

**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

ZIP CODE

C00136200

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

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

Jeffrey Padwa

Signature of Treasurer

Electronically Filed by Jeffrey Padwa

Date

05

20

2010

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

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

A. 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.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 305

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	2006	110469.32
(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

FEC Form 3X (Rev. 06/2004)

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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		
(i) Itemized (use Schedule A)	53700.00	464420.00
(ii) Unitemized	1705.00	24933.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	55405.00	489353.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	92900.00	201400.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	148305.00	690753.00
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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FEC Form 3X (Rev. 02/2003)

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) and Line 30(a)(ii) from Line 31).....	1217919.35	3149214.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 305

(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)

David Abbott

Mailing Address 167 Arlington Avenue

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Giant Panther Real EstateOccupation
Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	6

Transaction ID: SA11AI.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

New York

State

NY

Zip Code

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
1	0	/	2	3	/	2	0	0	6

Transaction ID: SA11AI.12591

Amount of Each Receipt this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

Stanley Bernstein

Mailing Address 10 East 40th Street

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bernstein Liebhard & LifshitzOccupation
Attorney

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: SA11AI.12591.0

Amount of Each Receipt this Period

5000.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 305

(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)

Menachem Lifshitz

Mailing Address 10 East 40th Street

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bernstein Liebard & Lifshitz

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 3 / 2 0 0 6

Transaction ID: SA11AI.12591.1

Amount of Each Receipt this Period

5000.00

Partnership Contribution

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Lucy Blake

Mailing Address 1411 Native Sons Road

City

Woodside

State

CA

Zip Code

94062

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Environmentalist

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: SA11AI.12692

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ben Cohen

Mailing Address 191 Bank Street

City

Burlington

State

VT

Zip Code

05401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ben & Jerry's

Occupation
Co-founder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.12623

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 305

(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)

Denise Dangremond

Mailing Address 47 Nayatt Road

City

Barrington

State

RI

Zip Code

02806

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.12655

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Alexander Fanjul

Mailing Address 110 Chateaux Drive

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flo-Sun Inc.

Occupation
Executive

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: SA11AI.12586

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

George Grayson

Mailing Address 2540 Massachusetts Avenue

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown Advisory

Occupation
Investment Adviser

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 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.12621

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 305

(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)

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
SMI Inc

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11AI.12665

Amount of Each Receipt this Period

500.00

B.

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
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.12613

Amount of Each Receipt this Period

300.00

C.

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
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11AI.12598

Amount of Each Receipt this Period

900.00

Partnership contribution

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 305

(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)

Joseph Voccola

Mailing Address 7 Tabor Drive

City

Johnston

State

RI

Zip Code

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: SA11AI.12598.0

Amount of Each Receipt this Period

900.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Herbert Kohl

Mailing Address 825 N Jefferson Street

City

Milwaukee

State

WI

Zip Code

53202

FEC ID number of contributing
federal political committee.

C

Name of Employer
United State Senate

Occupation
Senator

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 0 / 2 0 0 6

Transaction ID: SA11AI.12584

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Donald Listwin

Mailing Address 3480 Woodside Road

City

Woodside

State

CA

Zip Code

94062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Canary Foundation

Occupation
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 Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11AI.12689

Amount of Each Receipt this Period

5800.00

SUBTOTAL of Receipts This Page (optional)

6800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 305

(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)

Joseph Lubiner

Mailing Address 35 Chestnut Drive

City

East Greenwich

State

RI

Zip Code

02818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metaco Advisory Services

Occupation
President

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 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.12608

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Theodore Lynch

Mailing Address 10507 Clipper Drive

City

Fairfax Station

State

VA

Zip Code

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: SA11AI.12667

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Steven Nightingale

Mailing Address PO Box 2071

City

Reno

State

NV

Zip Code

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: SA11AI.12690

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 305

(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)

Christopher Ohrstrom

Mailing Address PO Box 500

City

The Plains

State

VA

Zip Code

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: SA11AI.12669

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Ruth Simmons

Mailing Address 55 Power Street

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown University

Occupation
President

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 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.12619

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

James Street

Mailing Address 107 Wood Trail

City

Austin

State

TX

Zip Code

78746

FEC ID number of contributing
federal political committee.

C

Name of Employer
James Street Group

Occupation
Prinicpal

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 5 / 2 0 0 6

Transaction ID: SA11AI.12657

Amount of Each Receipt this Period

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 305

(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)

Hilary Valentine

Mailing Address 3480 Woodside Road

City

Woodside

State

CA

Zip Code

94062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black & Whitre Design

Occupation

Business Developer

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 / 1 9 / 2 0 0 6

Transaction ID: SA11AI.12694

Amount of Each Receipt this Period

5000.00

B.

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
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.12611

Amount of Each Receipt this Period

300.00

C.

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
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11AI.12709

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

6800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 305

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

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
1	1	/	0	2	/	2	0	0	6

Transaction ID: SA11AI.12646

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

53700.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 305

(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)

AFL-CIO COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 815 16th Street NW

City

Washington

State

DC

Zip Code

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
1	0		3	1		2	0	0	6

Transaction ID: SA11C.12661

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

Mailing Address 80 F STREET, N.W.

City

WASHINGTON

State

DC

Zip Code

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
1	0		2	8		2	0	0	6

Transaction ID: SA11C.12683

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

AMERICAN FEDERATION OF TEACHERS STAFF UNION COMMITTEE ON POLITICAL EDUCATION

Mailing Address 555 NEW JERSEY AVENUE N W

City

WASHINGTON

State

DC

Zip Code

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
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 305

(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)

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

B.

Full Name (Last, First, Middle Initial)

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

C.

Full Name (Last, First, Middle Initial)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 305

(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)
COMMITTEE FOR A DEMOCRATIC MAJORITY

Mailing Address 301 4th St. NE Suite 202

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 FUND)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 305

(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

Providence

State

RI

Zip Code

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
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

Chicago

State

IL

Zip Code

60610

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.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

Washington

State

DC

Zip Code

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
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 305

(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)

GREEN MOUNTAIN PAC

Mailing Address PO Box 1142

City

Montpelier

State

VT

Zip Code

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
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

Washington

State

DC

Zip Code

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
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

New York

State

NY

Zip Code

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
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 305

(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

Washington

State

DC

Zip Code

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 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

Cranston

State

RI

Zip Code

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 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

Washington

State

DC

Zip Code

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 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 305

(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)
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 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 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 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 305

(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

Providence

State

RI

Zip Code

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 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

Washington

State

DC

Zip Code

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 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

Washington

State

DC

Zip Code

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 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 305

(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)

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 COMMITTEE)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 305

(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

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

Washington

State

DC

Zip Code

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

Washington

State

DC

Zip Code

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 305

(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

Washington

State

DC

Zip Code

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 ▼

1618664.44

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: SA12.10959

Amount of Each Receipt this Period

200000.00

B.

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City

Washington

State

DC

Zip Code

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 ▼

1758664.44

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA12.10961

Amount of Each Receipt this Period

140000.00

C.

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City

Washington

State

DC

Zip Code

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 ▼

1958664.44

Date of Receipt

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

Transaction ID: SA12.10960

Amount of Each Receipt this Period

200000.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 305

(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

Washington

State

DC

Zip Code

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

Washington

State

DC

Zip Code

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

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 305

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☐ 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)

Peter Freeman

Mailing Address 100 Alumni Avenue

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Business Consultant

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 7 / 2 0 0 6

Transaction ID: SA12.12745.0

Amount of Each Receipt this Period

1000.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Marie Langlois

Mailing Address 254 Wayland Avenue

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Trust

Occupation

Portfolio Manager

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 7 / 2 0 0 6

Transaction ID: SA12.12745.1

Amount of Each Receipt this Period

1000.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Ella Auchincloss

Mailing Address 131 Suffolk Road

City

Chestnut Hill

State

MA

Zip Code

02467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

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 8 / 2 0 0 6

Transaction ID: SA12.12745.2

Amount of Each Receipt this Period

500.00

[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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 305

(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)

Brooke Lee

Mailing Address 271 Angell Street

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eugene Lee Inc.

Occupation

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

Block Island

State

RI

Zip Code

02807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coleman Realtors

Occupation

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

The Plains

State

VA

Zip Code

20198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 305

(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)

Joseph Azrack

Mailing Address PO Box 690

City

Lincoln

State

MA

Zip Code

01773

FEC ID number of contributing
federal political committee.

C

Name of Employer
Citigroup Property Invest-
ors

Occupation
Real Estate

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 5 / 2 0 0 6

Transaction ID: SA12.12745.6

Amount of Each Receipt this Period

800.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

RHODE ISLAND SENATE 2006

Mailing Address 120 MARYLAND AVE NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA12.12717

Amount of Each Receipt this Period

7000.00

C.

Full Name (Last, First, Middle Initial)

Merrill Sherman

Mailing Address 24 Channing Avenue

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bank Rhode Island

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 6

Transaction ID: SA12.12717.0

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 305

(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)

Gerald Harrington

Mailing Address 209 Blackberry Hill Drive

City

South Kingstown

State

RI

Zip Code

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA12.12717.1

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Daniel Lederer

Mailing Address 193 Medway Street

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Butler Hospital

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA12.12717.2

Amount of Each Receipt this Period

750.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Nancy Lloyd

Mailing Address 25 Blackstone Blvd

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trots Zynsty

Occupation

Fine Arts Management

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA12.12717.3

Amount of Each Receipt this Period

25.00

[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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 305

(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)

Ira Magaziner

Mailing Address PO Box 319

City

Bristol

State

RI

Zip Code

02809

FEC ID number of contributing
federal political committee.

C

Name of Employer
STS, Inc.

Occupation

Business 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
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA12.12717.4

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Suzanne Magaziner

Mailing Address PO Box 319

City

Bristol

State

RI

Zip Code

02809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA12.12717.5

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Marcia S Riesman

Mailing Address 245 Waterman Street

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA12.12717.6

Amount of Each Receipt this Period

1000.00

[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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 305

(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)

Edna O'Neill Mattson

Mailing Address 74 Maplewood Avenue

City

North Kingstown

State

RI

Zip Code

02852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community College of RI

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA12.12717.7

Amount of Each Receipt this Period

75.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

James Moore

Mailing Address 5 Ocean Lawn Lane

City

Newport

State

RI

Zip Code

02840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 6

Transaction ID: SA12.12717.8

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Terrence Murray

Mailing Address 218 El Brillo Way

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 6

Transaction ID: SA12.12717.9

Amount of Each Receipt this Period

500.00

[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)
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☐ 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)

Dennis J Roberts, II

Mailing Address 40 Westminster Street

City

Providence

State

RI

Zip Code

02903

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 6

Transaction ID: SA12.12717.10

Amount of Each Receipt this Period

1250.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

John Hazen White

Mailing Address 1160 Cranston Street

City

Cranston

State

RI

Zip Code

02920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Taco Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 6

Transaction ID: SA12.12717.11

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

BANK OF AMERICA CORPORATION POLITICAL ACTION COMMITTEE OF FLORIDA

Mailing Address 600 PEACHTREE ST STE 1500
PO BOX 40789

City

ATLANTA

State

GA

Zip Code

30308

FEC ID number of contributing
federal political committee.

C

C00043489

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
0 9 / 2 6 / 2 0 0 6

Transaction ID: SA12.12717.12

Amount of Each Receipt this Period

5000.00

[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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 305

(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

WASHINGTON

State

DC

Zip Code

20002

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 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

Providence

State

RI

Zip Code

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

WOONSOCKET

State

RI

Zip Code

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 305

(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

A.

Full Name (Last, First, Middle Initial)

RHODE ISLAND SENATE 2006

Mailing Address 120 MARYLAND AVE NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

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 PageFOR LINE NUMBER:
(check only one)

PAGE 37 / 305

<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)

Anthony Albanese

Mailing Address 2150 Broad Street

City
CranstonState
RIZip Code
02905Purpose of Disbursement
Office rent

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13554

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

1000.00

B.

Full Name (Last, First, Middle Initial)

Alicia Amdur

Mailing Address 792 McIntyre Avenue

City
Winter PrkState
FLZip Code
32709Purpose of Disbursement
Reimburse office refreshments

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10980

Date of Disbursement

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

Amount of Each Disbursement this Period

45.81

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address 300 South Riverside Plaza

City
ChicagoState
ILZip Code
60606Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12816

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	6

Amount of Each Disbursement this Period

546.47

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)

PAGE 38 / 305

<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)

Expedia.com

Mailing Address 3150 139th Avenue SE

City Bellevue State WA Zip Code 98005

Purpose of Disbursement

Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12816.0

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

546.47

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address 300 South Riverside Plaza

City Chicago State IL Zip Code 60606

Purpose of Disbursement

Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12782

Date of Disbursement

11 / 05 / 2006

Amount of Each Disbursement this Period

1277.70

C.

Full Name (Last, First, Middle Initial)

Radisson Hotel

Mailing Address 220 India Street

City Providence State RI Zip Code 02903

Purpose of Disbursement

Consultant lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12782.0

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

1277.70

[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)

PAGE 39 / 305

<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)

American Express

Mailing Address 300 South Riverside Plaza

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12775

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

373.00

B.

Full Name (Last, First, Middle Initial)

U Haul

Mailing Address 711 Branch Avenue

City Providence State RI Zip Code 02904

Purpose of Disbursement
Truck Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12775.0

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

373.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Gabriel Amo

Mailing Address 29 Ivy Street

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement
Reimburse lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13329

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

236.17

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)

PAGE 40 / 305

<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.</p> <p>Full Name (Last, First, Middle Initial) Providence Biltmore</p> <p>Mailing Address Kennedy Plaza</p> <p>City Providence State RI Zip Code 02903</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13329.0</p> <p>Date of Disbursement</p> <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> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>236.17</td> </tr> </table> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	8	/	2	0	0	6	236.17
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	8	/	2	0	0	6													
236.17																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kimberly Bastin</p> <p>Mailing Address 544 Orange Drive</p> <p>City Altamonte Springs State FL Zip Code 32701</p> <p>Purpose of Disbursement Reimburse airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13346</p> <p>Date of Disbursement</p> <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>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>134.30</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	6	134.30
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	6													
134.30																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Benny's</p> <p>Mailing Address 66 Branch Avenue</p> <p>City Providence State RI Zip Code 02904</p> <p>Purpose of Disbursement Office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.12957</p> <p>Date of Disbursement</p> <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>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>320.94</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	5	/	2	0	0	6	320.94
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	5	/	2	0	0	6													
320.94																						

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)

PAGE 41 / 305

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) Benny's	Transaction ID: SB21B.12960 Date of Disbursement
Mailing Address 66 Branch Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 9 / 2 0 0 6</div> </div>
City Providence State RI Zip Code 02904	Amount of Each Disbursement this Period
Purpose of Disbursement Office supplies	<div> <div></div> <div>29.36</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input 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) Benny's	Transaction ID: SB21B.12961 Date of Disbursement
Mailing Address 66 Branch Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 3 / 2 0 0 6</div> </div>
City Providence State RI Zip Code 02904	Amount of Each Disbursement this Period
Purpose of Disbursement Office supplies	<div> <div></div> <div>96.11</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input 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) Benny's	Transaction ID: SB21B.12958 Date of Disbursement
Mailing Address 66 Branch Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 4 / 2 0 0 6</div> </div>
City Providence State RI Zip Code 02904	Amount of Each Disbursement this Period
Purpose of Disbursement Office supplies	<div> <div></div> <div>53.49</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input 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)

PAGE 42 / 305

<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)

Benny's

Mailing Address 66 Branch Avenue

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12959

Date of Disbursement

/ /

Amount of Each Disbursement this Period

149.53

B.

Full Name (Last, First, Middle Initial)

BJ's Wholesale Club

Mailing Address 287 Washington Avenue

City
Attleboro

State
MA

Zip Code
02703

Purpose of Disbursement
Office Food supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13208

Date of Disbursement

/ /

Amount of Each Disbursement this Period

247.46

C.

Full Name (Last, First, Middle Initial)

BJ's Wholesale Club

Mailing Address 1300 Hartford Avenue

City
Johnston

State
RI

Zip Code
02919

Purpose of Disbursement
Committee food supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12963

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.66

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)

PAGE 43 / 305

<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)

Joseph Blaszgow

Mailing Address 1100 H Street NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Reimburse airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13336

Date of Disbursement

11 / 05 / 2006

Amount of Each Disbursement this Period

232.60

B.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address Theodore Francis Green Airport

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13336.0

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

232.60

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Angela Botticella

Mailing Address 18 Phillipsburg

City
Irvine

State
CA

Zip Code
92620

Purpose of Disbursement
Reimburse office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10972

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

45.88

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

A. Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.10972.0 Date of Disbursement																				
Mailing Address 551 North Main 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>1</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	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	0	6												
City Providence State RI Zip Code 02906	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td colspan="10">17.03</td> </tr> </table>	17.03																			
17.03																					
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) Staples	Transaction ID: SB21B.10972.1 Date of Disbursement																				
Mailing Address 551 North Main 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>1</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	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	0	6												
City Providence State RI Zip Code 02906	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td colspan="10">5.33</td> </tr> </table>	5.33																			
5.33																					
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) Adam Brand	Transaction ID: SB21B.12799 Date of Disbursement																				
Mailing Address 704 Crooked Creek Drive	<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 Rockville State MD Zip Code 20850	Amount of Each Disbursement this Period																				
Purpose of Disbursement Legal consulting	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
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)

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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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.	Full Name (Last, First, Middle Initial) Adam Brand	Transaction ID: SB21B.12801
	Mailing Address 704 Crooked Creek Drive	Date of Disbursement <div> <div>10</div> <div>26</div> <div>2006</div> </div>
	City State Zip Code Rockville MD 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimburse travel Candidate Name <div>Category/Type</div>	<div>232.60</div>
	Office Sought: <input type="checkbox"/> House <input 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) Southwest Airlines	Transaction ID: SB21B.12801.0
	Mailing Address Theodore Francis Green Airport	Date of Disbursement <div> <div>10</div> <div>23</div> <div>2006</div> </div>
	City State Zip Code Warwick RI 02886	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare Candidate Name <div>Category/Type</div>	<div>232.60</div>
	Office Sought: <input type="checkbox"/> House <input 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]
C.	Full Name (Last, First, Middle Initial) Adam Brand	Transaction ID: SB21B.10996
	Mailing Address 704 Crooked Creek Drive	Date of Disbursement <div> <div>11</div> <div>08</div> <div>2006</div> </div>
	City State Zip Code Rockville MD 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimburse meals Candidate Name <div>Category/Type</div>	<div>263.08</div>
	Office Sought: <input type="checkbox"/> House <input 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

A.

Full Name (Last, First, Middle Initial)

Providence Marriott

Mailing Address Charles & Orms Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10996.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

97.75

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Gregory Buckland

Mailing Address 9 Kahler Avenue

City
Milton

State
MA

Zip Code
02186

Purpose of Disbursement
Reimburse meeting refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10089

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.20

C.

