

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 CITY STATE ZIPCODE

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) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G) Election on in the State of

(d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 02 01 2008 through 02 29 2008

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 03 20 2008

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Rhode Island Democratic State Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		39397.54
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	29541.84									
(c) Total Receipts (from Line 19)	11968.99	18368.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41510.83	57766.53								
7. Total Disbursements (from Line 31)	13176.35	29432.05								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28334.48	28334.48								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	5254.47									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Rhode Island Democratic State Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

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	200.00	200.00
(i) Itemized (use Schedule A)	50.00	250.00
(ii) Unitemized	250.00	450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	250.00	450.00
12. Transfers From Affiliated/Other Party Committees	3181.55	9381.55
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)	463.26	463.26
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)	8074.18	8074.18
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	8074.18	8074.18
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11968.99	18368.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3894.81	10294.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	1808.11	5333.52
(ii) Non-Federal Share.....	3214.38	9483.30
(b) Other Federal Operating Expenditures.....	3361.37	9822.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	8383.86	24639.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	4792.49	4792.49
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	4792.49	4792.49
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13176.35	29432.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9961.97	19948.75

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)	250.00	450.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	250.00	450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5169.48	15156.26
37. Offsets to Operating Expenditures (from Line 15, page 3)	463.26	463.26
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4706.22	14693.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 21
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

A. Full Name (Last, First, Middle Initial)
Robert Cohen

Mailing Address 150 Union Street Apt. 604

City	State	Zip Code
Providence	RI	02903

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.14973

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 21
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<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) ASDC PARTNERSHIP PROGRAM		Date of Receipt
Mailing Address 430 South Capitol Street		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00402404"/>	Transaction ID: SA12.14974
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="81.55"/>
Receipt For:	Aggregate Year-to-Date ▼	Joint fundraiser transfer
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="81.55"/>	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Democratic National Committee		Date of Receipt
Mailing Address 430 South Capitol St. SE		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00010603"/>	Transaction ID: SA12.15007
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="3100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	In-kind - Voter File Access
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="9300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3181.55"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3181.55"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 21
	(check only one)
<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" 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) Josh Panger		Date of Receipt
	Mailing Address 7101 Zoar Avenue		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lubbock	TX	79424
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA15.14975 Amount of Each Receipt this Period <input type="text" value="231.63"/> Cobra payment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="231.63"/>	

B.	Full Name (Last, First, Middle Initial) Josh Panger		Date of Receipt
	Mailing Address 7101 Zoar Avenue		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lubbock	TX	79424
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA15.14976 Amount of Each Receipt this Period <input type="text" value="231.63"/> Cobra payment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="463.26"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="463.26"/>
TOTAL This Period (last page this line number only)	<input type="text" value="463.26"/>

**SCHEDULE 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 9 / 21

<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)
Blue Cross Blue Shield of Rhode Island

Mailing Address PO Box 1057

City Providence State RI Zip Code 02901

Purpose of Disbursement
Cobra health insurance

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.14987

Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

231.63

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

Mailing Address 430 South Capitol St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-kind - Voter File Access

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.15008

Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

3100.00

SUBTOTAL of Disbursements This Page (optional)

3331.63

TOTAL This Period (last page this line number only)

3331.63

**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 10 / 21

<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) Blue Cross Blue Shield of Rhode Island	Transaction ID: SB30B.14991 Date of Disbursement
	Mailing Address PO Box 1057	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Providence State RI Zip Code 02901	Amount of Each Disbursement this Period
	Purpose of Disbursement Health Insurance	<input type="text" value="231.63"/>
	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) Timothy Grilo	Transaction ID: SB30B.14989 Date of Disbursement
	Mailing Address 481 Charles Street	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Providence State RI Zip Code 02904	Amount of Each Disbursement this Period
	Purpose of Disbursement Net wages	<input type="text" value="1820.60"/>
	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) Timothy Grilo	Transaction ID: SB30B.14992 Date of Disbursement
	Mailing Address 481 Charles Street	<input type="text" value="02"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Providence State RI Zip Code 02904	Amount of Each Disbursement this Period
	Purpose of Disbursement Net wages	<input type="text" value="1820.60"/>
	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)	<input type="text" value="3872.83"/>
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)

