cafe			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 265 Atwells Avenue			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Meeting			Transaction ID: H4.13738		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.08		37.93		48.01

C. Full Name (Last, First, Middle Initial) MuMu Cuisine			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 220 Atwells Avenue			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Meeting			Transaction ID: H4.13739		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.68		85.32		108.00

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) East Greenwich Photo & Studio Inc			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" 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 631 Main Street			Allocated Activity or Event Year-To-Date 67768.99		
City East Greenwich	State RI	Zip Code 02818	Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>		
Purpose of Disbursement: Event photography			Transaction ID: H4.13236		
Activity or Event Identifier: Hope Awards 2006(10/16/2006)					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
481.50		53.50		535.00

B. Full Name (Last, First, Middle Initial) Craig Minassian			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" 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 85 South Street			Allocated Activity or Event Year-To-Date 68758.80		
City New York	State NY	Zip Code 10038	Date <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>		
Purpose of Disbursement: Reimburse lodging			Transaction ID: H4.13277		
Activity or Event Identifier: Hope Awards 2006(10/16/2006)					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
890.83		98.98		989.81

C. Full Name (Last, First, Middle Initial) Westin Hotel			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" 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 West Exchange Street			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>		
Purpose of Disbursement: Lodging			Transaction ID: H4.13566		
Activity or Event Identifier: Hope Awards 2006(10/16/2006) [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
890.83		98.98		989.81

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1372.33		152.48		1524.81

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) Vision Strategies			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" 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 125 Holden Street			Allocated Activity or Event Year-To-Date 71486.53		
City Providence	State RI	Zip Code 02908	Date MM / DD / YYYY 11 / 27 / 2006		
Purpose of Disbursement: Program Books			Category/ Type		
Activity or Event Identifier: Hope Awards 2006(10/16/2006)			Transaction ID: H4.13276		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2454.96		272.77		2727.73

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2454.96		272.77		2727.73

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
22190.51	51396.84	73587.35

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR SHARED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

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

A. Full Name (Last ,First, Middle Initial) / Full Organization Name Thrifty Car Rental			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input checked="" type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign																					
Mailing Address 2329 Post Road			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">4022.20</div>																					
City Warwick	State RI	Zip Code 02886		Date <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y															
1	1		0	3		2	0	0	6															
Purpose of Disbursement Van rentals																								
			Category/ Type																					

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
844.66		3177.54		4022.20

Transaction ID: H6.13285

B. Full Name (Last ,First, Middle Initial) / Full Organization Name Dollar Rent A Car			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input checked="" type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign																					
Mailing Address 9 Alhambra Road			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">8536.20</div>																					
City Warwick	State RI	Zip Code 02886		Date <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y															
1	1		0	3		2	0	0	6															
Purpose of Disbursement Van rentals																								
			Category/ Type																					

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
947.94		3566.06		4514.00

Transaction ID: H6.13286

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
1792.60		6743.60		8536.20

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE	LEVIN SHARE	TOTAL AMOUNT

TOTAL This Period for the Levin Share

FEDERAL SHARE	LEVIN SHARE	TOTAL AMOUNT

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR SHARED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Budget Rent a CAR

Type of Allocated Activity or Event:

- Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address
TFG Airport

Allocated Activity or Event Year-To-Date

17134.34

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Van rentals

Category/
Type

Date 11 / 08 / 2006

FEDERAL SHARE

1805.61

+

LEVIN SHARE

6792.53

=

TOTAL AMOUNT

8598.14

Transaction ID: H6.13318

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

1805.61

+

LEVIN SHARE

6792.53

=

TOTAL AMOUNT

8598.14

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

3598.21

LEVIN SHARE

13536.13

TOTAL AMOUNT

17134.34

TOTAL This Period for the Levin Share

Form/Schedule: **F3XA**

Transaction ID:

The Loan on Schedule C has no determined due date and no interest rate. Contributions from unregistered committees were made with permissible funds. There was a correction to a FEC number on one contribution. Lines 21(b), 21(c), 30(b) and 30(c) were corrected with this amendment automatically. Year to date for 11(a)(i) and 11(a)(ii) are not correctable due to the software. However, year to date for 11(d) are correct. All transfers from National Committees were expended in accordance with Federal Election Committee guidelines. All exempt activities were paid for with permissible funds and met the definition requirements. All Federal Election Activities were paid with permissible funds. Funds transferred from National Committees are deposited in a separate account to ensure being utilized for permissible activities. Slate mail activities met the definition requirements of federal election activity which was also exempt and paid for with permissible funds. Printing costs and reimburse printing costs were not public communications. Media coordination did not involve public communications. Accounting services are provided by a non-employee. The committee identification numbers have been corrected. Further information regarding this report have been filed on Form 99.