Full Name (Last, First, Middle Initial)

Campaign Finance Consultants

Mailing Address 10 G Street NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Reimburse lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13354

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1060.60

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

A. Full Name (Last, First, Middle Initial) Sean Cartwright	Transaction ID: SB21B.10098 Date of Disbursement
Mailing Address 2800 Wisconsin Avenue	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D1</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period
Purpose of Disbursement Reimburse airfare	<div>232.60</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input 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) Southwest Airlines	Transaction ID: SB21B.10098.0 Date of Disbursement
Mailing Address Theodore Francis Green Airport	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D1</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City Warwick State RI Zip Code 02886	Amount of Each Disbursement this Period
Purpose of Disbursement Airfare	<div>232.60</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input 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) Citizens Bank	Transaction ID: SB21B.12964 Date of Disbursement
Mailing Address One Citizens Plaza	<div> <div>^M1</div> <div>^M0</div> <div>/</div> <div>^D1</div> <div>^D9</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City Providence State RI Zip Code 02903	Amount of Each Disbursement this Period
Purpose of Disbursement Wire fees	<div>36.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input 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

A.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12965

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12966

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12967

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

12.00

SUBTOTAL of Disbursements This Page (optional)

48.00

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 49 / 305

<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)

Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12979

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12968

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12969

Date of Disbursement

10 / 27 / 2006

Amount of Each Disbursement this Period

12.00

SUBTOTAL of Disbursements This Page (optional)

42.00

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

A.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12970

Date of Disbursement

10 / 27 / 2006

Amount of Each Disbursement this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12981

Date of Disbursement

10 / 27 / 2006

Amount of Each Disbursement this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12971

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

18.00

SUBTOTAL of Disbursements This Page (optional)

48.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Rhode Island Democratic State Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

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)

Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Bank fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12974

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

77.00

B.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Bank fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12984

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

98.00

C.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12985

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

18.00

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)

PAGE 53 / 305

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12975

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12976

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12986

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.00

SUBTOTAL of Disbursements This Page (optional)

54.00

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 54 / 305

<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)

Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12977

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12978

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Computer Telephone, Inc.

Mailing Address 60 Alhambra Road

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Phone installations

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12825

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

805.37

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 PageFOR LINE NUMBER:
(check only one)

PAGE 55 / 305

<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)

Computer Telephone, Inc.

Mailing Address 60 Alhambra Road

City
WarwickState
RIZip Code
02886Purpose of Disbursement
Telephone installation and rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10095

Date of Disbursement

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

Amount of Each Disbursement this Period

571.41

B.

Full Name (Last, First, Middle Initial)

Computer Telephone, Inc.

Mailing Address 60 Alhambra Road

City
WarwickState
RIZip Code
02886Purpose of Disbursement
Equipment removal

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13282

Date of Disbursement

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

Amount of Each Disbursement this Period

207.00

C.

Full Name (Last, First, Middle Initial)

Jacob Conarck

Mailing Address 7 Oxford Drive

City
Port Jeff StationState
NYZip Code
11776Purpose of Disbursement
Lodging reimbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13579

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

119.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 56 / 305

<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)

Jacob Conarck

Mailing Address 7 Oxford Drive

City State Zip Code
Port Jeff Station NY 11776Purpose of Disbursement
Payment not used

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13853

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

-119.00

B.

Full Name (Last, First, Middle Initial)

Cox Communications

Mailing Address P.O. Box 39

City State Zip Code
Newark NJ 07101Purpose of Disbursement
Telephone service

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12824

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	0	6

Amount of Each Disbursement this Period

757.80

C.

Full Name (Last, First, Middle Initial)

Cox Communications

Mailing Address P.O. Box 39

City State Zip Code
Newark NJ 07101Purpose of Disbursement
Internet service

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12821

Date of Disbursement

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

Amount of Each Disbursement this Period

111.00

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)

PAGE 57 / 305

<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) Cox Communications	Transaction ID: SB21B.12819 Date of Disbursement																				
Mailing Address P.O. Box 39	<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>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	0		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	0	6												
City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone service Candidate Name	<table border="1"> <tr> <td colspan="10">454.69</td> </tr> </table>	454.69																			
454.69																					
Office Sought: <input type="checkbox"/> House <input 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) Cox Communications	Transaction ID: SB21B.12798 Date of Disbursement																				
Mailing Address P.O. Box 39	<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>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	0		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	0	6												
City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone service Candidate Name	<table border="1"> <tr> <td colspan="10">1144.62</td> </tr> </table>	1144.62																			
1144.62																					
Office Sought: <input type="checkbox"/> House <input 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) Cox Communications	Transaction ID: SB21B.12826 Date of Disbursement																				
Mailing Address P.O. Box 39	<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>1</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	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	6												
City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone service Candidate Name	<table border="1"> <tr> <td colspan="10">3212.30</td> </tr> </table>	3212.30																			
3212.30																					
Office Sought: <input type="checkbox"/> House <input 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)

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)

PAGE 58 / 305

<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)

Cox Communications

Mailing Address P.O. Box 39

City
Newark

State
NJ

Zip Code
07101

Purpose of Disbursement
Internet service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10967

Date of Disbursement

11 / 12 / 2006

Amount of Each Disbursement this Period

356.00

B.

Full Name (Last, First, Middle Initial)

Cox Communications

Mailing Address P.O. Box 39

City
Newark

State
NJ

Zip Code
07101

Purpose of Disbursement
Telephone/internet service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13364

Date of Disbursement

11 / 18 / 2006

Amount of Each Disbursement this Period

697.83

C.

Full Name (Last, First, Middle Initial)

Cox Communications

Mailing Address P.O. Box 39

City
Newark

State
NJ

Zip Code
07101

Purpose of Disbursement
Cable service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13361

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

21.04

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)

PAGE 59 / 305

<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)

Melodie DeMulling

Mailing Address 13981 121st Avenue

City
Dayton

State
MN

Zip Code
55327

Purpose of Disbursement
Reimburse office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10974

Date of Disbursement

/ /

Amount of Each Disbursement this Period

79.10

B.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 551 North Main Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10974.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

70.55

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Discount Disposal

Mailing Address 19 C Buck Hill Road

City
Johnston

State
RI

Zip Code
02919

Purpose of Disbursement
Dumpster rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10987

Date of Disbursement

/ /

Amount of Each Disbursement this Period

299.00

SUBTOTAL of Disbursements This Page (optional)

378.10

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 PageFOR LINE NUMBER:
(check only one)

PAGE 60 / 305

<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)

Discount Disposal

Mailing Address 19 C Buck Hill Road

City
JohnstonState
RIZip Code
02919Purpose of Disbursement
Dumpster rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10989

Date of Disbursement

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

Amount of Each Disbursement this Period

299.00

B.

Full Name (Last, First, Middle Initial)

Dr A C Cleaning

Mailing Address 41 Goldsmith Avenue

City
East ProvidenceState
RIZip Code
02914Purpose of Disbursement
Office maintenance

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10977

Date of Disbursement

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

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr A C Cleaning

Mailing Address 41 Goldsmith Avenue

City
East ProvidenceState
RIZip Code
02914Purpose of Disbursement
Office maintenance

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13384

Date of Disbursement

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

Amount of Each Disbursement this Period

100.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 61 / 305

<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)

Dunkin Donuts

Mailing Address 1245 North Main Street

City
ProvidenceState
RIZip Code
02906Purpose of Disbursement
Meeting Refreshments

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13570

Date of Disbursement

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

Amount of Each Disbursement this Period

163.82

B.

Full Name (Last, First, Middle Initial)

Lacy Dwyer

Mailing Address 47 Wyndham Hill

City
MiddletownState
RIZip Code
02842Purpose of Disbursement
Reimburse office supplies/parking

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10979

Date of Disbursement

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

Amount of Each Disbursement this Period

125.69

C.

Full Name (Last, First, Middle Initial)

Parker Farrington

Mailing Address 37 Devon Road

City
Chestnut HillState
MAZip Code
02467Purpose of Disbursement
Reimburse office supplies

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12831

Date of Disbursement

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

Amount of Each Disbursement this Period

116.54

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)

PAGE 62 / 305

<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)

FedexKinkos

Mailing Address 236 Meeting Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement

Mailing fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12988

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

24.97

B.

Full Name (Last, First, Middle Initial)

FedexKinkos

Mailing Address 236 Meeting Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement

Committee copying charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12790

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

300.65

C.

Full Name (Last, First, Middle Initial)

FedexKinkos

Mailing Address 236 Meeting Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement

Committee copying charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12989

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

1027.36

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)

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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) FedexKinkos Mailing Address 236 Meeting Street	Transaction ID: SB21B.12987 Date of Disbursement <div> <div>11</div> <div>04</div> <div>2006</div> </div>
City Providence State RI Zip Code 02906 Purpose of Disbursement Committee copying charges 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) ▼	Amount of Each Disbursement this Period <div>974.67</div>
B. Full Name (Last, First, Middle Initial) FedexKinkos Mailing Address 236 Meeting Street City Providence State RI Zip Code 02906 Purpose of Disbursement Committee copying charges 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.13382 Date of Disbursement <div> <div>11</div> <div>05</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>754.07</div>
C. Full Name (Last, First, Middle Initial) Regina Fiorentini Mailing Address 36 Macon Avenue City Haverhill State MA Zip Code 01830 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) ▼	Transaction ID: SB21B.12797 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>92.97</div>

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)

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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)

Timothy Fraser

Mailing Address 78 Fisher Street

City
Medway

State
MA

Zip Code
02053

Purpose of Disbursement
Reimburse office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10973

Date of Disbursement

/ /

Amount of Each Disbursement this Period

84.85

B.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 551 North Main Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10973.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22.32

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Stop & Shop

Mailing Address 333 West River

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Office Refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10973.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.39

[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

A.

Full Name (Last, First, Middle Initial)

Grassroots Solutions

Mailing Address 2929 University Ave. SE

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Field consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12822

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

7500.00

B.

Full Name (Last, First, Middle Initial)

Grassroots Solutions

Mailing Address 2929 University Ave. SE

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Reimburse travel/lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12828

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

2111.15

C.

Full Name (Last, First, Middle Initial)

Grassroots Solutions

Mailing Address 2929 University Ave. SE

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Reimburse travel/lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10978

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

3578.86

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)

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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)

Grassroots Solutions

Mailing Address 2929 University Ave. SE

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Field consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13422

Date of Disbursement

11 / 17 / 2006

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Grassroots Solutions

Mailing Address 2929 University Ave. SE

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Reimburse travel/lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13328

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

877.91

C.

Full Name (Last, First, Middle Initial)

Robert Hanson

Mailing Address 83 Arrowhead Trail

City Wakefield State RI Zip Code 02879

Purpose of Disbursement
Reimburse lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13325

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

324.77

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)

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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)

Providence Biltmore

Mailing Address Kennedy Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Lodging reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13325.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

324.77

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Kelly Harlow

Mailing Address 3906 West Oak Drive

City
Columbia

State
MO

Zip Code
65302

Purpose of Disbursement
Reimburse office supplies & food

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13347

Date of Disbursement

/ /

Amount of Each Disbursement this Period

152.09

C.

Full Name (Last, First, Middle Initial)

Stop & Shop

Mailing Address 333 West River

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Office Food supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13347.5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

16.00

[MEMO ITEM]

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)

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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)

Hildebrand Tewes Consulting

Mailing Address 326 E 8th Street

City
Sioux Falls

State
SD

Zip Code
57103

Purpose of Disbursement
Travel & Lodging reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10995

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

3956.43

B.

Full Name (Last, First, Middle Initial)

Hildebrand Tewes Consulting

Mailing Address 326 E 8th Street

City
Sioux Falls

State
SD

Zip Code
57103

Purpose of Disbursement
Campaign consultant

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13383

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

25000.00

C.

Full Name (Last, First, Middle Initial)

Nicole Hilmer-Heartte

Mailing Address 5 East Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Reimburse copies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13327

Date of Disbursement

11 / 05 / 2006

Amount of Each Disbursement this Period

24.65

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)

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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) FedexKinkos	Transaction ID: SB21B.13327.0 Date of Disbursement																				
Mailing Address 236 Meeting 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 Providence State RI Zip Code 02906	Amount of Each Disbursement this Period																				
Purpose of Disbursement Copying charges Candidate Name	<table border="1"> <tr> <td>24.65</td> </tr> </table>	24.65																			
24.65																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Jessica Hogle	Transaction ID: SB21B.12771 Date of Disbursement																				
Mailing Address 10 G 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>1</td><td></td><td>1</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	1		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	6												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimburse car rental Candidate Name	<table border="1"> <tr> <td>647.25</td> </tr> </table>	647.25																			
647.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) Hertz-	Transaction ID: SB21B.12771.0 Date of Disbursement																				
Mailing Address TFGreen 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>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												
City Warwick State RI Zip Code 02886	Amount of Each Disbursement this Period																				
Purpose of Disbursement Car rental Candidate Name	<table border="1"> <tr> <td>602.25</td> </tr> </table>	602.25																			
602.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[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

A. Full Name (Last, First, Middle Initial) Holiday Inn Express	Transaction ID: SB21B.13330 Date of Disbursement																				
Mailing Address 901 Jefferson Boulevard	<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 Warwick State RI Zip Code 02886	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td>4</td><td>0</td><td>3</td><td>.</td><td>4</td><td>1</td> </tr> </table>	4	0	3	.	4	1														
4	0	3	.	4	1																
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) Holiday Inn Express	Transaction ID: SB21B.13331 Date of Disbursement																				
Mailing Address 901 Jefferson Boulevard	<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 Warwick State RI Zip Code 02886	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td>3</td><td>3</td><td>9</td><td>.</td><td>0</td><td>0</td> </tr> </table>	3	3	9	.	0	0														
3	3	9	.	0	0																
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) Nicholas Jeffrey	Transaction ID: SB21B.10966 Date of Disbursement																				
Mailing Address 4 Breakneck Hill 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>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												
City Lincoln State RI Zip Code 02865	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimburse office supplies	<table border="1"> <tr> <td>3</td><td>1</td><td>.</td><td>4</td><td>9</td> </tr> </table>	3	1	.	4	9															
3	1	.	4	9																	
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)

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

A.

Full Name (Last, First, Middle Initial)

Manuel Jimenez

Mailing Address 1099 Broad Street

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Office rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13352

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Patricia Kammerer

Mailing Address PO Box 1495

City
Westerly

State
RI

Zip Code
02891

Purpose of Disbursement
Reimburse travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12796

Date of Disbursement

/ /

Amount of Each Disbursement this Period

87.30

C.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address Theodore Francis Green Airport

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Car rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12796.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

87.30

[MEMO ITEM]

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

A.

Full Name (Last, First, Middle Initial)

Patricia Kammerer

Mailing Address PO Box 1495

City
Westerly

State
RI

Zip Code
02891

Purpose of Disbursement
Reimburse airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12778

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

501.70

B.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address Theodore Francis Green Airport

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12778.0

Date of Disbursement

11 / 04 / 2006

Amount of Each Disbursement this Period

501.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Steven LaForm

Mailing Address 28 Broadway

City
Newport

State
RI

Zip Code
02840

Purpose of Disbursement
Office rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12791

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

500.00

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)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Lexisnexis

Mailing Address PO Box 7247-7090

City
Philadelphia

State
PA

Zip Code
19170

Purpose of Disbursement
Subscription

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13591

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Brett Lincoln

Mailing Address 28 Irving Road

City
New Hartford

State
NY

Zip Code
13413

Purpose of Disbursement
Reimburse office food & supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10975

Date of Disbursement

/ /

Amount of Each Disbursement this Period

408.95

C.

Full Name (Last, First, Middle Initial)

Farnsworth Cafe

Mailing Address 302 Willett Avenue

City
Riverside

State
RI

Zip Code
02915

Purpose of Disbursement
Office catering

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10975.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

286.74

[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

A.

Full Name (Last, First, Middle Initial)

Sara Lonardo

Mailing Address 471 Douglas Avenue

City
Providence

State
RI

Zip Code
02908

Purpose of Disbursement
Reimburse office refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10103

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

28.06

B.

Full Name (Last, First, Middle Initial)

Rudy Lopez

Mailing Address 1608 Senator Drive

City
East Chicago

State
IL

Zip Code
46312

Purpose of Disbursement
Reimbursement office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13345

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

509.00

C.

Full Name (Last, First, Middle Initial)

Sprint

Mailing Address 1199 Pontiac Avenue

City
Cranston

State
RI

Zip Code
02920

Purpose of Disbursement
Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13345.0

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

299.00

[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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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Keyla's Party Shop

Mailing Address 968 Atwells Avenue

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Outreach chair rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13345.1

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

210.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Rudy Lopez

Mailing Address 1608 Senator Drive

City
East Chicago

State
IL

Zip Code
46312

Purpose of Disbursement
Reimburse outreach refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10986

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

198.64

C.

Full Name (Last, First, Middle Initial)

Rudy Lopez

Mailing Address 1608 Senator Drive

City
East Chicago

State
IL

Zip Code
46312

Purpose of Disbursement
Reimburse outreach expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13353

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

1100.00

SUBTOTAL of Disbursements This Page (optional)

1298.64

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 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) Juan Perez Mailing Address 25 Gilmore Street	Transaction ID: SB21B.13353.0 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
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) ▼	Amount of Each Disbursement this Period <div>1000.00</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Keyla's Party Shop 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 <div> <div>11</div> <div>07</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>100.00</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Matthew Lydon 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 <div> <div>10</div> <div>22</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>165.56</div>

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)

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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)

RI Bridge & Turnpike Authority

Mailing Address East Shore Road

City
Jamestown

State
RI

Zip Code
02835

Purpose of Disbursement
Yokens

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13349.1

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Matthew Lydon

Mailing Address 73 Fremont

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Reimburse airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13350

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

277.19

C.

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address TFG Airport

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13350.0

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

277.19

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

277.19

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)

PAGE 78 / 305

<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) Matthew Lydon Mailing Address 73 Fremont	Transaction ID: SB21B.13351 Date of Disbursement <div> <div>11</div> <div>12</div> <div>2006</div> </div>
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) ▼	Amount of Each Disbursement this Period <div>189.20</div>
B. Full Name (Last, First, Middle Initial) RI Bridge & Turnpike Authority Mailing Address East Shore Road 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) ▼	Transaction ID: SB21B.13351.2 Date of Disbursement <div> <div>11</div> <div>05</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>10.00</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) McBee Systems, Inc. Mailing Address PO Box 88042 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) ▼	Transaction ID: SB21B.12794 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>146.55</div>

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)

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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) McBee Systems, Inc.	Transaction ID: SB21B.12787 Date of Disbursement																				
Mailing Address PO Box 88042	<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>3</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	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	6												
City Chicago State IL Zip Code 60680	Amount of Each Disbursement this Period																				
Purpose of Disbursement Checkbook supplies Candidate Name	<table border="1"> <tr> <td colspan="10">146.55</td> </tr> </table>	146.55																			
146.55																					
Office Sought: <input type="checkbox"/> House <input 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) McBee Systems, Inc.	Transaction ID: SB21B.12785 Date of Disbursement																				
Mailing Address PO Box 88042	<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 Chicago State IL Zip Code 60680	Amount of Each Disbursement this Period																				
Purpose of Disbursement Checkbook supplies Candidate Name	<table border="1"> <tr> <td colspan="10">195.04</td> </tr> </table>	195.04																			
195.04																					
Office Sought: <input type="checkbox"/> House <input 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) Donald McFarland	Transaction ID: SB21B.10102 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>0</td><td></td><td>2</td><td>4</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	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	6												
City St Paul State MN Zip Code 55102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimburse airfare Candidate Name	<table border="1"> <tr> <td colspan="10">470.20</td> </tr> </table>	470.20																			
470.20																					
Office Sought: <input type="checkbox"/> House <input 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

A.