PAGE 11 / 21

<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) United States Treasury		Transaction ID: SB30B.14990	
	Mailing Address PO Box 660351		Date of Disbursement MM / DD / YYYY 02 / 19 / 2008	
	City Dallas	State TX	Zip Code 75266	Amount of Each Disbursement this Period 919.66
	Purpose of Disbursement Payroll tax deposit		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	▶	919.66
TOTAL This Period (last page this line number only)	▶	4792.49

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 12 / 21 FOR LINE 13 OF FORM 3X
-------------------------------------------------------------------------	----------------------------------------

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

Transaction ID: SC/9.5183

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

Original Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">5249.87</div>	Cumulative Payment To Date <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: right;">5249.87</div>
-----------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------

TERMS

Date Incurred <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 1 9 8 8</div> </div>	Date Due <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Interest Rate <div style="border: 1px solid black; width: 100%; height: 20px;"></div> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

SUBTOTALS This Period This Page (optional)	<div style="border: 1px solid black; padding: 2px; text-align: right;">5249.87</div>
TOTALS This Period (last page in this line only)	<div style="border: 1px solid black; padding: 2px; text-align: right;">5249.87</div>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 / 21	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SHELDON II WHITEHOUSE	Nature of Debt (Purpose): Coordinated expenditures overage					
Mailing Address 32 ELMGROVE AVENUE						
<table border="0"> <tr> <td>City</td> <td>State</td> <td>ZIP Code</td> </tr> <tr> <td>PROVIDENCE</td> <td>RI</td> <td>02906</td> </tr> </table>		City	State	ZIP Code	PROVIDENCE	RI
City	State	ZIP Code				
PROVIDENCE	RI	02906				

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

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

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

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

NAME OF ACCOUNT RI Democratic Non-federal Account	DATE OF RECEIPT M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 8	TOTAL AMOUNT TRANSFERRED 8074.18
------------------------------------------------------	---------------------------------------------------------------	-------------------------------------

BREAKDOWN OF TRANSFER RECEIVED		8074.18
i) Total Administrative		Transaction ID: H3.14995
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)	8074.18
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	8074.18

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

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

A. Full Name (Last, First, Middle Initial) Pui O			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 249 Roosevelt Avenue			Allocated Activity or Event Year-To-Date 10594.33		
City Pawtucket	State RI	Zip Code 02860	Date <input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: February rent & electricity			Transaction ID: H4.14982		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
288.00		512.00		800.00

B. Full Name (Last, First, Middle Initial) United States Treasury			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 660351			Allocated Activity or Event Year-To-Date 11513.99		
City Dallas	State TX	Zip Code 75266	Date <input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Payroll tax deposit			Transaction ID: H4.14984		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
331.08		588.58		919.66

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 11670.99		
City Newark	State NJ	Zip Code 07101	Date <input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Monthly modem and cable			Transaction ID: H4.14978		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.52		100.48		157.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
675.60		1201.06		1876.66

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) 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 13630.99																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> Transaction ID: H4.14979			M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	2	/	2	0	0	8
M	M	/				D	D	/	Y	Y	Y	Y													
0	2	/	1	2	/	2	0	0	8																
Rumford	RI	02916																							
Purpose of Disbursement: Accounting Services-non employee			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
705.60		1254.40		1960.00

B. Full Name (Last, First, Middle Initial) Division of Taxation			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address One Capitol Hill			Allocated Activity or Event Year-To-Date 13911.09																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> Transaction ID: H4.14980			M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	2	/	2	0	0	8
M	M	/				D	D	/	Y	Y	Y	Y													
0	2	/	1	2	/	2	0	0	8																
Providence	RI	02908																							
Purpose of Disbursement: State Payroll taxes			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
100.84		179.26		280.10

