

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Aaron, Billye, S., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1611 Adams Dr SW

City Atlanta	State GA	Zip Code 30311-3625
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) Retired
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Receipt For: 16  
 Primary  General  
 Other (specify) **2**

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2016

**Transaction ID : SA11AI.30666**

Amount of Each Receipt this Period  

263.16
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Memo Item

**B. Alsop, Stewart, Johonnot, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 689 Lisbon St

City San Francisco	State CA	Zip Code 94112-3507
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Founder and Partner	Occupation (for Individual) Alsop Louie
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Receipt For: 16  
 Primary  General  
 Other (specify) **2**

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2016

**Transaction ID : SA11AI.30668**

Amount of Each Receipt this Period  

526.32
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Memo Item

**C. Bendheim, Jack, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 697 W 247th St

City Bronx	State NY	Zip Code 10471-3224
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Phibro Animal Health Corporation	Occupation (for Individual) Executive
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Receipt For: 16  
 Primary  General  
 Other (specify) **2**

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2016

**Transaction ID : SA11AI.30670**

Amount of Each Receipt this Period  

657.90
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Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	