Full Name (Last, First, Middle Initial)

US Airways

Mailing Address Theodore Francis Green Airport

City State Zip Code
Warwick RI 02886

Purpose of Disbursement

Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10102.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

470.20

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Donald McFarland

Mailing Address 411 Laurel Avenue

City State Zip Code
St Paul MN 55102

Purpose of Disbursement

Reimburse lodging, car rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10093

Date of Disbursement

/ /

Amount of Each Disbursement this Period

828.44

C.

Full Name (Last, First, Middle Initial)

Comfort Inn

Mailing Address 2 George Street

City State Zip Code
Pawtucket RI 02860

Purpose of Disbursement

Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10093.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

480.25

[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)

PAGE 81 / 305

<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) 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	<table border="1"> <tr> <td colspan="10">283.55</td> </tr> </table>	283.55																			
283.55																					
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) 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	<table border="1"> <tr> <td colspan="10">4.00</td> </tr> </table>	4.00																			
4.00																					
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) 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	<table border="1"> <tr> <td colspan="10">530.74</td> </tr> </table>	530.74																			
530.74																					
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)

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

A.

Full Name (Last, First, Middle Initial)

FedExKinko's

Mailing Address 40 Cumberland Avenue

City North Attleboro State MA Zip Code 02760

Purpose of Disbursement
Office copying charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13324.0

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

530.74

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Donald McFarland

Mailing Address 411 Laurel Avenue

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Reimburse office refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10985

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

43.54

C.

Full Name (Last, First, Middle Initial)

Petty Cashier Michael Dorsey

Mailing Address 845 North Main Street

City Providence State RI Zip Code 02904

Purpose of Disbursement
Petty Cash

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13338

Date of Disbursement

11 / 05 / 2006

Amount of Each Disbursement this Period

1095.46

SUBTOTAL of Disbursements This Page (optional)

1139.00

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

A.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 551 North Main Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13338.0

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

18.38

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

RI Bridge & Turnpike Authority

Mailing Address East Shore Road

City
Jamestown

State
RI

Zip Code
02835

Purpose of Disbursement
Tokens

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13338.6

Date of Disbursement

11 / 05 / 2006

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Home Depot

Mailing Address 387 Charles Street

City
Providence

State
RI

Zip Code
02908

Purpose of Disbursement
Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13338.27

Date of Disbursement

11 / 05 / 2006

Amount of Each Disbursement this Period

71.10

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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

A. Full Name (Last, First, Middle Initial) Home Depot	Transaction ID: SB21B.13338.28 Date of Disbursement																				
Mailing Address 387 Charles 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>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 02908	Amount of Each Disbursement this Period																				
Purpose of Disbursement Supplies	<table border="1"> <tr> <td colspan="10">82.21</td> </tr> </table>	82.21																			
82.21																					
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) Mi Sueno	Transaction ID: SB21B.13605 Date of Disbursement																				
Mailing Address 1070 Broad 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>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												
City Providence State RI Zip Code 02905	Amount of Each Disbursement this Period																				
Purpose of Disbursement Outreach Catering	<table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>	150.00																			
150.00																					
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) National Grid	Transaction ID: SB21B.12818 Date of Disbursement																				
Mailing Address Processing Center	<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>4</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	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	6												
City Woburn State MA Zip Code 01807	Amount of Each Disbursement this Period																				
Purpose of Disbursement Utility usage	<table border="1"> <tr> <td colspan="10">59.35</td> </tr> </table>	59.35																			
59.35																					
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)

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)

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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)

National Grid

Mailing Address Processing Center

City Woburn State MA Zip Code 01807

Purpose of Disbursement
Utility usage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12783

Date of Disbursement

11 / 05 / 2006

Amount of Each Disbursement this Period

139.66

B.

Full Name (Last, First, Middle Initial)

National Grid

Mailing Address Processing Center

City Woburn State MA Zip Code 01807

Purpose of Disbursement
Electricity

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10984

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

715.31

C.

Full Name (Last, First, Middle Initial)

National Grid

Mailing Address Processing Center

City Woburn State MA Zip Code 01807

Purpose of Disbursement
Electricity

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10968

Date of Disbursement

11 / 12 / 2006

Amount of Each Disbursement this Period

450.95

SUBTOTAL of Disbursements This Page (optional)

1305.92

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 86 / 305

<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) Deborah Papa	Transaction ID: SB21B.10970 Date of Disbursement																				
Mailing Address 188 Brookwood 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>1</td><td></td><td>1</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	1		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	6												
City Warwick State RI Zip Code 02889	Amount of Each Disbursement this Period																				
Purpose of Disbursement Receptionist stipend Candidate Name	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input type="checkbox"/> House <input 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) Pay Pal Inc	Transaction ID: SB21B.12991 Date of Disbursement																				
Mailing Address 2211 North First 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>1</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		1	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	0	6												
City San Jose State CA Zip Code 95131	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit card fees Candidate Name	<table border="1"> <tr> <td colspan="10">22.40</td> </tr> </table>	22.40																			
22.40																					
Office Sought: <input type="checkbox"/> House <input 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) Perkins Coie	Transaction ID: SB21B.13611 Date of Disbursement																				
Mailing Address 1201 Third 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>4</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	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	6												
City Seattle State WA Zip Code 98101	Amount of Each Disbursement this Period																				
Purpose of Disbursement Legal services Candidate Name	<table border="1"> <tr> <td colspan="10">750.00</td> </tr> </table>	750.00																			
750.00																					
Office Sought: <input type="checkbox"/> House <input 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)

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)

PMA Engineering

Mailing Address 681 Killingly Street

City
Johnston

State
RI

Zip Code
02919

Purpose of Disbursement
Bull horn rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13348

Date of Disbursement

11 / 18 / 2006

Amount of Each Disbursement this Period

395.00

B.

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address Turnkey Station

City
Providence

State
RI

Zip Code
02940

Purpose of Disbursement
Office Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12992

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

117.00

C.

Full Name (Last, First, Middle Initial)

Providence Marriott

Mailing Address Charles & Orms Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13233

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

2325.65

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

A.

Full Name (Last, First, Middle Initial)

Providence Marriott

Mailing Address Charles & Orms Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13234

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

606.81

B.

Full Name (Last, First, Middle Initial)

Providence Marriott

Mailing Address Charles & Orms Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13232

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

811.08

C.

Full Name (Last, First, Middle Initial)

Providence Marriott

Mailing Address Charles & Orms Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13302

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

395.07

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

A.

Full Name (Last, First, Middle Initial)

Providence Marriott

Mailing Address Charles & Orms Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13303

Date of Disbursement

/ /

Amount of Each Disbursement this Period

292.67

B.

Full Name (Last, First, Middle Initial)

Providence Marriott

Mailing Address Charles & Orms Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13231

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2482.46

C.

Full Name (Last, First, Middle Initial)

Providence Marriott

Mailing Address Charles & Orms Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13309

Date of Disbursement

/ /

Amount of Each Disbursement this Period

745.69

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 PageFOR 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)

Providence Marriott

Mailing Address Charles & Orms Street

City
ProvidenceState
RIZip Code
02906Purpose of Disbursement
Lodging

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13310

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	6

Amount of Each Disbursement this Period

1270.56

B.

Full Name (Last, First, Middle Initial)

Providence Marriott

Mailing Address Charles & Orms Street

City
ProvidenceState
RIZip Code
02906Purpose of Disbursement
Lodging

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13311

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	6

Amount of Each Disbursement this Period

202.27

C.

Full Name (Last, First, Middle Initial)

Providence Marriott

Mailing Address Charles & Orms Street

City
ProvidenceState
RIZip Code
02906Purpose of Disbursement
Lodging

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13312

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	6

Amount of Each Disbursement this Period

248.60

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

A. Full Name (Last, First, Middle Initial) Radioshack Mailing Address 84 Providence Place	Transaction ID: SB21B.13227 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2006</div> </div>
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) ▼	Amount of Each Disbursement this Period <div>348.71</div>
B. Full Name (Last, First, Middle Initial) Rent a Wreck Mailing Address 1073 Douglas Avenue	Transaction ID: SB21B.12994 Date of Disbursement <div> <div>10</div> <div>23</div> <div>2006</div> </div>
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) ▼	Amount of Each Disbursement this Period <div>396.79</div>
C. Full Name (Last, First, Middle Initial) Rent a Wreck Mailing Address 1073 Douglas Avenue	Transaction ID: SB21B.10976 Date of Disbursement <div> <div>11</div> <div>09</div> <div>2006</div> </div>
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) ▼	Amount of Each Disbursement this Period <div>67.94</div>

SUBTOTAL of Disbursements This Page (optional)

813.44

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

A.

Full Name (Last, First, Middle Initial)

Rent a Wreck

Mailing Address 1073 Douglas Avenue

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Car rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13421

Date of Disbursement

/ /

Amount of Each Disbursement this Period

33.97

B.

Full Name (Last, First, Middle Initial)

Ronzio Pizza

Mailing Address 422 Warwick Avenue

City
Warwick

State
RI

Zip Code
02888

Purpose of Disbursement
Staff appreciation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13206

Date of Disbursement

/ /

Amount of Each Disbursement this Period

377.62

C.

Full Name (Last, First, Middle Initial)

Yolanda Sanchez

Mailing Address 10886 Mimosa Place

City
Oakton

State
VA

Zip Code
22124

Purpose of Disbursement
Reimbursement travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12788

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1163.00

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)

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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)

Southwest Airlines

Mailing Address Theodore Francis Green Airport

City State Zip Code
Warwick RI 02886

Purpose of Disbursement
Airlines

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12788.0

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

1163.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Hollie Saunders

Mailing Address 29 Russell Avenue

City State Zip Code
East Providence RI 02914

Purpose of Disbursement
Reimburse office supplies & refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12823

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

122.42

C.

Full Name (Last, First, Middle Initial)

Shein Management

Mailing Address 845 North Main Street

City State Zip Code
Providence RI 02904

Purpose of Disbursement
Office rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12792

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

2500.00

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)

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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) Vivian Spencer	Transaction ID: SB21B.12795 Date of Disbursement																				
Mailing Address 9 University 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>1</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	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	1		2	0	0	6												
City Providence State RI Zip Code 02906	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimburse food staff appreciation	<table border="1"> <tr> <td>300.24</td> </tr> </table>	300.24																			
300.24																					
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) The Butcher Shop	Transaction ID: SB21B.12795.0 Date of Disbursement																				
Mailing Address 157 Elmgrove 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>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	0		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	6												
City Providence State RI Zip Code 02906	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refreshments staff appreciation	<table border="1"> <tr> <td>300.24</td> </tr> </table>	300.24																			
300.24																					
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) Vivian Spencer	Transaction ID: SB21B.12786 Date of Disbursement																				
Mailing Address 9 University 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>3</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	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	6												
City Providence State RI Zip Code 02906	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimburse volunteer food	<table border="1"> <tr> <td>1097.80</td> </tr> </table>	1097.80																			
1097.80																					
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)

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)

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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)

BJ's Wholesale Club

Mailing Address 1300 Hartford Avenue

City
Johnston

State
RI

Zip Code
02919

Purpose of Disbursement
Volunteer food supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12786.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1097.80

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 551 North Main Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12779

Date of Disbursement

/ /

Amount of Each Disbursement this Period

349.17

C.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 551 North Main Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13301

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.15

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

A. Full Name (Last, First, Middle Initial) 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	<table border="1"> <tr> <td>1</td><td>7</td><td>9</td><td>9</td> </tr> </table>	1	7	9	9																
1	7	9	9																		
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) 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	<table border="1"> <tr> <td>5</td><td>0</td><td>5</td><td>7</td> </tr> </table>	5	0	5	7																
5	0	5	7																		
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) 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	<table border="1"> <tr> <td>2</td><td>0</td><td>2</td><td>8</td> </tr> </table>	2	0	2	8																
2	0	2	8																		
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)

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 PageFOR 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)

Stop & Shop

Mailing Address 333 West River

City
ProvidenceState
RIZip Code
02904Purpose of Disbursement
Office Food supplies

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13315

Date of Disbursement

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

Amount of Each Disbursement this Period

9.98

B.

Full Name (Last, First, Middle Initial)

Laura Swanson

Mailing Address 904 A Street

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Reimburse airfare

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12814

Date of Disbursement

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

Amount of Each Disbursement this Period

210.60

C.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address Theodore Francis Green Airport

City
WarwickState
RIZip Code
02886Purpose of Disbursement
Airfare

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12814.0

Date of Disbursement

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

Amount of Each Disbursement this Period

210.60

[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)

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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)

U P S Store

Mailing Address 11 South Angell Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Committee Printing Costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13356

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

627.34

B.

Full Name (Last, First, Middle Initial)

Jhomphy Ventura

Mailing Address 32 Farragut Avenue

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Reimburse outreach refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10982

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1100

City
Albany

State
NY

Zip Code
12250

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12820

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

4258.69

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)

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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)

Verizon

Mailing Address P.O. Box 1100

City
Albany

State
NY

Zip Code
12250

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12817

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

710.96

B.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1100

City
Albany

State
NY

Zip Code
12250

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12793

Date of Disbursement

10 / 28 / 2006

Amount of Each Disbursement this Period

550.17

C.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1100

City
Albany

State
NY

Zip Code
12250

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12827

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1270.98

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

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1100

City Albany State NY Zip Code 12250

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12784

Date of Disbursement

11 / 05 / 2006

Amount of Each Disbursement this Period

547.94

B.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1100

City Albany State NY Zip Code 12250

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10983

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

1841.69

C.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1100

City Albany State NY Zip Code 12250

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13365

Date of Disbursement

11 / 18 / 2006

Amount of Each Disbursement this Period

659.96

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

Category/
Type

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

716.74

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

Category/
Type

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

716.74

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

716.74

TOTAL This Period (last page this line number only)

113695.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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

A.

Full Name (Last, First, Middle Initial)

BJ's Wholesale Club

Mailing Address 1300 Hartford Avenue

City Johnston State RI Zip Code 02919

Purpose of Disbursement
Food supplies - in kindCandidate Name
SHELDON II WHITEHOUSEOffice Sought: ☐ House
☒ Senate
☐ President

State: RI District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.13639

Date of Disbursement

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

Amount of Each Disbursement this Period

54.85

B.

Full Name (Last, First, Middle Initial)

Department of Employment & Training

Mailing Address One Capitol Hill

City Providence State RI Zip Code 02908

Purpose of Disbursement
Unemploy Taxes -voter persuasion in kindCandidate Name
SHELDON II WHITEHOUSEOffice Sought: ☐ House
☒ Senate
☐ President

State: RI District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.13640

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

3121.08

C.

Full Name (Last, First, Middle Initial)

Message Broadcast

Mailing Address 4685 MacArthur Court

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement
Community dinner calls-in kindCandidate Name
SHELDON II WHITEHOUSEOffice Sought: ☐ House
☒ Senate
☐ President

State: RI District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.13638

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

Amount of Each Disbursement this Period

1259.70

SUBTOTAL of Disbursements This Page (optional)

4435.63

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 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

A.

Full Name (Last, First, Middle Initial)

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) ▼

007
Category/
Type

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Abar Hutton Media

Mailing Address 6190 Grovedale Court

City Alexandria State VA Zip Code 22310

Purpose of Disbursement
Generic Latino radio

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13196

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2246.96

B.

Full Name (Last, First, Middle Initial)

Sean Abernathy

Mailing Address 11 Central Avenue

City North Providence State RI Zip Code 02911

Purpose of Disbursement
Canvass stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12402

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Nancy Adames

Mailing Address 861 Broad Street

City Providence State RI Zip Code 02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12043

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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

A.	Full Name (Last, First, Middle Initial) Nancy Adames	Transaction ID: SB30B.12552
	Mailing Address 861 Broad Street	Date of Disbursement
	City Providence State RI Zip Code 02907	<div> <div>MM/DD/YYYY</div> <div>11/10/2006</div> </div>
	Purpose of Disbursement Canvasser stipend	Amount of Each Disbursement this Period
	Candidate Name	<div> <div></div> <div>100.00</div> </div>
	Office Sought: <input type="checkbox"/> House <input 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) Advantage Payroll	Transaction ID: SB30B.13358
	Mailing Address 90 Jefferson Boulevard	Date of Disbursement
	City Warwick State RI Zip Code 02888	<div> <div>MM/DD/YYYY</div> <div>10/30/2006</div> </div>
	Purpose of Disbursement Payroll service	Amount of Each Disbursement this Period
	Candidate Name	<div> <div></div> <div>115.05</div> </div>
	Office Sought: <input type="checkbox"/> House <input 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) Advantage Payroll	Transaction ID: SB30B.13359
	Mailing Address 90 Jefferson Boulevard	Date of Disbursement
	City Warwick State RI Zip Code 02888	<div> <div>MM/DD/YYYY</div> <div>11/15/2006</div> </div>
	Purpose of Disbursement Payroll service fee	Amount of Each Disbursement this Period
	Candidate Name	<div> <div></div> <div>104.05</div> </div>
	Office Sought: <input type="checkbox"/> House <input 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 PageFOR 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)

Alicia Amdur

Mailing Address 792 McIntyre Avenue

City
Winter PrkState
FLZip Code
32709Purpose of Disbursement
Net wages

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13035

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

539.99

B.