C. Full Name (Last, First, Middle Initial) Secretary of State			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 100 North Main Street			Allocated Activity or Event Year-To-Date 13936.09																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> Transaction ID: H4.14983			M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	2	/	2	0	0	8
M	M	/				D	D	/	Y	Y	Y	Y													
0	2	/	1	2	/	2	0	0	8																
Providence	RI	02903																							
Purpose of Disbursement: Voter file data			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.00		16.00		25.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
815.44		1449.66		2265.10

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)
Verizon

Mailing Address
P.O. 1

City Worcester	State MA	Zip Code 01654	Category/ Type
Purpose of Disbursement: Telephone service			

Activity or Event Identifier:
Administrative

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

Allocated Activity or Event Year-To-Date
14164.34

Date / /
Transaction ID: H4.14985

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
82.17		146.08		228.25

B. Full Name (Last, First, Middle Initial)
Card Services

Mailing Address
PO Box 13337

City Philadelphia	State PA	Zip Code 19101	Category/ Type
Purpose of Disbursement: Credit card payment			

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
14270.08

Date / /
Transaction ID: H4.14993

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.07		67.67		105.74

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

Mailing Address
2 Pine Street

City Providence	State RI	Zip Code 02903	Category/ Type
Purpose of Disbursement: Meeting 1/18/08			

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: H4.14998

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.11		28.64		44.75

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
120.24		213.75		333.99

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)
Atwood Florist

Mailing Address
1041 Atwood Avenue

City	State	Zip Code	
Johnston	RI	02919	

Purpose of Disbursement: Sympathy bouquet	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 02 / 20 / 2008

Transaction ID: H4.14999

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.96		39.03		60.99

B. Full Name (Last, First, Middle Initial)
IKON Office Solutions

Mailing Address
P.O. Box 30069

City	State	Zip Code	
Hartford	CT	06150	

Purpose of Disbursement: Copier Lease	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

14493.08

Date 02 / 25 / 2008

Transaction ID: H4.14981

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
80.28		142.72		223.00

C. Full Name (Last, First, Middle Initial)
Card Services

Mailing Address
PO Box 13337

City	State	Zip Code	
Philadelphia	PA	19101	

Purpose of Disbursement: Credit card payment	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

14816.82

Date 02 / 25 / 2008

Transaction ID: H4.14994

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
116.55		207.19		323.74

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
196.83		349.91		546.74

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) RadioShack			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 563 North Main Street			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>		
City Providence	State RI	Zip Code 02904	Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">02 / 03 / 2008</div>		
Purpose of Disbursement: Office supplies			Transaction ID: H4.15002		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.99		40.86		63.85

B. Full Name (Last, First, Middle Initial) Officemax			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 200 Hillside Road			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>		
City Cranston	State RI	Zip Code 02920	Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">01 / 29 / 2008</div>		
Purpose of Disbursement: Office supplies			Transaction ID: H4.15003		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.42		71.87		112.29

C. Full Name (Last, First, Middle Initial) Anfo 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 397 Broadway			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>		
City Pawtucket	State RI	Zip Code 02860	Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">01 / 29 / 2008</div>		
Purpose of Disbursement: Meeting refreshments			Transaction ID: H4.15004		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.22		16.38		25.60

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial)
Postmaster

Mailing Address
Turnkey Station

City	State	Zip Code
Providence	RI	02940

Purpose of Disbursement:
Postage

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 01 / 25 / 2008

Transaction ID: H4.15006

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 43.92		<input type="text"/> 78.08		<input type="text"/> 122.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

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

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/> 1808.11	<input type="text"/> 3214.38	<input type="text"/> 5022.49

Image# 28930822665

Form/Schedule: **F3XN**
Transaction ID:

The Loan on Schedule C has no interest rate and no determined due date. Transfers from joint fundraisers and Memo A's are distributed on different cycles.