Full Name (Last, First, Middle Initial)

Alicia Amdur

Mailing Address 792 McIntyre Avenue

City
Winter PrkState
FLZip Code
32709Purpose of Disbursement
Net wages

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13036

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Amount of Each Disbursement this Period

809.57

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address 300 South Riverside Plaza

City
ChicagoState
ILZip Code
60606Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13212

Date of Disbursement

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

Amount of Each Disbursement this Period

2080.95

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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

A. Full Name (Last, First, Middle Initial) Shell.com	Transaction ID: SB30B.13212.0 Date of Disbursement
Mailing Address PO Box 2463	<div> <div>10</div> <div>26</div> <div>2006</div> </div>
City Houston State TX Zip Code 77252	Amount of Each Disbursement this Period
Purpose of Disbursement Gas cards Candidate Name <div>Category/Type</div>	<div>2080.95</div>
Office Sought: <input type="checkbox"/> House <input 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]
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB30B.13213 Date of Disbursement
Mailing Address 300 South Riverside Plaza	<div> <div>10</div> <div>28</div> <div>2006</div> </div>
City Chicago State IL Zip Code 60606	Amount of Each Disbursement this Period
Purpose of Disbursement Credit card payment Candidate Name <div>Category/Type</div>	<div>2080.95</div>
Office Sought: <input type="checkbox"/> House <input 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) Shell.com	Transaction ID: SB30B.13213.0 Date of Disbursement
Mailing Address PO Box 2463	<div> <div>10</div> <div>28</div> <div>2006</div> </div>
City Houston State TX Zip Code 77252	Amount of Each Disbursement this Period
Purpose of Disbursement Gas cards Candidate Name <div>Category/Type</div>	<div>2080.95</div>
Office Sought: <input type="checkbox"/> House <input 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)

PAGE 108 / 305

<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) American Express	Transaction ID: SB30B.12834 Date of Disbursement																				
Mailing Address 300 South Riverside Plaza	<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>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		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	0	6												
City Chicago State IL Zip Code 60606	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit card payment Candidate Name	<table border="1"> <tr> <td colspan="10">12839.47</td> </tr> </table>	12839.47																			
12839.47																					
Office Sought: <input type="checkbox"/> House <input 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) Cingular Wireless	Transaction ID: SB30B.12834.0 Date of Disbursement																				
Mailing Address 50 Ann Mary Drive	<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>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		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	0	6												
City Pawtucket State RI Zip Code 02860	Amount of Each Disbursement this Period																				
Purpose of Disbursement Portable phones Candidate Name	<table border="1"> <tr> <td colspan="10">12839.47</td> </tr> </table>	12839.47																			
12839.47																					
Office Sought: <input type="checkbox"/> House <input 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) American Express	Transaction ID: SB30B.12766 Date of Disbursement																				
Mailing Address 300 South Riverside Plaza	<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												
City Chicago State IL Zip Code 60606	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Payment Candidate Name	<table border="1"> <tr> <td colspan="10">14477.06</td> </tr> </table>	14477.06																			
14477.06																					
Office Sought: <input type="checkbox"/> House <input 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)

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 PageFOR 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) Avis Rent a Car	Transaction ID: SB30B.12766.0 Date of Disbursement																				
Mailing Address 2000 Post 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>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												
City Warwick State RI Zip Code 02886	Amount of Each Disbursement this Period																				
Purpose of Disbursement Van rentals	<table border="1"> <tr> <td colspan="10">14477.06</td> </tr> </table>	14477.06																			
14477.06																					
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]																					
B. Full Name (Last, First, Middle Initial) AMS Communications Inc	Transaction ID: SB30B.13180 Date of Disbursement																				
Mailing Address 500 Sansome 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>1</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		1	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	0	6												
City San Francisco State CA Zip Code 94111	Amount of Each Disbursement this Period																				
Purpose of Disbursement War Literature-exempt	<table border="1"> <tr> <td colspan="10">60627.00</td> </tr> </table>	60627.00																			
60627.00																					
Candidate Name SHELDON II WHITEHOUSE	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) AMS Communications Inc	Transaction ID: SB30B.13181 Date of Disbursement																				
Mailing Address 500 Sansome 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>1</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		1	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	0	6												
City San Francisco State CA Zip Code 94111	Amount of Each Disbursement this Period																				
Purpose of Disbursement Generic Mailing	<table border="1"> <tr> <td colspan="10">24300.00</td> </tr> </table>	24300.00																			
24300.00																					
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)

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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

A. Full Name (Last, First, Middle Initial) AMS Communications Inc	Transaction ID: SB30B.13182 Date of Disbursement
Mailing Address 500 Sansome Street	<div> <div>10</div> <div>23</div> <div>2006</div> </div>
City San Francisco State CA Zip Code 94111	Amount of Each Disbursement this Period
Purpose of Disbursement Failed Agenda literature-exempt	<div>69150.00</div>
Candidate Name SHELDON II WHITEHOUSE	<div>Category/Type</div>
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) ▼
B. Full Name (Last, First, Middle Initial) AMS Communications Inc	Transaction ID: SB30B.13184 Date of Disbursement
Mailing Address 500 Sansome Street	<div> <div>10</div> <div>24</div> <div>2006</div> </div>
City San Francisco State CA Zip Code 94111	Amount of Each Disbursement this Period
Purpose of Disbursement Washington Trust literature-exempt	<div>61504.00</div>
Candidate Name SHELDON II WHITEHOUSE	<div>Category/Type</div>
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) ▼
C. Full Name (Last, First, Middle Initial) AMS Communications Inc	Transaction ID: SB30B.13186 Date of Disbursement
Mailing Address 500 Sansome Street	<div> <div>10</div> <div>26</div> <div>2006</div> </div>
City San Francisco State CA Zip Code 94111	Amount of Each Disbursement this Period
Purpose of Disbursement Senate Supporters Literature-exempt	<div>30313.00</div>
Candidate Name SHELDON II WHITEHOUSE	<div>Category/Type</div>
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)

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 PageFOR LINE NUMBER:
(check only one)

PAGE 111 / 305

<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)

AMS Communications Inc

Mailing Address 500 Sansome Street

City
San FranciscoState
CAZip Code
94111Purpose of Disbursement
Slate mail/doorhangers-exempt

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13185

Date of Disbursement

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

Amount of Each Disbursement this Period

114020.00

B.

Full Name (Last, First, Middle Initial)

AMS Communications Inc

Mailing Address 500 Sansome Street

City
San FranciscoState
CAZip Code
94111Purpose of Disbursement
Slate mail-exempt

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13187

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

80360.00

C.

Full Name (Last, First, Middle Initial)

AMS Communications Inc

Mailing Address 500 Sansome Street

City
San FranciscoState
CAZip Code
94111Purpose of Disbursement
Democratic Senate literature-exemptCandidate Name
SHELDON II WHITEHOUSECategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB30B.13189

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

5400.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 112 / 305

<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)

AMS Communications Inc

Mailing Address 500 Sansome Street

City
San FranciscoState
CAZip Code
94111Purpose of Disbursement
War Views Literature-exemptCandidate Name
SHELDON II WHITEHOUSECategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB30B.13191

Date of Disbursement

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

Amount of Each Disbursement this Period

22625.00

B.

Full Name (Last, First, Middle Initial)

AMS Communications Inc

Mailing Address 500 Sansome Street

City
San FranciscoState
CAZip Code
94111Purpose of Disbursement
Democrat senate literature- exemptCandidate Name
SHELDON II WHITEHOUSECategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB30B.13192

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

20756.00

C.

Full Name (Last, First, Middle Initial)

Matthew Arnold

Mailing Address 83 Oaklawn Avenue

City
CranstonState
RIZip Code
02920Purpose of Disbursement
Net wages

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13037

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

574.39

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Matthew Arnold

Mailing Address 83 Oaklawn Avenue

City

Cranston

State

RI

Zip Code

02920

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB30B.13038

Date of Disbursement

/ /

Amount of Each Disbursement this Period

861.14

B.

Full Name (Last, First, Middle Initial)

Derek Arruda

Mailing Address 80 First Street

City

East Providence

State

RI

Zip Code

02914

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB30B.11845

Date of Disbursement

/ /

Amount of Each Disbursement this Period

280.00

C.

Full Name (Last, First, Middle Initial)

Eben Asare

Mailing Address 62 Capitol View Avenue

City

North Providence

State

RI

Zip Code

02908

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB30B.12418

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

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

A. Full Name (Last, First, Middle Initial) Avis Rent a Car	Transaction ID: SB30B.13322 Date of Disbursement																				
Mailing Address 2000 Post 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>1</td><td></td><td>1</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	1		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	6												
City Warwick State RI Zip Code 02886	Amount of Each Disbursement this Period																				
Purpose of Disbursement Van rentals	<table border="1"> <tr> <td colspan="10">941.70</td> </tr> </table>	941.70																			
941.70																					
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) Avis Rent a Car	Transaction ID: SB30B.13425 Date of Disbursement																				
Mailing Address 2000 Post 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>1</td><td></td><td>1</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	1		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	6												
City Warwick State RI Zip Code 02886	Amount of Each Disbursement this Period																				
Purpose of Disbursement Van rentals	<table border="1"> <tr> <td colspan="10">454.90</td> </tr> </table>	454.90																			
454.90																					
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) Avis Rent a Car	Transaction ID: SB30B.13426 Date of Disbursement																				
Mailing Address 2000 Post 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>1</td><td></td><td>1</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	1		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	6												
City Warwick State RI Zip Code 02886	Amount of Each Disbursement this Period																				
Purpose of Disbursement Van rentals	<table border="1"> <tr> <td colspan="10">539.29</td> </tr> </table>	539.29																			
539.29																					
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)

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

A.

Full Name (Last, First, Middle Initial)

Avis Rent a Car

Mailing Address 2000 Post Road

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Van rentals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13427

Date of Disbursement

/ /

Amount of Each Disbursement this Period

563.92

B.

Full Name (Last, First, Middle Initial)

Avis Rent a Car

Mailing Address 2000 Post Road

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Van rentals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13428

Date of Disbursement

/ /

Amount of Each Disbursement this Period

591.80

C.

Full Name (Last, First, Middle Initial)

Roger Bacon

Mailing Address 4 Oregon Avenue

City
North Providence

State
RI

Zip Code
02911

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12405

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Angel Baez

Mailing Address 13 Husted Court

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11121

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Angel Baez

Mailing Address 13 Husted Court

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11175

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Angela Baez

Mailing Address 13 Husted Court

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11076

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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

A.	<p>Full Name (Last, First, Middle Initial) Angela Baez</p> <p>Mailing Address 13 Husted Court</p> <p>City Providence State RI Zip Code 02905</p> <p>Purpose of Disbursement Canvass Per Diem</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.11179</p> <p>Date of Disbursement <div> <div>10</div> <div>30</div> <div>2006</div> </div> </p> <p>Amount of Each Disbursement this Period <div>40.00</div> </p>
B.	<p>Full Name (Last, First, Middle Initial) Angela Baez</p> <p>Mailing Address 13 Husted Court</p> <p>City Providence State RI Zip Code 02905</p> <p>Purpose of Disbursement Payment error</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.13856</p> <p>Date of Disbursement <div> <div>10</div> <div>30</div> <div>2006</div> </div> </p> <p>Amount of Each Disbursement this Period <div>-40.00</div> </p>
C.	<p>Full Name (Last, First, Middle Initial) Angela Baez</p> <p>Mailing Address 13 Husted Court</p> <p>City Providence State RI Zip Code 02905</p> <p>Purpose of Disbursement Canvasser stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.13434</p> <p>Date of Disbursement <div> <div>11</div> <div>17</div> <div>2006</div> </div> </p> <p>Amount of Each Disbursement this Period <div>160.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

160.00

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Donna Baguchinsky

Mailing Address 175 Sisson Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11255

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Donna Baguchinsky

Mailing Address 175 Sisson Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11522

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

C.

Full Name (Last, First, Middle Initial)

Andrew Barbosa

Mailing Address 36 Day Street

City
Fall River

State
MA

Zip Code
02724

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12474

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) Kimberly Bastin	Transaction ID: SB30B.12839 Date of Disbursement
Mailing Address 544 Orange Drive	<div> <div>10</div> <div>26</div> <div>2006</div> </div>
City Altamonte Springs State FL Zip Code 32701	Amount of Each Disbursement this Period
Purpose of Disbursement Operations Coordinator stipend	<div>2200.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input 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) Nathan Baxter	Transaction ID: SB30B.11284 Date of Disbursement
Mailing Address 8 Rose Street	<div> <div>11</div> <div>03</div> <div>2006</div> </div>
City Warwick State RI Zip Code 02888	Amount of Each Disbursement this Period
Purpose of Disbursement Canvass Per Diem	<div>200.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input 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) Nathan Baxter	Transaction ID: SB30B.11352 Date of Disbursement
Mailing Address 8 Rose Street	<div> <div>11</div> <div>08</div> <div>2006</div> </div>
City Warwick State RI Zip Code 02888	Amount of Each Disbursement this Period
Purpose of Disbursement Canvasser stipend	<div>50.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input 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)

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Matthew Beland

Mailing Address 106 Langdon Street

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12074

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ramon Belliard

Mailing Address 20 Tobyhanna

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11163

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Ramon Belliard

Mailing Address 20 Tobyhanna

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11164

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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

A. Full Name (Last, First, Middle Initial) Ramon Belliard Mailing Address 20 Tobyhanna	Transaction ID: SB30B.11269 Date of Disbursement <div> <div>11</div> <div>03</div> <div>2006</div> </div>
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) ▼	Amount of Each Disbursement this Period <div>80.00</div>
B. Full Name (Last, First, Middle Initial) Ramon Belliard Mailing Address 20 Tobyhanna City Providence State RI Zip Code 02909 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.11836 Date of Disbursement <div> <div>11</div> <div>08</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>200.00</div>
C. Full Name (Last, First, Middle Initial) Mahalia Benbow Mailing Address 108 Colfax 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.11901 Date of Disbursement <div> <div>11</div> <div>08</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>200.00</div>

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

A. Full Name (Last, First, Middle Initial) David Bernstein	Transaction ID: SB30B.11012																				
Mailing Address 1755 S Street, NW	Date of Disbursement																				
City Washington State DC Zip Code 20009	<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>4</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	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	6												
Purpose of Disbursement Canvass Per Diem	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td>50.00</td> </tr> </table>	50.00																			
50.00																					
Office Sought: <input type="checkbox"/> House <input 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) David Bernstein	Transaction ID: SB30B.11013																				
Mailing Address 1755 S Street, NW	Date of Disbursement																				
City Washington State DC Zip Code 20009	<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>4</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	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	6												
Purpose of Disbursement Canvass Per Diem	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td>45.00</td> </tr> </table>	45.00																			
45.00																					
Office Sought: <input type="checkbox"/> House <input 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) David Bernstein	Transaction ID: SB30B.11153																				
Mailing Address 1755 S Street, NW	Date of Disbursement																				
City Washington State DC Zip Code 20009	<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 Canvass Per Diem	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td>80.00</td> </tr> </table>	80.00																			
80.00																					
Office Sought: <input type="checkbox"/> House <input 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)

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

David Bernstein

Mailing Address 1755 S Street, NW

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11275

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

David Bernstein

Mailing Address 1755 S Street, NW

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11483

Date of Disbursement

/ /

Amount of Each Disbursement this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Jennifer Bhogal

Mailing Address 108 Comstock Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11093

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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

A. Full Name (Last, First, Middle Initial) Jennifer Bhogal	Transaction ID: SB30B.11676 Date of Disbursement
Mailing Address 108 Comstock Avenue	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D8</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City Providence State RI Zip Code 02907	Amount of Each Disbursement this Period
Purpose of Disbursement Canvasser stipend	<div>240.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input 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) Aaron Blackiston	Transaction ID: SB30B.11774 Date of Disbursement
Mailing Address 231 Orms Street	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D1</div> <div>^D8</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City Providence State RI Zip Code 02908	Amount of Each Disbursement this Period
Purpose of Disbursement Canvasser stipend	<div>160.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input 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) Andrew Blasko	Transaction ID: SB30B.11638 Date of Disbursement
Mailing Address 23 Bellevue Avenue	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D8</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City North Smithfield State RI Zip Code 02896	Amount of Each Disbursement this Period
Purpose of Disbursement Canvasser stipend	<div>260.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input 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)

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:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Andrew Blasko

Mailing Address 23 Bellevue Avenue

City North Smithfield State RI Zip Code 02896

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11296

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jacqueline Blasko

Mailing Address 23 Bellevue Avenue

City North Smithfield State RI Zip Code 02896

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11640

Date of Disbursement

/ /

Amount of Each Disbursement this Period

140.00

C.

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

Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13218

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3039.54

SUBTOTAL of Disbursements This Page (optional)

3279.54

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)

Gabriel Bluestone

Mailing Address 86 South Angell Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13039

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

964.30

B.

Full Name (Last, First, Middle Initial)

Gabriel Bluestone

Mailing Address 86 South Angell Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13040

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

964.29

C.

Full Name (Last, First, Middle Initial)

Carolina Bogaert Madera

Mailing Address 133 Mitchell Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12563

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

1978.59

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 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)

Sarah Bogdan

Mailing Address 133 Sutton Street

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13041

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

539.99

B.

Full Name (Last, First, Middle Initial)

Sarah Bogdan

Mailing Address 133 Sutton Street

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13042

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

809.57

C.

Full Name (Last, First, Middle Initial)

Matt Boland

Mailing Address 106 Langdon Street

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Canvass per diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11363

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

120.00

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Brendon Bolton

Mailing Address 2890 Pawtucket Avenue

City
East Providence

State
RI

Zip Code
02914

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11843

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Brendon Bolton

Mailing Address 2890 Pawtucket Avenue

City
East Providence

State
RI

Zip Code
02914

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12481

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

C.

Full Name (Last, First, Middle Initial)

David Bonzagni

Mailing Address 74 South River Drive

City
Narragansett

State
RI

Zip Code
02882

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13043

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

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
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

David Bonzagni

Mailing Address 74 South River Drive

City State Zip Code
 Narragansett RI 02882

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13044

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

B.

Full Name (Last, First, Middle Initial)

Angela Botticella

Mailing Address 18 Phillipsburg

City State Zip Code
 Irvine CA 92620

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13045

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1142.25

C.

Full Name (Last, First, Middle Initial)

Angela Botticella

Mailing Address 18 Phillipsburg

City State Zip Code
 Irvine CA 92620

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13046

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1142.25

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 PageFOR 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

Mailing Address 900 Post Road

City
WarwickState
RIZip Code
02888Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11329

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	6

Amount of Each Disbursement this Period

130.00

B.

Full Name (Last, First, Middle Initial)

Jillian Brackett

Mailing Address 900 Post Road

City
WarwickState
RIZip Code
02888Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12082

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

120.00

C.

Full Name (Last, First, Middle Initial)

Brett Broesder

Mailing Address 1 Trenton Street

City
ProvidenceState
RIZip Code
02906Purpose of Disbursement
Net wages

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13483

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

557.19

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
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Brett Broesder

Mailing Address 1 Trenton Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13047

Date of Disbursement

/ /

Amount of Each Disbursement this Period

835.36

B.

Full Name (Last, First, Middle Initial)

Sean Brophy

Mailing Address 92 Melrose Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13049

Date of Disbursement

/ /

Amount of Each Disbursement this Period

612.23

C.

Full Name (Last, First, Middle Initial)

Sean Brophy

Mailing Address 92 Melrose Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13050

Date of Disbursement

/ /

Amount of Each Disbursement this Period

917.87

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
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Dylan Brown

Mailing Address 20 Avondale Road

City
Westerly

State
RI

Zip Code
02891

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13051

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

B.

Full Name (Last, First, Middle Initial)

Dylan Brown

Mailing Address 20 Avondale Road

City
Westerly

State
RI

Zip Code
02891

Purpose of Disbursement

Reimburse health insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.10100

Date of Disbursement

/ /

Amount of Each Disbursement this Period

67.32

C.

Full Name (Last, First, Middle Initial)

Dylan Brown

Mailing Address 20 Avondale Road

City
Westerly

State
RI

Zip Code
02891

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13052

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

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
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Celina Brunelle

Mailing Address 361 Logee Street

City Woonsocket State RI Zip Code 02895

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11642

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Gregory Buckland

Mailing Address 9 Kahler Avenue

City Milton State MA Zip Code 02186

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13053

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

C.

Full Name (Last, First, Middle Initial)

Gregory Buckland

Mailing Address 9 Kahler Avenue

City Milton State MA Zip Code 02186

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13054

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

SUBTOTAL of Disbursements This Page (optional)

1516.60

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Budget Rent a CAR

Mailing Address TFG Airport

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Van rentals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13564

Date of Disbursement

/ /

Amount of Each Disbursement this Period

622.46

B.

Full Name (Last, First, Middle Initial)

Richard Burt

Mailing Address 14 Victoria Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11696

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Busbank.com

Mailing Address 200 W Adams Street

City
Chicago

State
IL

Zip Code
60606

Purpose of Disbursement
Bus rentals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13294

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1320.00

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.	Full Name (Last, First, Middle Initial) Busbank.com	Transaction ID: SB30B.13295
	Mailing Address 200 W Adams Street	Date of Disbursement
	City Chicago State IL Zip Code 60606	<div> <div>MM/DD/YYYY</div> <div>11/01/2006</div> </div>
	Purpose of Disbursement Bus rentals	Amount of Each Disbursement this Period
	Candidate Name	<div> <div></div> <div>643.50</div> </div>
	Office Sought: <input type="checkbox"/> House <input 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) Busbank.com	Transaction ID: SB30B.13296
	Mailing Address 200 W Adams Street	Date of Disbursement
	City Chicago State IL Zip Code 60606	<div> <div>MM/DD/YYYY</div> <div>11/01/2006</div> </div>
	Purpose of Disbursement Bus rentals	Amount of Each Disbursement this Period
	Candidate Name	<div> <div></div> <div>550.00</div> </div>
	Office Sought: <input type="checkbox"/> House <input 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) Anayka Campbell	Transaction ID: SB30B.12075
	Mailing Address 99 Union Avenue	Date of Disbursement
	City Providence State RI Zip Code 02909	<div> <div>MM/DD/YYYY</div> <div>11/08/2006</div> </div>
	Purpose of Disbursement Canvasser stipend	Amount of Each Disbursement this Period
	Candidate Name	<div> <div></div> <div>350.00</div> </div>
	Office Sought: <input type="checkbox"/> House <input 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)

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Jeremie Campus

Mailing Address 56 Errol Street

City
Warwick

State
RI

Zip Code
02888

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11281

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Jeremie Campus

Mailing Address 56 Errol Street

City
Warwick

State
RI

Zip Code
02888

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11326

Date of Disbursement

/ /

Amount of Each Disbursement this Period

170.00

C.

Full Name (Last, First, Middle Initial)

Charlen Caprio

Mailing Address 151 Park Avenue

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11854

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.00

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

A.

Full Name (Last, First, Middle Initial)

Charlen Caprio

Mailing Address 151 Park Avenue

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12391

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Charlen Caprio

Mailing Address 151 Park Avenue

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12392

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Rosemary Carrillo

Mailing Address 98 Comstock Avenue

City Providence State RI Zip Code 02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11697

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

200.00

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

A. Full Name (Last, First, Middle Initial) Yolanda Carrillo	Transaction ID: SB30B.11710 Date of Disbursement																				
Mailing Address 98 Comstock 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>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												
City Providence State RI Zip Code 02905	Amount of Each Disbursement this Period																				
Purpose of Disbursement Canvasser stipend Candidate Name	<table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	200.00																			
200.00																					
Office Sought: <input type="checkbox"/> House <input 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) Yolanda Carrillo	Transaction ID: SB30B.12447 Date of Disbursement																				
Mailing Address 98 Comstock 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>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	1		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	9		2	0	0	6												
City Providence State RI Zip Code 02905	Amount of Each Disbursement this Period																				
Purpose of Disbursement Canvasser stipend Candidate Name	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input 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) Aaron Charniak	Transaction ID: SB30B.11282 Date of Disbursement																				
Mailing Address 106 Halsey 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>1</td><td></td><td>0</td><td>3</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	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	6												
City Providence State RI Zip Code 02906	Amount of Each Disbursement this Period																				
Purpose of Disbursement Canvass Per Diem Candidate Name	<table border="1"> <tr> <td colspan="10">160.00</td> </tr> </table>	160.00																			
160.00																					
Office Sought: <input type="checkbox"/> House <input 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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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Aaron Charniak

Mailing Address 106 Halsey Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11297

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Angela Chasebi

Mailing Address PO Box 4470

City
Austintown

State
OH

Zip Code
44515

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13055

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

C.

Full Name (Last, First, Middle Initial)

Angela Chasebi

Mailing Address PO Box 4470

City
Austintown

State
OH

Zip Code
44515

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13056

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

SUBTOTAL of Disbursements This Page (optional)

1549.56

TOTAL This Period (last page this line number only)

	21b		22		23		24		25		26
	27		28a		28b		28c		29	x	30b

Rhode Island Democratic State Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

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 141 / 305

<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)

Etta Collins

Mailing Address 69 Fairmont Avenue

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11543

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Jacob Conarck

Mailing Address 7 Oxford Drive

City
Port Jeff Station

State
NY

Zip Code
11776

Purpose of Disbursement
Net wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13057

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

C.

Full Name (Last, First, Middle Initial)

Jacob Conarck

Mailing Address 7 Oxford Drive

City
Port Jeff Station

State
NY

Zip Code
11776

Purpose of Disbursement
Net wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13058

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Ruben Contreras

Mailing Address 79 Killingly Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12049

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Silas Cooper

Mailing Address 45 Dodge Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11535

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Geraldine Cordeiro

Mailing Address 422 Smithfield

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Office management stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13200

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

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:
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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Dattco

Mailing Address 583 South Street

City
New Britain

State
CT

Zip Code
06051

Purpose of Disbursement
Bus rentals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13222

Date of Disbursement

/ /

Amount of Each Disbursement this Period

650.00

B.

Full Name (Last, First, Middle Initial)

Phil Davey

Mailing Address 168 Armington Street

City
Cranston

State
RI

Zip Code
02905

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11224

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Phil Davey

Mailing Address 168 Armington Street

City
Cranston

State
RI

Zip Code
02905

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11225

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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:
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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Phil Davey

Mailing Address 168 Armington Street

City Cranston State RI Zip Code 02905

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11226

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Phil Davey

Mailing Address 168 Armington Street

City Cranston State RI Zip Code 02905

Purpose of Disbursement

Canvass per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11227

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Phil Davey

Mailing Address 168 Armington Street

City Cranston State RI Zip Code 02905

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11258

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Phil Davey

Mailing Address 168 Armington Street

City Cranston State RI Zip Code 02905

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12132

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Narcisa De La Cruz

Mailing Address 19 Algonquin Street

City Providence State RI Zip Code 02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11686

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Ricardo de Leon

Mailing Address 24 Matson Avenue

City Providence State RI Zip Code 02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11695

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

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

A.

Full Name (Last, First, Middle Initial)

Hector Delgado

Mailing Address 15 Detroit Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11145

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Hector Delgado

Mailing Address 15 Detroit Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11146

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Hector Delgado

Mailing Address 15 Detroit Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11147

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.	Full Name (Last, First, Middle Initial) Hector Delgado	Transaction ID: SB30B.11148
	Mailing Address 15 Detroit Avenue	Date of Disbursement
	City Providence State RI Zip Code 02907	<div> <div>10</div> <div>30</div> <div>2006</div> </div>
	Purpose of Disbursement Canvass Per Diem	Amount of Each Disbursement this Period
	Candidate Name	40.00
	Office Sought: <input type="checkbox"/> House <input 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) Hector Delgado	Transaction ID: SB30B.11264
	Mailing Address 15 Detroit Avenue	Date of Disbursement
	City Providence State RI Zip Code 02907	<div> <div>11</div> <div>03</div> <div>2006</div> </div>
	Purpose of Disbursement Canvass Per Diem	Amount of Each Disbursement this Period
	Candidate Name	40.00
	Office Sought: <input type="checkbox"/> House <input 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) Sharon Delgado	Transaction ID: SB30B.11868
	Mailing Address 80 Admiral Street	Date of Disbursement
	City Providence State RI Zip Code 02908	<div> <div>11</div> <div>08</div> <div>2006</div> </div>
	Purpose of Disbursement Canvasser stipend	Amount of Each Disbursement this Period
	Candidate Name	210.00
	Office Sought: <input type="checkbox"/> House <input 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)

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

A. Full Name (Last, First, Middle Initial) Susann Della Rosa	Transaction ID: SB30B.12836 Date of Disbursement																				
Mailing Address 60 Don 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>3</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	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	6												
City Rumford State RI Zip Code 02916	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimburse portable phones Candidate Name	<table border="1"> <tr> <td colspan="10">13339.22</td> </tr> </table>	13339.22																			
13339.22																					
Office Sought: <input type="checkbox"/> House <input 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) Radio Shack	Transaction ID: SB30B.12836.0 Date of Disbursement																				
Mailing Address 623 Atwells 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>3</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	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	6												
City Providence State RI Zip Code 02909	Amount of Each Disbursement this Period																				
Purpose of Disbursement Portable phones Candidate Name	<table border="1"> <tr> <td colspan="10">13339.22</td> </tr> </table>	13339.22																			
13339.22																					
Office Sought: <input type="checkbox"/> House <input 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) Peter Delossantos	Transaction ID: SB30B.11692 Date of Disbursement																				
Mailing Address 135 Hazael 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>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												
City Providence State RI Zip Code 02908	Amount of Each Disbursement this Period																				
Purpose of Disbursement Canvasser stipend Candidate Name	<table border="1"> <tr> <td colspan="10">240.00</td> </tr> </table>	240.00																			
240.00																					
Office Sought: <input type="checkbox"/> House <input 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)

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Melodie DeMulling

Mailing Address 13981 121st Avenue

City State Zip Code
Dayton MN 55327

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13059

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Melodie DeMulling

Mailing Address 13981 121st Avenue

City State Zip Code
Dayton MN 55327

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13060

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Department of Employment & Training

Mailing Address One Capitol Hill

City State Zip Code
Providence RI 02908

Purpose of Disbursement

State unemployment taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13176

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Rose Dickens

Mailing Address 15 Lehlán Road

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass per diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.10890

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Rose Dickens

Mailing Address 15 Lehlán Road

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass per diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.10891

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Rose Dickens

Mailing Address 15 Lehlán Road

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11055

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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

A.	Full Name (Last, First, Middle Initial) Jeffrey Dickson	Transaction ID: SB30B.13061 Date of Disbursement
	Mailing Address 19 Byron Street	<div> <div><div>M</div><div>M</div></div> <div>/</div> <div><div>D</div><div>D</div></div> <div>/</div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>0</div> <div>3</div><div>0</div> <div>2</div><div>0</div><div>0</div><div>6</div> </div>
	City No Providence State RI Zip Code 02911	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Net wages</div> <div>Candidate Name</div> </div> <div>Category/ Type</div>	522.80
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
B.	Full Name (Last, First, Middle Initial) Jeffrey Dickson	Transaction ID: SB30B.13062 Date of Disbursement
	Mailing Address 19 Byron Street	<div> <div><div>M</div><div>M</div></div> <div>/</div> <div><div>D</div><div>D</div></div> <div>/</div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>1</div> <div>1</div><div>5</div> <div>2</div><div>0</div><div>0</div><div>6</div> </div>
	City No Providence State RI Zip Code 02911	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Net wages</div> <div>Candidate Name</div> </div> <div>Category/ Type</div>	783.80
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
C.	Full Name (Last, First, Middle Initial) Yahaira Disla	Transaction ID: SB30B.11094 Date of Disbursement
	Mailing Address 10 Gallup Street	<div> <div><div>M</div><div>M</div></div> <div>/</div> <div><div>D</div><div>D</div></div> <div>/</div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>0</div> <div>3</div><div>0</div> <div>2</div><div>0</div><div>0</div><div>6</div> </div>
	City Providence State RI Zip Code 02907	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Canvass Per Diem</div> <div>Candidate Name</div> </div> <div>Category/ Type</div>	40.00
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	

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

A.

Full Name (Last, First, Middle Initial)

Yahaira Disla

Mailing Address 10 Gallup Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11095

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Yahaira Disla

Mailing Address 10 Gallup Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11096

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Yahaira Disla

Mailing Address 10 Gallup Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11097

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

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:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Division of Taxation

Mailing Address One Capitol Hill

City
Providence

State
RI

Zip Code
02908

Purpose of Disbursement
October state withholding

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13175

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3722.06

B.

Full Name (Last, First, Middle Initial)

Steve Dominguez

Mailing Address 560 Prospect Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11546

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

C.

Full Name (Last, First, Middle Initial)

Steve Dominguez

Mailing Address 560 Prospect Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13435

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Michael Dorsey

Mailing Address 166 Valley Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13063

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2263.39

B.

Full Name (Last, First, Middle Initial)

Michael Dorsey

Mailing Address 166 Valley Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13064

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2263.38

C.

Full Name (Last, First, Middle Initial)

Veronica DosSantos

Mailing Address 90 Cleveland Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11537

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

4726.77

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Lacy Dwyer

Mailing Address 47 Wyndham Hill

City
Middletown

State
RI

Zip Code
02842

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13065

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

B.

Full Name (Last, First, Middle Initial)

Lacy Dwyer

Mailing Address 47 Wyndham Hill

City
Middletown

State
RI

Zip Code
02842

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13066

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

C.

Full Name (Last, First, Middle Initial)

Andrew Egan

Mailing Address 545 Prospect Street

City
Woonsocket

State
RI

Zip Code
02895

Purpose of Disbursement

Canvass stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13430

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Robert Elwell

Mailing Address 100 Beachery Ct

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11277

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

B.

Full Name (Last, First, Middle Initial)

Jonathan Engel

Mailing Address 45 Junip Road

City
Belmont

State
MA

Zip Code
02478

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13067

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

539.99

C.

Full Name (Last, First, Middle Initial)

Jonathan Engel

Mailing Address 45 Junip Road

City
Belmont

State
MA

Zip Code
02478

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13068

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Amount of Each Disbursement this Period

809.57

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

A.

Full Name (Last, First, Middle Initial)

Hector Escoto

Mailing Address 118 Waverly Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11040

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Hector Escoto

Mailing Address 118 Waverly Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11041

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Hector Escoto

Mailing Address 118 Waverly Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11117

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Hector Escoto

Mailing Address 118 Waverly Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11118

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Hector Escoto

Mailing Address 118 Waverly Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11119

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Hector Escoto

Mailing Address 118 Waverly Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11120

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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:
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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Hector Escoto

Mailing Address 118 Waverly Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11674

Date of Disbursement

/ /

Amount of Each Disbursement this Period

320.00

B.

Full Name (Last, First, Middle Initial)

Hector Escoto

Mailing Address 118 Waverly Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12443

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ruth Estrella

Mailing Address 105 Comstock Avenue

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11698

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Ruth Estrella

Mailing Address 105 Comstock Avenue

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12446

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kristian Farman

Mailing Address 11 Archdale Drive

City
Warwick

State
RI

Zip Code
02889

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11279

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

C.

Full Name (Last, First, Middle Initial)

Brian Farnkoff

Mailing Address 43 Billings Street

City
Boston

State
MA

Zip Code
02132

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13069

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

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:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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

A.	Full Name (Last, First, Middle Initial) Brian Farnkoff	Transaction ID: SB30B.13070
	Mailing Address 43 Billings Street	Date of Disbursement
	City State Zip Code Boston MA 02132	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div>/</div> <div> <div>1</div> <div>5</div> </div> <div>/</div> <div> <div>2</div> <div>0</div> <div>0</div> <div>6</div> </div>
	Purpose of Disbursement Net wages	Amount of Each Disbursement this Period
	Candidate Name	<div>783.80</div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Parker Farrington	Transaction ID: SB30B.13071
	Mailing Address 37 Devon Road	Date of Disbursement
	City State Zip Code Chestnut Hill MA 02467	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>0</div> </div> <div>/</div> <div> <div>3</div> <div>0</div> </div> <div>/</div> <div> <div>2</div> <div>0</div> <div>0</div> <div>6</div> </div>
	Purpose of Disbursement Net wages	Amount of Each Disbursement this Period
	Candidate Name	<div>539.99</div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Parker Farrington	Transaction ID: SB30B.13072
	Mailing Address 37 Devon Road	Date of Disbursement
	City State Zip Code Chestnut Hill MA 02467	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div>/</div> <div> <div>1</div> <div>5</div> </div> <div>/</div> <div> <div>2</div> <div>0</div> <div>0</div> <div>6</div> </div>
	Purpose of Disbursement Net wages	Amount of Each Disbursement this Period
	Candidate Name	<div>809.57</div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
	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
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Rachel Ferrara

Mailing Address 285 Inez Avenue

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11354

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Financial Innovations

Mailing Address One Weingeroff Boulevard

City
Cranston

State
RI

Zip Code
02910

Purpose of Disbursement
Generic Lawn signs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12835

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18157.00

C.

Full Name (Last, First, Middle Initial)

Financial Innovations

Mailing Address One Weingeroff Boulevard

City
Cranston

State
RI

Zip Code
02910

Purpose of Disbursement
Generic lawn signs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13217

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1787.50

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Financial Innovations

Mailing Address One Weingeroff Boulevard

City Cranston State RI Zip Code 02910

Purpose of Disbursement
Spanish generic lawn signs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12840

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2996.00

B.

Full Name (Last, First, Middle Initial)

Financial Innovations

Mailing Address One Weingeroff Boulevard

City Cranston State RI Zip Code 02910

Purpose of Disbursement
Yard signs - exempt

Candidate Name
SHELDON II WHITEHOUSE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB30B.12858

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

6206.00

C.

Full Name (Last, First, Middle Initial)

Financial Innovations

Mailing Address One Weingeroff Boulevard

City Cranston State RI Zip Code 02910

Purpose of Disbursement
Generic yard signs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12841

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

1337.50

SUBTOTAL of Disbursements This Page (optional)

10539.50

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Financial Innovations

Mailing Address One Weingeroff Boulevard

City Cranston State RI Zip Code 02910

Purpose of Disbursement
Yard signs - exempt

Candidate Name
SHELDON II WHITEHOUSE

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB30B.13216

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

1337.50

B.

Full Name (Last, First, Middle Initial)

Regina Fiorentini

Mailing Address 36 Macon Avenue

City Haverhill State MA Zip Code 01830

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13074

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

1170.57

C.

Full Name (Last, First, Middle Initial)

Regina Fiorentini

Mailing Address 36 Macon Avenue

City Haverhill State MA Zip Code 01830

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13075

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

1170.57

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

A.

Full Name (Last, First, Middle Initial)

Paola Flores

Mailing Address 71 Bellevue Avenue

City State Zip Code
Providence RI 02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11166

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Paola Flores

Mailing Address 71 Bellevue Avenue

City State Zip Code
Providence RI 02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11167

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Paola Flores

Mailing Address 71 Bellevue Avenue

City State Zip Code
Providence RI 02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11168

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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:
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Paola Flores

Mailing Address 71 Bellevue Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11271

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

B.

Full Name (Last, First, Middle Initial)

Paola Flores

Mailing Address 71 Bellevue Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11728

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Michael Forgue

Mailing Address 676 Pontiac Avenue

City
Cranston

State
RI

Zip Code
02910

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11084

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Michael Forgue

Mailing Address 676 Pontiac Avenue

City Cranston State RI Zip Code 02910

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11085

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Michael Forgue

Mailing Address 676 Pontiac Avenue

City Cranston State RI Zip Code 02910

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11086

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Michael Forgue

Mailing Address 676 Pontiac Avenue

City Cranston State RI Zip Code 02910

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11260

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

80.00

SUBTOTAL of Disbursements This Page (optional)

160.00

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
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Michael Forgue

Mailing Address 676 Pontiac Avenue

City Cranston State RI Zip Code 02910

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12127

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Amanda Foster

Mailing Address 19 Byron Street

City North Providence State RI Zip Code 02911

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13076

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

C.

Full Name (Last, First, Middle Initial)

Amanda Foster

Mailing Address 19 Byron Street

City North Providence State RI Zip Code 02911

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13077

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

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
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Timothy Fraser

Mailing Address 78 Fisher Street

City
Medway

State
MA

Zip Code
02053

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13078

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

B.

Full Name (Last, First, Middle Initial)

Timothy Fraser

Mailing Address 78 Fisher Street

City
Medway

State
MA

Zip Code
02053

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13079

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

C.

Full Name (Last, First, Middle Initial)

Damian Garcia

Mailing Address 1375 Broad Street

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11102

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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
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FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Kayla Garcia

Mailing Address 112 Anthony Avenue

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11539

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Sherry Garcia

Mailing Address 37 Kimball Street

City
Providence

State
RI

Zip Code
02908

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11714

Date of Disbursement

/ /

Amount of Each Disbursement this Period

280.00

C.

Full Name (Last, First, Middle Initial)

Sherry Garcia

Mailing Address 37 Kimball Street

City
Providence

State
RI

Zip Code
02908

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11783

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

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
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(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)

Dynaurt George

Mailing Address 112 Raymond Avenue

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11532

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Meagan Gifford

Mailing Address 138 Hope Street

City Woonsocket State RI Zip Code 02895

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13452

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Gohringer

Mailing Address 19 Byron Street

City North Providence State RI Zip Code 02911

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13080

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

539.99

SUBTOTAL of Disbursements This Page (optional)

849.99

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

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)

Jeffrey Gohringer

Mailing Address 19 Byron Street

City
North Providence

State
RI

Zip Code
02911

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13081

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

809.57

B.

Full Name (Last, First, Middle Initial)

Stephanie Gomes

Mailing Address 27 Derby Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11536

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Alba Gonzalez

Mailing Address 183 Barton Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11775

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

240.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 173 / 305

<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)

Alba Gonzalez

Mailing Address 183 Barton Street

City State Zip Code
Pawtucket RI 02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12441

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

B.

Full Name (Last, First, Middle Initial)

Juan Gonzalez

Mailing Address 32 Oxford Avenue

City State Zip Code
Warwick RI 02889

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12085

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

260.00

C.

Full Name (Last, First, Middle Initial)

Roberto Gonzalez

Mailing Address 116 Cottage Street

City State Zip Code
Central Falls RI 02863

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11563

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	6

Amount of Each Disbursement this Period

200.00

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 PageFOR 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)

Sherrelle Goodridge

Mailing Address 1469 Warwick Avenue

City
WarwickState
RIZip Code
02888Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11157

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

160.00

B.

Full Name (Last, First, Middle Initial)

Sherrelle Goodridge

Mailing Address 1469 Warwick Avenue

City
WarwickState
RIZip Code
02888Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11360

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	6

Amount of Each Disbursement this Period

370.00

C.

Full Name (Last, First, Middle Initial)

Gloria Gullon

Mailing Address 101 Lexington Avenue

City
ProvidenceState
RIZip Code
02907Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11673

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	6

Amount of Each Disbursement this Period

280.00

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Yahiris Gurdy

Mailing Address 19 Algonquin Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11709

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

B.

Full Name (Last, First, Middle Initial)

Yahiris Gurdy

Mailing Address 19 Algonquin Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12451

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Elisabeth Gushlaw

Mailing Address 135 Almy Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11107

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Elisabeth Gushlaw

Mailing Address 135 Almy Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11108

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Elisabeth Gushlaw

Mailing Address 135 Almy Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Nicole Gushlaw

Mailing Address 135 Almy Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11105

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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

A.

Full Name (Last, First, Middle Initial)

Nicole Gushlaw

Mailing Address 135 Almy Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11106

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Nicole Gushlaw

Mailing Address 135 Almy Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13433

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Anna Gustina

Mailing Address 111 University Avenue

City
Buffalo

State
NY

Zip Code
14214

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13083

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1731.75

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Anna Gustina

Mailing Address 111 University Avenue

City State Zip Code
Buffalo NY 14214

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13084

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1731.75

B.

Full Name (Last, First, Middle Initial)

Alan Guzman

Mailing Address 41 Wales Street

City State Zip Code
Cranston RI 02910

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12005

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kelly Harlow

Mailing Address 3906 West Oak Drive

City State Zip Code
Columbia MO 65302

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13085

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

SUBTOTAL of Disbursements This Page (optional)

3152.32

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 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)

Kelly Harlow

Mailing Address 3906 West Oak Drive

City State Zip Code
Columbia MO 65302

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13086

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

B.

Full Name (Last, First, Middle Initial)

Dannybel Hernandez

Mailing Address 57 Laura Street

City State Zip Code
Providence RI 02907

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11668

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dominic Hernandez

Mailing Address 133 Olo Street

City State Zip Code
Woonsocket RI 02895

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11646

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.00

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:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Ruben Hernandez

Mailing Address 40 Eudora Street

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12050

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Nicole Hilmer-Heartte

Mailing Address 5 East Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13087

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

C.

Full Name (Last, First, Middle Initial)

Nicole Hilmer-Heartte

Mailing Address 5 East Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13088

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Bety Huaranga

Mailing Address 77 Alvin Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12539

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Rose Jackson

Mailing Address 5750 Broadway Street

City
Indianapolis

State
IN

Zip Code
46220

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13089

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

C.

Full Name (Last, First, Middle Initial)

Rose Jackson

Mailing Address 5750 Broadway Street

City
Indianapolis

State
IN

Zip Code
46220

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13090

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

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

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)

Nicholas Jeffrey

Mailing Address 4 Breakneck Hill Road

City Lincoln State RI Zip Code 02865

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13091

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

539.99

B.

Full Name (Last, First, Middle Initial)

Nicholas Jeffrey

Mailing Address 4 Breakneck Hill Road

City Lincoln State RI Zip Code 02865

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13092

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

809.57

C.

Full Name (Last, First, Middle Initial)

Kathryn Johnson

Mailing Address 40 Willing Avenue

City Warwick State RI Zip Code 02888

Purpose of Disbursement

Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11276

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

160.00

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

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) Kathryn Johnson	Transaction ID: SB30B.11336 Date of Disbursement																				
Mailing Address 40 Willing 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>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												
City Warwick State RI Zip Code 02888	Amount of Each Disbursement this Period																				
Purpose of Disbursement Canvasser stipend Candidate Name	<table border="1"> <tr> <td colspan="10">90.00</td> </tr> </table>	90.00																			
90.00																					
Office Sought: <input type="checkbox"/> House <input 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) Hector Jose	Transaction ID: SB30B.12028 Date of Disbursement																				
Mailing Address 560 Public 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>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												
City Providence State RI Zip Code 02907	Amount of Each Disbursement this Period																				
Purpose of Disbursement Canvasser stipend Candidate Name	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input type="checkbox"/> House <input 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) Patricia Kammerer	Transaction ID: SB30B.13093 Date of Disbursement																				
Mailing Address PO Box 1495	<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												
City Westerly State RI Zip Code 02891	Amount of Each Disbursement this Period																				
Purpose of Disbursement Net wages Candidate Name	<table border="1"> <tr> <td colspan="10">1333.63</td> </tr> </table>	1333.63																			
1333.63																					
Office Sought: <input type="checkbox"/> House <input 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

A.

Full Name (Last, First, Middle Initial)

Patricia Kammerer

Mailing Address PO Box 1495

City
Westerly

State
RI

Zip Code
02891

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13094

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1333.64

B.

Full Name (Last, First, Middle Initial)

Micheal Keane

Mailing Address 166 Valley Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13095

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1333.63

C.

Full Name (Last, First, Middle Initial)

Micheal Keane

Mailing Address 166 Valley Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13096

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1333.64

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

A.

Full Name (Last, First, Middle Initial)

Joy Langley

Mailing Address 3754 W Street, NW

City Washington State DC Zip Code 20007

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12855

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Seth Larson

Mailing Address 65 Plantation Drive

City Saunderstown State RI Zip Code 02874

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13097

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

522.80

C.

Full Name (Last, First, Middle Initial)

Seth Larson

Mailing Address 65 Plantation Drive

City Saunderstown State RI Zip Code 02874

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13098

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

783.80

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
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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

A.	Full Name (Last, First, Middle Initial) Maricelly Ledee	Transaction ID: SB30B.12040
	Mailing Address 15 Linwood Avenue	Date of Disbursement
	City Providence State RI Zip Code 02909	<div> <div>MM / DD / YYYY</div> <div>11 / 08 / 2006</div> </div>
	Purpose of Disbursement Canvasser stipend	Amount of Each Disbursement this Period
	Candidate Name	250.00
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>Category/Type</div>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Mindy Leon	Transaction ID: SB30B.12857
	Mailing Address 8454 Toll House Road	Date of Disbursement
	City Annandale State VA Zip Code 22003	<div> <div>MM / DD / YYYY</div> <div>11 / 08 / 2006</div> </div>
	Purpose of Disbursement Canvasser stipend	Amount of Each Disbursement this Period
	Candidate Name	750.00
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>Category/Type</div>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Gregory Leonard	Transaction ID: SB30B.11319
	Mailing Address 80 Shady Hill Drive	Date of Disbursement
	City West Warwick State RI Zip Code 02893	<div> <div>MM / DD / YYYY</div> <div>11 / 08 / 2006</div> </div>
	Purpose of Disbursement Canvasser stipend	Amount of Each Disbursement this Period
	Candidate Name	210.00
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>Category/Type</div>
	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)
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Emily LePlante

Mailing Address 142 Royal Avenue

City Cranston State RI Zip Code 02920

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11077

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Emily LePlante

Mailing Address 142 Royal Avenue

City Cranston State RI Zip Code 02920

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11078

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Emily LePlante

Mailing Address 142 Royal Avenue

City Cranston State RI Zip Code 02920

Purpose of Disbursement
Canvass Per diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11079

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

40.00

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
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) Emily LePlante Mailing Address 142 Royal Avenue	Transaction ID: SB30B.11080 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2006</div> </div>
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) ▼	Amount of Each Disbursement this Period <div>40.00</div>
B. Full Name (Last, First, Middle Initial) Emily LePlante Mailing Address 142 Royal Avenue 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) ▼	Transaction ID: SB30B.11228 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>40.00</div>
C. Full Name (Last, First, Middle Initial) Emily LePlante Mailing Address 142 Royal Avenue 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) ▼	Transaction ID: SB30B.11259 Date of Disbursement <div> <div>11</div> <div>03</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>120.00</div>

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

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(check only one)

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) Lightning Radio Inc.	Transaction ID: SB30B.13214 Date of Disbursement
Mailing Address 5781 Lee Boulevard	<div> <div>10</div> <div>25</div> <div>2006</div> </div>
City State Zip Code Lehigh Acres FL 33971	Amount of Each Disbursement this Period
Purpose of Disbursement Committee Pager rentals	<div>6475.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input 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) Brett Lincoln	Transaction ID: SB30B.13099 Date of Disbursement
Mailing Address 28 Irving Road	<div> <div>10</div> <div>30</div> <div>2006</div> </div>
City State Zip Code New Hartford NY 13413	Amount of Each Disbursement this Period
Purpose of Disbursement Net wages	<div>539.99</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input 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 Lincoln	Transaction ID: SB30B.13100 Date of Disbursement
Mailing Address 28 Irving Road	<div> <div>11</div> <div>15</div> <div>2006</div> </div>
City State Zip Code New Hartford NY 13413	Amount of Each Disbursement this Period
Purpose of Disbursement Net wages	<div>809.57</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input 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)

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
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Tim Littlefield

Mailing Address 116 Lakeshore Drive

City
Warwick

State
RI

Zip Code
02889

Purpose of Disbursement
Canvass stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11361

Date of Disbursement

/ /

Amount of Each Disbursement this Period

170.00

B.

Full Name (Last, First, Middle Initial)

Sara Lonardo

Mailing Address 471 Douglas Avenue

City
Providence

State
RI

Zip Code
02908

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13101

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

C.

Full Name (Last, First, Middle Initial)

Sara Lonardo

Mailing Address 471 Douglas Avenue

City
Providence

State
RI

Zip Code
02908

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13102

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

SUBTOTAL of Disbursements This Page (optional)

1476.60

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
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Hamlet Lopez

Mailing Address 105 Comstock Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13103

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

B.

Full Name (Last, First, Middle Initial)

Hamlet Lopez

Mailing Address 105 Comstock Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13104

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

C.

Full Name (Last, First, Middle Initial)

Ricardo Lopez

Mailing Address 154 Beaufort Street

City
Providence

State
RI

Zip Code
02908

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12045

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

1556.60

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Rudy Lopez

Mailing Address 1608 Senator Drive

City
East Chicago

State
IL

Zip Code
46312

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13105

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2920.24

B.

Full Name (Last, First, Middle Initial)

Rudy Lopez

Mailing Address 1608 Senator Drive

City
East Chicago

State
IL

Zip Code
46312

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13106

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2920.25

C.

Full Name (Last, First, Middle Initial)

Odell Lora

Mailing Address 404 Union Avenue

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11691

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

SUBTOTAL of Disbursements This Page (optional)

6080.49

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Ziary Lora

Mailing Address 404 Union Avenue

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11711

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

B.

Full Name (Last, First, Middle Initial)

Matthew Lydon

Mailing Address 73 Fremont

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13107

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

C.

Full Name (Last, First, Middle Initial)

Matthew Lydon

Mailing Address 73 Fremont

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13108

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

SUBTOTAL of Disbursements This Page (optional)

2581.14

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Alexander Malki

Mailing Address 80 Maplewood Avenue

City State Zip Code
Warwick RI 02889

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12086

Date of Disbursement

/ /

Amount of Each Disbursement this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Lauren Mandelker

Mailing Address 299 Wickenden Street

City State Zip Code
Providence RI 02903

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13109

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

C.

Full Name (Last, First, Middle Initial)

Lauren Mandelker

Mailing Address 299 Wickenden Street

City State Zip Code
Providence RI 02903

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Dennel Marrow

Mailing Address 195 Tennyson Road

City
Warwick

State
RI

Zip Code
02888

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11312

Date of Disbursement

/ /

Amount of Each Disbursement this Period

170.00

B.

Full Name (Last, First, Middle Initial)

Dennel Marrow

Mailing Address 195 Tennyson Road

City
Warwick

State
RI

Zip Code
02888

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12084

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

C.

Full Name (Last, First, Middle Initial)

Denyz Marrow

Mailing Address 195 Tennyson Road

City
Warwick

State
RI

Zip Code
02888

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11285

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Denyz Marrow

Mailing Address 195 Tennyson Road

City State Zip Code
Warwick RI 02888

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11313

Date of Disbursement

/ /

Amount of Each Disbursement this Period

130.00

B.

Full Name (Last, First, Middle Initial)

Ivarionex Marte

Mailing Address 166 Clarence Street

City State Zip Code
Providence RI 02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11675

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Kevin Martins

Mailing Address 48 Woodlawn Avenue

City State Zip Code
Pawtucket RI 02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13461

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Yarelis Matos

Mailing Address 47 Salmon Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12054

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jason McDowell

Mailing Address 66 Baywood Street

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11325

Date of Disbursement

/ /

Amount of Each Disbursement this Period

270.00

C.

Full Name (Last, First, Middle Initial)

Donald McFarland

Mailing Address 411 Laurel Avenue

City
St Paul

State
MN

Zip Code
55102

Purpose of Disbursement
Operations Manager stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12833

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

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 PageFOR 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)

Fernando Mendez

Mailing Address 105 Hillcrest Avenue

City
ProvidenceState
RIZip Code
02909Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13436

Date of Disbursement

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

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Minya Mendoza

Mailing Address 560 Public Street

City
ProvidenceState
RIZip Code
02907Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12042

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	6

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Message Broadcast

Mailing Address 4685 MacArthur Court

City
Newport BeachState
CAZip Code
92660Purpose of Disbursement
GOTV generic calls

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12765

Date of Disbursement

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

Amount of Each Disbursement this Period

17657.41

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Message Broadcast

Mailing Address 4685 MacArthur Court

City State Zip Code
Newport Beach CA 92660

Purpose of Disbursement
GOTV generic calls

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13402

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4943.45

B.

Full Name (Last, First, Middle Initial)

Kayla Montanari

Mailing Address 203 Welles Street

City State Zip Code
Woonsocket RI 02895

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11650

Date of Disbursement

/ /

Amount of Each Disbursement this Period

190.00

C.

Full Name (Last, First, Middle Initial)

Brian Monteiro

Mailing Address 172 Leonard Avenue

City State Zip Code
East Providence RI 02914

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13111

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

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

A.

Full Name (Last, First, Middle Initial)

Brian Monteiro

Mailing Address 172 Leonard Avenue

City
East Providence

State
RI

Zip Code
02914

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13112

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

B.

Full Name (Last, First, Middle Initial)

Mercedes Monteiro

Mailing Address 2 Ridgeway Avenue

City
Warwick

State
RI

Zip Code
02889

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11278

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mercedes Monteiro

Mailing Address 2 Ridgeway Avenue

City
Warwick

State
RI

Zip Code
02889

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11347

Date of Disbursement

/ /

Amount of Each Disbursement this Period

170.00

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Emily Monti

Mailing Address 40 Gilcrest Drive

City State Zip Code
West Warwick RI 02893

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11316

Date of Disbursement

/ /

Amount of Each Disbursement this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Brett Moulay

Mailing Address 173 Rathbun Street

City State Zip Code
Woonsocket RI 02895

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11651

Date of Disbursement

/ /

Amount of Each Disbursement this Period

185.00

C.

Full Name (Last, First, Middle Initial)

Samuel Muskelly

Mailing Address 21 Appleton Street

City State Zip Code
Providence RI 02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11699

Date of Disbursement

/ /

Amount of Each Disbursement this Period

280.00

SUBTOTAL of Disbursements This Page (optional)

555.00

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.

Full Name (Last, First, Middle Initial)

Samuel Muskelly

Mailing Address 21 Appleton Street

City State Zip Code
Providence RI 02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12442

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Nicole Narducci

Mailing Address 36 Langdon Street

City State Zip Code
Providence RI 02904

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11867

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Tyrone Nared

Mailing Address 147 Rebekah Street

City State Zip Code
Woonsocket RI 02895

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11652

Date of Disbursement

/ /

Amount of Each Disbursement this Period

225.00

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 PageFOR 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)

Amanda Nathaniel

Mailing Address 65 Niagara Street

City
ProvidenceState
RIZip Code
02907Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11820

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	6

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Glenda Nathaniel

Mailing Address 65 Niagara Street

City
ProvidenceState
RIZip Code
02907Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11819

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	6

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jayme Nathaniel

Mailing Address 65 Niagara Street

City
ProvidenceState
RIZip Code
02907Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11821

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	6

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

750.00

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 PageFOR 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)

Lawrence O'Brien

Mailing Address 328 Grove Street

City State Zip Code
New Milford NJ 07646

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12421

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

200.00

B.

Full Name (Last, First, Middle Initial)

Benedict Ojo

Mailing Address 101 Byfield Street

City State Zip Code
Providence RI 02905

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11777

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	6

Amount of Each Disbursement this Period

320.00

C.

Full Name (Last, First, Middle Initial)

Ian Orefice

Mailing Address 70 Barr Road

City State Zip Code
Malvern PA 19355

Purpose of Disbursement

Canvass Stipend

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13334

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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

A.	<p>Full Name (Last, First, Middle Initial) Theophilus Osei</p> <p>Mailing Address 28 Volturno Street</p> <p>City North Providence State RI Zip Code 02904</p> <p>Purpose of Disbursement Canvasser stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.12417</p> <p>Date of Disbursement <div> <div>11</div> <div>09</div> <div>2006</div> </div> </p> <p>Amount of Each Disbursement this Period <div>300.00</div> </p>
B.	<p>Full Name (Last, First, Middle Initial) Josh Panger</p> <p>Mailing Address 7101 Zoar Avenue</p> <p>City Lubbock State TX Zip Code 79424</p> <p>Purpose of Disbursement Net wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.13113</p> <p>Date of Disbursement <div> <div>10</div> <div>30</div> <div>2006</div> </div> </p> <p>Amount of Each Disbursement this Period <div>522.80</div> </p>
C.	<p>Full Name (Last, First, Middle Initial) Josh Panger</p> <p>Mailing Address 7101 Zoar Avenue</p> <p>City Lubbock State TX Zip Code 79424</p> <p>Purpose of Disbursement Net wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.13114</p> <p>Date of Disbursement <div> <div>11</div> <div>15</div> <div>2006</div> </div> </p> <p>Amount of Each Disbursement this Period <div>783.80</div> </p>

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
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Obapda Papp

Mailing Address 88 Dexter Avenue

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12044

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jose Perez

Mailing Address 23 Covell Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11735

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Jose Perez

Mailing Address 23 Covell Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12437

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

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

A.

Full Name (Last, First, Middle Initial)

Jose Perez

Mailing Address 23 Covell Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12452

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Linuchka Perez

Mailing Address 108 Comstock Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11682

Date of Disbursement

/ /

Amount of Each Disbursement this Period

280.00

C.

Full Name (Last, First, Middle Initial)

Marilyn Perez

Mailing Address 108 Comstock Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11685

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

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)
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Marilyn Perez

Mailing Address 108 Comstock Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12445

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Caroline Pichado

Mailing Address 20 Wildwood Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass per diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.10916

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Caroline Pichado

Mailing Address 20 Wildwood Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass per diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11423

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Caroline Pichado

Mailing Address 20 Wildwood Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass per diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11425

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Caroline Pichado

Mailing Address 20 Wildwood Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass per diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11427

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Caroline Pichado

Mailing Address 20 Wildwood Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11268

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

SUBTOTAL of Disbursements This Page (optional)

160.00

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
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Caroline Pichado

Mailing Address 20 Wildwood Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11805

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Faith Plante

Mailing Address 78 Park Avenue

City
Woonsocket

State
RI

Zip Code
02895

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11655

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.00

C.

Full Name (Last, First, Middle Initial)

PMA Engineering

Mailing Address 681 Killingly Street

City
Johnston

State
RI

Zip Code
02919

Purpose of Disbursement
Video equipment rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13297

Date of Disbursement

/ /

Amount of Each Disbursement this Period

363.80

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
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Samuel Poku, III

Mailing Address 9 Lockridge Street

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12397

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ivanna Porras

Mailing Address 14 Gray Street

City Providence State RI Zip Code 02909

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12030

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Providence Marriott

Mailing Address Charles & Orms Street

City Providence State RI Zip Code 02906

Purpose of Disbursement

GOTV meeting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13245

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2544.70

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
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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
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Meeting equipment rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13321

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Clara Puello

Mailing Address 281 Waldo Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11188

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Clara Puello

Mailing Address 281 Waldo Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11189

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Clara Puello

Mailing Address 281 Waldo Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11261

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Clara Puello

Mailing Address 281 Waldo Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12016

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Clara Puello

Mailing Address 281 Waldo Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12541

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

340.00

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.

Full Name (Last, First, Middle Initial)

Jessica Puello

Mailing Address 281 Waldo Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12032

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jessica Puello

Mailing Address 281 Waldo Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12542

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Radio Shack

Mailing Address 355 Reservoir Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Portable phones

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13255

Date of Disbursement

/ /

Amount of Each Disbursement this Period

430.68

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

A. Full Name (Last, First, Middle Initial) RadioShack	Transaction ID: SB30B.13246 Date of Disbursement
Mailing Address 563 North Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 6</div> </div>
City Providence State RI Zip Code 02904	Amount of Each Disbursement this Period
Purpose of Disbursement Portable phones Candidate Name <div>Category/Type</div>	<div>171.19</div>
Office Sought: <input type="checkbox"/> House <input 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) Meredith Regine	Transaction ID: SB30B.13115 Date of Disbursement
Mailing Address 155 Purgatory Road	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>
City Middletown, State RI Zip Code 02842	Amount of Each Disbursement this Period
Purpose of Disbursement Net wages Candidate Name <div>Category/Type</div>	<div>505.60</div>
Office Sought: <input type="checkbox"/> House <input 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) Meredith Regine	Transaction ID: SB30B.13116 Date of Disbursement
Mailing Address 155 Purgatory Road	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 5 / 2 0 0 6</div> </div>
City Middletown, State RI Zip Code 02842	Amount of Each Disbursement this Period
Purpose of Disbursement Net wages Candidate Name <div>Category/Type</div>	<div>758.01</div>
Office Sought: <input type="checkbox"/> House <input 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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Sabrino Rincon

Mailing Address 482 Huntington Avenue

City State Zip Code
Providence RI 02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12051

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Philip Rivera

Mailing Address 36 Hobson Avenue

City State Zip Code
East Providence RI 02914

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11840

Date of Disbursement

/ /

Amount of Each Disbursement this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Nicole Robin

Mailing Address 101 Mowry Street

City State Zip Code
Woonsocket RI 02895

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11656

Date of Disbursement

/ /

Amount of Each Disbursement this Period

220.00

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:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Ashley Rodrigues

Mailing Address 47 Columbus Avenue

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11531

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Domingas Rodrigues

Mailing Address 37 Thornley Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11556

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dayanarah Rodriguez

Mailing Address 6 Gallup Street

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13118

Date of Disbursement

/ /

Amount of Each Disbursement this Period

505.60

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.	Full Name (Last, First, Middle Initial) Dayanarah Rodriguez	Transaction ID: SB30B.13119
	Mailing Address 6 Gallup Street	Date of Disbursement <div> <div>11</div> <div>15</div> <div>2006</div> </div>
	City Providence State RI Zip Code 02905	Amount of Each Disbursement this Period
	Purpose of Disbursement Net wages Candidate Name <div>Category/Type</div>	<div>758.01</div>
	Office Sought: <input type="checkbox"/> House <input 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) Eduardo Rodriguez	Transaction ID: SB30B.12550
	Mailing Address 127 Sumter Street	Date of Disbursement <div> <div>11</div> <div>10</div> <div>2006</div> </div>
	City Providence State RI Zip Code 02907	Amount of Each Disbursement this Period
	Purpose of Disbursement Canvasser stipend Candidate Name <div>Category/Type</div>	<div>100.00</div>
	Office Sought: <input type="checkbox"/> House <input 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) Erlin Rodriguez	Transaction ID: SB30B.11550
	Mailing Address 560 Prospect Street	Date of Disbursement <div> <div>11</div> <div>08</div> <div>2006</div> </div>
	City Pawtucket State RI Zip Code 02860	Amount of Each Disbursement this Period
	Purpose of Disbursement Canvasser stipend Candidate Name <div>Category/Type</div>	<div>200.00</div>
	Office Sought: <input type="checkbox"/> House <input 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:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) Fernando Romero	Transaction ID: SB30B.13571 Date of Disbursement
Mailing Address 482 Huntington Avenue	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D2</div> <div>^D7</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City Providence State RI Zip Code 02907	Amount of Each Disbursement this Period
Purpose of Disbursement Canvasser stipend Candidate Name	<div>250.00</div> <div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input 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) Gabino Romero	Transaction ID: SB30B.11548 Date of Disbursement
Mailing Address 560 Prospect Street	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D8</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City Pawtucket State RI Zip Code 02860	Amount of Each Disbursement this Period
Purpose of Disbursement Canvasser stipend Candidate Name	<div>200.00</div> <div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input 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) Kenneth Roper	Transaction ID: SB30B.11555 Date of Disbursement
Mailing Address 560 Prospect Street	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D8</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City Pawtucket State RI Zip Code 02860	Amount of Each Disbursement this Period
Purpose of Disbursement Canvasser stipend Candidate Name	<div>200.00</div> <div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input 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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Stephani Rosario

Mailing Address 96 Burns Street

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12448

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David Rosenthal

Mailing Address 69 Ocean View Road

City
Swampscott

State
MA

Zip Code
01907

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13120

Date of Disbursement

/ /

Amount of Each Disbursement this Period

557.19

C.

Full Name (Last, First, Middle Initial)

David Rosenthal

Mailing Address 69 Ocean View Road

City
Swampscott

State
MA

Zip Code
01907

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13121

Date of Disbursement

/ /

Amount of Each Disbursement this Period

835.36

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

A.

Full Name (Last, First, Middle Initial)

Ruth Salvatierra

Mailing Address 9 Gray Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12047

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Matthew Samson

Mailing Address 80 First Street

City
East Providence

State
RI

Zip Code
02914

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11844

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

280.00

C.

Full Name (Last, First, Middle Initial)

Freddy Santana

Mailing Address 560 Prospect Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11549

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

200.00

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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

A. Full Name (Last, First, Middle Initial) Omy Santana	Transaction ID: SB30B.13462 Date of Disbursement
Mailing Address 62 Wood Street	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D2</div> <div>^D7</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City Providence State RI Zip Code 02909	Amount of Each Disbursement this Period
Purpose of Disbursement Canvasser stipend Candidate Name	<div>130.00</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input 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) Esther Santos	Transaction ID: SB30B.11169 Date of Disbursement
Mailing Address 71 Bellevue Avenue	<div> <div>^M1</div> <div>^M0</div> <div>/</div> <div>^D3</div> <div>^D0</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City Providence State RI Zip Code 02907	Amount of Each Disbursement this Period
Purpose of Disbursement Canvass Per Diem Candidate Name	<div>40.00</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input 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) Esther Santos	Transaction ID: SB30B.11170 Date of Disbursement
Mailing Address 71 Bellevue Avenue	<div> <div>^M1</div> <div>^M0</div> <div>/</div> <div>^D3</div> <div>^D0</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City Providence State RI Zip Code 02907	Amount of Each Disbursement this Period
Purpose of Disbursement Canvass Per Diem Candidate Name	<div>40.00</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input 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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Esther Santos

Mailing Address 71 Bellevue Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11171

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Esther Santos

Mailing Address 71 Bellevue Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11172

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Esther Santos

Mailing Address 71 Bellevue Avenue

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11270

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

SUBTOTAL of Disbursements This Page (optional)

160.00

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Esther Santos

Mailing Address 71 Bellevue Avenue

City State Zip Code
Providence RI 02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11727

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Esther Santos

Mailing Address 71 Bellevue Avenue

City State Zip Code
Providence RI 02907

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12468

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Hollie Saunders

Mailing Address 29 Russell Avenue

City State Zip Code
East Providence RI 02914

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13122

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

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
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Hollie Saunders

Mailing Address 29 Russell Avenue

City
East Providence

State
RI

Zip Code
02914

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13123

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

B.

Full Name (Last, First, Middle Initial)

Melissa Scully

Mailing Address 4 Pine Drive

City
Unionville

State
CT

Zip Code
06085

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13178

Date of Disbursement

/ /

Amount of Each Disbursement this Period

505.60

C.

Full Name (Last, First, Middle Initial)

Melissa Scully

Mailing Address 4 Pine Drive

City
Unionville

State
CT

Zip Code
06085

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13179

Date of Disbursement

/ /

Amount of Each Disbursement this Period

758.01

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

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(check only one)

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Ryan Sears

Mailing Address 2156 Palmetto Terrace

City Fullerton State CA Zip Code 92831

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13124

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

B.

Full Name (Last, First, Middle Initial)

Ryan Sears

Mailing Address 2156 Palmetto Terrace

City Fullerton State CA Zip Code 92831

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13125

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

C.

Full Name (Last, First, Middle Initial)

Jeremy Slaughter

Mailing Address 55 Pond Drive

City Fairmont State WV Zip Code 26554

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13126

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1098.26

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
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Jeremy Slaughter

Mailing Address 55 Pond Drive

City
Fairmont

State
WV

Zip Code
26554

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13127

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1098.26

B.

Full Name (Last, First, Middle Initial)

Andrew Smeltzer

Mailing Address 74 South River Drive

City
Narragansett

State
RI

Zip Code
02882

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12380

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Erica Smith

Mailing Address 74 Glendale Drive

City
West Warwick

State
RI

Zip Code
02893

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11317

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

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

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

A.	<p>Full Name (Last, First, Middle Initial) Jenna Soendker</p> <p>Mailing Address 12507 Hwy D</p> <p>City Napoleon State MD Zip Code 64074</p> <p>Purpose of Disbursement Net wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.13128</p> <p>Date of Disbursement 10 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 783.80</p>
B.	<p>Full Name (Last, First, Middle Initial) Jenna Soendker</p> <p>Mailing Address 12507 Hwy D</p> <p>City Napoleon State MD Zip Code 64074</p> <p>Purpose of Disbursement Net wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.13129</p> <p>Date of Disbursement 11 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 783.80</p>
C.	<p>Full Name (Last, First, Middle Initial) Sowole Somalke</p> <p>Mailing Address 6 George Street</p> <p>City Pawtucket State RI Zip Code 02860</p> <p>Purpose of Disbursement Canvasser stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.11704</p> <p>Date of Disbursement 11 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 240.00</p>

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)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Anisa Somani

Mailing Address 24 South Court Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13130

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

B.

Full Name (Last, First, Middle Initial)

Anisa Somani

Mailing Address 24 South Court Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13131

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

C.

Full Name (Last, First, Middle Initial)

Sobayo Sonaïke

Mailing Address 6 George Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11701

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

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
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<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)

Squier, Napp, Dunn

Mailing Address 1818 N Street, NW

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement
Generic broadcast production

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12853

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

6400.00

B.

Full Name (Last, First, Middle Initial)

Squier, Napp, Dunn

Mailing Address 1818 N Street, NW

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement
Production generic message

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13219

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

3165.44

C.

Full Name (Last, First, Middle Initial)

Squier, Napp, Dunn

Mailing Address 1818 N Street, NW

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement
Production generic message

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13220

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

2484.90

SUBTOTAL of Disbursements This Page (optional)

12050.34

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Zachary Stewart

Mailing Address 3422 Post Road

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11482

Date of Disbursement

/ /

Amount of Each Disbursement this Period

130.00

B.

Full Name (Last, First, Middle Initial)

Zachary Stewart

Mailing Address 3422 Post Road

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12087

Date of Disbursement

/ /

Amount of Each Disbursement this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Prospero Suazo

Mailing Address 230 Roger Williams

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.13132

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

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

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

A. Full Name (Last, First, Middle Initial) Prospero Suazo	Transaction ID: SB30B.13133
Mailing Address 230 Roger Williams	Date of Disbursement
City Providence State RI Zip Code 02907	<div> <div>11</div> <div>15</div> <div>2006</div> </div>
Purpose of Disbursement Net wages	Amount of Each Disbursement this Period
Candidate Name	<div>783.80</div>
Office Sought: <input type="checkbox"/> House <input 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) Anand Sudhakar	Transaction ID: SB30B.13134
Mailing Address 93 East George Street	Date of Disbursement
City Providence State RI Zip Code 02906	<div> <div>10</div> <div>30</div> <div>2006</div> </div>
Purpose of Disbursement Net wages	Amount of Each Disbursement this Period
Candidate Name	<div>612.23</div>
Office Sought: <input type="checkbox"/> House <input 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) Anand Sudhakar	Transaction ID: SB30B.13135
Mailing Address 93 East George Street	Date of Disbursement
City Providence State RI Zip Code 02906	<div> <div>11</div> <div>15</div> <div>2006</div> </div>
Purpose of Disbursement Net wages	Amount of Each Disbursement this Period
Candidate Name	<div>917.87</div>
Office Sought: <input type="checkbox"/> House <input 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)

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
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Emily Sullivan

Mailing Address 580 Wickenden Street

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.8840

Date of Disbursement

/ /

Amount of Each Disbursement this Period

577.84

B.

Full Name (Last, First, Middle Initial)

Emily Sullivan

Mailing Address 580 Wickenden Street

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13136

Date of Disbursement

/ /

Amount of Each Disbursement this Period

866.31

C.

Full Name (Last, First, Middle Initial)

Karina Tavaréz

Mailing Address 74 Sumter Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11098

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Karina Tavaréz

Mailing Address 74 Sumter Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11099

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Karina Tavaréz

Mailing Address 74 Sumter Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11100

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Karina Tavaréz

Mailing Address 74 Sumter Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11101

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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 PageFOR LINE NUMBER:
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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)

Karina Tavaréz

Mailing Address 74 Sumter Street

City
ProvidenceState
RIZip Code
02907Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11681

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	6

Amount of Each Disbursement this Period

80.00

B.

Full Name (Last, First, Middle Initial)

The Contact Group

Mailing Address 2304 Hunterwoods Plaza

City
RestonState
VAZip Code
20191Purpose of Disbursement
Generic GOTV calls

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13193

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

21423.15

C.

Full Name (Last, First, Middle Initial)

The Tyson Organization

Mailing Address 1000 Macon Street

City
Forth WorthState
TXZip Code
76102Purpose of Disbursement
Generic GOTV calls

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13183

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	6

Amount of Each Disbursement this Period

16663.68

SUBTOTAL of Disbursements This Page (optional)

38166.83

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
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

The Tyson Organization

Mailing Address 1000 Macon Street

City State Zip Code
Forth Worth TX 76102

Purpose of Disbursement
Generic GOTV calls

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13190

Date of Disbursement

M M / D D / Y Y Y Y
10 31 2006

Amount of Each Disbursement this Period

91223.25

B.

Full Name (Last, First, Middle Initial)

The Tyson Organization

Mailing Address 1000 Macon Street

City State Zip Code
Forth Worth TX 76102

Purpose of Disbursement
Generic GOTV calls

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13195

Date of Disbursement

M M / D D / Y Y Y Y
11 06 2006

Amount of Each Disbursement this Period

7976.04

C.

Full Name (Last, First, Middle Initial)

Jeff Thibeau

Mailing Address 30 Rock Street

City State Zip Code
Bristol RI 02809

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13137

Date of Disbursement

M M / D D / Y Y Y Y
10 30 2006

Amount of Each Disbursement this Period

505.60

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Jeff Thibeau

Mailing Address 30 Rock Street

City
Bristol

State
RI

Zip Code
02809

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13138

Date of Disbursement

/ /

Amount of Each Disbursement this Period

758.01

B.

Full Name (Last, First, Middle Initial)

Dan Thompson

Mailing Address 505 Reservoir Road

City
Pascoag

State
RI

Zip Code
02895

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11662

Date of Disbursement

/ /

Amount of Each Disbursement this Period

140.00

C.

Full Name (Last, First, Middle Initial)

Thrifty Car Rental

Mailing Address 2329 Post Road

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Car rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13628

Date of Disbursement

/ /

Amount of Each Disbursement this Period

180.70

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
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) Thrifty Car Rental	Transaction ID: SB30B.13629 Date of Disbursement
Mailing Address 2329 Post Road	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D1</div> <div>^D2</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City Warwick State RI Zip Code 02886	Amount of Each Disbursement this Period
Purpose of Disbursement Car rental	<div>228.81</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input 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) John Tobin, III	Transaction ID: SB30B.12557 Date of Disbursement
Mailing Address 1076 Roosevelt Avenue	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D1</div> <div>^D0</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City Pawtucket State RI Zip Code 02861	Amount of Each Disbursement this Period
Purpose of Disbursement Canvasser stipend	<div>120.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input 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) Entony Toribio	Transaction ID: SB30B.11669 Date of Disbursement
Mailing Address 138 Hamilton Street	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D8</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City Providence State RI Zip Code 02907	Amount of Each Disbursement this Period
Purpose of Disbursement Canvasser stipend	<div>320.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input 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)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Christopher Torres

Mailing Address 75 Waterman Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13139

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

B.

Full Name (Last, First, Middle Initial)

Christopher Torres

Mailing Address 75 Waterman Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13140

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

C.

Full Name (Last, First, Middle Initial)

Ben Traverse

Mailing Address 32 Elmgrove Avenue

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13141

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

SUBTOTAL of Disbursements This Page (optional)

1889.55

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
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Ben Traverse

Mailing Address 32 Elmgrove Avenue

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13142

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

B.

Full Name (Last, First, Middle Initial)

Jesus Trejo

Mailing Address 41 Queen Avenue

City
Methuen

State
MA

Zip Code
01844

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12089

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

C.

Full Name (Last, First, Middle Initial)

Joseph Tufano

Mailing Address 5 Meadowbrook Road

City
North Providence

State
RI

Zip Code
02911

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12404

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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

A.	Full Name (Last, First, Middle Initial) Latila Turley	Transaction ID: SB30B.11540
	Mailing Address 74 Lincoln Avenue	Date of Disbursement <div> <div>MM / DD / YY</div> <div>11 / 08 / 2006</div> </div>
	City Central Falls State RI Zip Code 02863	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Canvasser stipend</div> <div>Candidate Name</div> </div> <div>Category/ Type</div>	<div>200.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
B.	Full Name (Last, First, Middle Initial) Carlos Vasquez	Transaction ID: SB30B.11552
	Mailing Address 560 Prospect Street	Date of Disbursement <div> <div>MM / DD / YY</div> <div>11 / 08 / 2006</div> </div>
	City Pawtucket State RI Zip Code 02860	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Canvasser stipend</div> <div>Candidate Name</div> </div> <div>Category/ Type</div>	<div>200.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
C.	Full Name (Last, First, Middle Initial) Jhomphy Ventura	Transaction ID: SB30B.13143
	Mailing Address 32 Farragut Avenue	Date of Disbursement <div> <div>MM / DD / YY</div> <div>10 / 30 / 2006</div> </div>
	City Providence State RI Zip Code 02905	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Net wages</div> <div>Candidate Name</div> </div> <div>Category/ Type</div>	<div>958.48</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	

SUBTOTAL of Disbursements This Page (optional)

1358.48

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Jhomphy Ventura

Mailing Address 32 Farragut Avenue

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13144

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1437.00

B.

Full Name (Last, First, Middle Initial)

Niza Vinas

Mailing Address 1408 Broad Street

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11689

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Niza Vinas

Mailing Address 1408 Broad Street

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12438

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 54 Regent Street

City
Cambridge

State
MA

Zip Code
02140

Purpose of Disbursement
Voter file maintenance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12842

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2900.00

B.

Full Name (Last, First, Middle Initial)

Albie Watson, Jr.

Mailing Address 3422 Post Road

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11286

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Albie Watson, Jr.

Mailing Address 3422 Post Road

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11299

Date of Disbursement

/ /

Amount of Each Disbursement this Period

130.00

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

A. Full Name (Last, First, Middle Initial) WFKO-AM	Transaction ID: SB30B.12851 Date of Disbursement
Mailing Address 1502 Wamponoag Trail	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D6</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City Riverside State RI Zip Code 02915	Amount of Each Disbursement this Period
Purpose of Disbursement Generic radio message Candidate Name	<div>289.00</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input 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) Allen Wheeler	Transaction ID: SB30B.12090 Date of Disbursement
Mailing Address 29 Alice Street	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D9</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City Haverhill State MA Zip Code 01830	Amount of Each Disbursement this Period
Purpose of Disbursement Canvasser stipend Candidate Name	<div>250.00</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input 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) Megan Wilbur	Transaction ID: SB30B.13145 Date of Disbursement
Mailing Address 299 Wickenden Street	<div> <div>^M1</div> <div>^M0</div> <div>/</div> <div>^D3</div> <div>^D0</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>
City Providence State RI Zip Code 02903	Amount of Each Disbursement this Period
Purpose of Disbursement Net wages Candidate Name	<div>539.99</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input 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)

1078.99

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
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FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 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
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13146

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

B.

Full Name (Last, First, Middle Initial)

Felicia Wisseh-Bryant

Mailing Address 197 Newell Avenue

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11256

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Felicia Wisseh-Bryant

Mailing Address 197 Newell Avenue

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11528

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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

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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)

Felicia Wisseh-Bryant

Mailing Address 197 Newell Avenue

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13432

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

WPRO-AM

Mailing Address 1502 Wamponoag Trail

City
Riverside

State
RI

Zip Code
02915

Purpose of Disbursement
Generic radio message

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12845

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

595.00

C.

Full Name (Last, First, Middle Initial)

WPRO-FM

Mailing Address 1502 Wamponoag Trail

City
Riverside

State
RI

Zip Code
02915

Purpose of Disbursement
Generic radio message

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.12843

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

935.00

SUBTOTAL of Disbursements This Page (optional)

1570.00

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 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)

WWKX-FM

Mailing Address 1502 Wamponoag Trail

City State Zip Code
 Riverside RI 02915

Purpose of Disbursement
 Generic radio message

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12849

Date of Disbursement

/ /

Amount of Each Disbursement this Period

425.00

B.

Full Name (Last, First, Middle Initial)

WWLI

Mailing Address 1502 Wamponoag Trail

City State Zip Code
 Riverside RI 02915

Purpose of Disbursement
 Generic radio message

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12847

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1190.00

C.

Full Name (Last, First, Middle Initial)

Seneca Yearwood

Mailing Address 177 Norton Street

City State Zip Code
 Riverside RI 02915

Purpose of Disbursement
 Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.11961

Date of Disbursement

/ /

Amount of Each Disbursement this Period

180.00

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 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)

Seneca Yearwood

Mailing Address 177 Norton Street

City
Riverside

State
RI

Zip Code
02915

Purpose of Disbursement
Canvasser stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.13431

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

B.

Full Name (Last, First, Middle Initial)

Justin Zorabedian

Mailing Address 33 Scranton Avenue

City
Warwick

State
RI

Zip Code
02888

Purpose of Disbursement
Canvass Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11280

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

C.

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.11335

Date of Disbursement

/ /

Amount of Each Disbursement this Period

170.00

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.12083

Date of Disbursement

/ /

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

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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

Mailing Address 350 Cole Avenue

City Providence

State RI

ZIP Code 02906

Election:

☐ Primary☐ General☐ Other (specify) ▼

Original Amount of Loan

5249.87

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5249.87

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 2D D
3 1Y Y Y Y
1 9 8 8

% (apr)

☐ 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)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee			
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				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount 269.58			
City Winter Prk		State FL						ZIP Code 32709	
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 ▶				117083.54		Transaction ID: SF.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				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount 286.75			
City Cranston		State RI						ZIP Code 02920	
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 ▶				117370.29		Transaction ID: SF.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				Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6		Amount 119.93			
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 ▶				116658.57		Transaction ID: SF.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)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee					
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		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/Type
Mailing Address 287 Washington Avenue						
City Attleboro		State MA		ZIP Code 02703		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential</div>	State: RI District: 00		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Aggregate General Election Expenditure for this Candidate ►				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">155.39</div>		
				Transaction ID: SF.13148		

Full Name (Last, First, Middle Initial) of Each Payee BJ's Wholesale Club				Purpose of Expenditure Supplies communi-ty dinner		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/Type
Mailing Address 287 Washington Avenue						
City Attleboro		State MA		ZIP Code 02703		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential</div>	State: RI District: 00		Date M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Aggregate General Election Expenditure for this Candidate ►				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">44.40</div>		
				Transaction ID: SF.13147		

Full Name (Last, First, Middle Initial) of Each Payee Sarah Bogdan				Purpose of Expenditure Net wages - voter persuasion		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/Type
Mailing Address 133 Sutton Street						
City Providence		State RI		ZIP Code 02903		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential</div>	State: RI District: 00		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Aggregate General Election Expenditure for this Candidate ►				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>		
				Transaction ID: SF.12997		

SUBTOTAL of Expenditures This Page (optional)				<div style="border: 1px solid black; padding: 2px; text-align: right;">469.37</div>		
TOTAL This Period (last page this line number only)				<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		

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)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee					
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		Category/Type
Mailing Address 74 South River Drive				Date MM / DD / YYYY 10 / 30 / 2006		
City Narragansett	State RI	ZIP Code 02882				
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				Transaction ID: SF.12998		

Full Name (Last, First, Middle Initial) of Each Payee Angela Botticella				Purpose of Expenditure Reimburse event food		Category/Type
Mailing Address 18 Phillipsburg				Date MM / DD / YYYY 10 / 20 / 2006		
City Irvine	State CA	ZIP Code 92620				
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				Transaction ID: SF.13155		

Full Name (Last, First, Middle Initial) of Each Payee Brett Broesder				Purpose of Expenditure Net wages - voter persuasion		Category/Type
Mailing Address 1 Trenton Street				Date MM / DD / YYYY 10 / 30 / 2006		
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	Amount 278.17		
Aggregate General Election Expenditure for this Candidate ► 118179.04				Transaction ID: SF.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)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee					
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		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/Type
Mailing Address 92 Melrose Street				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>		
City Providence		State RI	ZIP Code 02907			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	House Senate Presidential	State: RI District: 00	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">305.65</div>		
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">118484.69</div>				Transaction ID: SF.13000		

Full Name (Last, First, Middle Initial) of Each Payee Dylan Brown				Purpose of Expenditure Net wages - voter persuasion		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/Type
Mailing Address 20 Avondale Road				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>		
City Westerly		State RI	ZIP Code 02891			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	House Senate Presidential	State: RI District: 00	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">269.58</div>		
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">118754.27</div>				Transaction ID: SF.13002		

Full Name (Last, First, Middle Initial) of Each Payee Gregory Buckland				Purpose of Expenditure Net wages-voter persuasion		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/Type
Mailing Address 9 Kahler Avenue				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 6</div> </div>		
City Milton		State MA	ZIP Code 02186			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	House Senate Presidential	State: RI District: 00	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">261.00</div>		
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">119015.27</div>				Transaction ID: SF.13003		

SUBTOTAL of Expenditures This Page (optional)				<div style="border: 1px solid black; padding: 2px; display: inline-block;">836.23</div>		
TOTAL This Period (last page this line number only)				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		

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)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee			
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				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount 269.58			
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: SF.13004			

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				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount 433.40			
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: SF.13170			

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				Date M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6		Amount 6658.63			
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: SF.13172			

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)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee					
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		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 ▶				119554.43		Transaction ID: SF.13005	

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		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 ▶				119815.43		Transaction ID: SF.13006	

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		Date M M / D D / Y Y Y Y 1 1 / 1 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 723.43	
Aggregate General Election Expenditure for this Candidate ▶				11254.08		Transaction ID: SF.13173	

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)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee					
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: Democratic Senatorial Campaign Committee			Full Name of Subordinate Committee Rhode Island Democratic State 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		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/Type
Mailing Address 45 Junip Road				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> 269.58
City Belmont		State MA				
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> X	House Senate Presidential	State: RI District: 00		Transaction ID: SF.13007
Aggregate General Election Expenditure for this Candidate ▶		<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> 120085.01				

Full Name (Last, First, Middle Initial) of Each Payee Brian Farnkoff				Purpose of Expenditure Net wages - voter persuasion		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/Type
Mailing Address 43 Billings Street				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> 261.00
City Boston		State MA				
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> X	House Senate Presidential	State: RI District: 00		Transaction ID: SF.13008
Aggregate General Election Expenditure for this Candidate ▶		<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> 120346.01				

Full Name (Last, First, Middle Initial) of Each Payee Parker Farrington				Purpose of Expenditure Net wages-voter persuasion		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/Type
Mailing Address 37 Devon Road				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> 269.58
City Chestnut Hill		State MA				
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> X	House Senate Presidential	State: RI District: 00		Transaction ID: SF.13009
Aggregate General Election Expenditure for this Candidate ▶		<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> 120615.59				

SUBTOTAL of Expenditures This Page (optional)		<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> 800.16
TOTAL This Period (last page this line number only)		<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>

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)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee					
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		
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		
				Transaction ID: SF.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		
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		
				Transaction ID: SF.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		
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		
				Transaction ID: SF.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
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(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee					
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		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/Type
Mailing Address 5750 Broadway Street						
City Indianapolis		State IN	ZIP Code 46220		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: <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	House Senate Presidential	State: RI District: 00		Amount <div style="border: 1px solid black; width: 150px; text-align: right;">261.00</div>	
Aggregate General Election Expenditure for this Candidate ►				121415.75		
				Transaction ID: SF.13012		

Full Name (Last, First, Middle Initial) of Each Payee Nicholas Jeffrey				Purpose of Expenditure Net wages-voter persuasion		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/Type
Mailing Address 4 Breakneck Hill Road						
City Lincoln		State RI	ZIP Code 02865		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: <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	House Senate Presidential	State: RI District: 00		Amount <div style="border: 1px solid black; width: 150px; text-align: right;">269.58</div>	
Aggregate General Election Expenditure for this Candidate ►				121685.33		
				Transaction ID: SF.13013		

Full Name (Last, First, Middle Initial) of Each Payee Seth Larson				Purpose of Expenditure Net wages-voter persuasion		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/Type
Mailing Address 65 Plantation Drive						
City Saunderstown		State RI	ZIP Code 02874		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: <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	House Senate Presidential	State: RI District: 00		Amount <div style="border: 1px solid black; width: 150px; text-align: right;">261.00</div>	
Aggregate General Election Expenditure for this Candidate ►				121946.33		
				Transaction ID: SF.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)
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(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee					
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		<div style="border: 1px solid black; width: 50px; height: 20px;"></div> Category/Type
Mailing Address 28 Irving Road						
City New Hartford		State NY		ZIP Code 13413		Date MM / DD / YYYY 10 / 30 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="border: 1px solid black; padding: 2px;">X</div>	House Senate Presidential	State: RI District: 00		Amount <div style="border: 1px solid black; padding: 2px;">269.58</div>	
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px;">122215.91</div>				Transaction ID: SF.13015		

Full Name (Last, First, Middle Initial) of Each Payee Sara Lonardo				Purpose of Expenditure Net wages - voter persuasion		<div style="border: 1px solid black; width: 50px; height: 20px;"></div> Category/Type
Mailing Address 471 Douglas Avenue						
City Providence		State RI		ZIP Code 02908		Date MM / DD / YYYY 10 / 30 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="border: 1px solid black; padding: 2px;">X</div>	House Senate Presidential	State: RI District: 00		Amount <div style="border: 1px solid black; padding: 2px;">261.00</div>	
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px;">122476.91</div>				Transaction ID: SF.13016		

Full Name (Last, First, Middle Initial) of Each Payee Hamlet Lopez				Purpose of Expenditure Net wages - voter persuasion		<div style="border: 1px solid black; width: 50px; height: 20px;"></div> Category/Type
Mailing Address 105 Comstock Street						
City Providence		State RI		ZIP Code 02907		Date MM / DD / YYYY 10 / 30 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="border: 1px solid black; padding: 2px;">X</div>	House Senate Presidential	State: RI District: 00		Amount <div style="border: 1px solid black; padding: 2px;">261.00</div>	
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px;">122737.91</div>				Transaction ID: SF.13017		

SUBTOTAL of Expenditures This Page (optional)				<div style="border: 1px solid black; padding: 2px;">791.58</div>	
TOTAL This Period (last page this line number only)				<div style="border: 1px solid black; padding: 2px;"></div>	

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)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee					
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		Category/Type
Mailing Address 299 Wickenden Street				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		
City Providence	State RI	ZIP Code 02903		Amount 261.00		
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		Transaction ID: SF.13018		
Aggregate General Election Expenditure for this Candidate ► 122998.91						

Full Name (Last, First, Middle Initial) of Each Payee Brian Monteiro				Purpose of Expenditure Net wages - voter persuasion		Category/Type
Mailing Address 172 Leonard Avenue				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		
City East Providence	State RI	ZIP Code 02914		Amount 261.00		
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		Transaction ID: SF.13019		
Aggregate General Election Expenditure for this Candidate ► 123259.91						

Full Name (Last, First, Middle Initial) of Each Payee Old Slater Mill Association				Purpose of Expenditure Event rental		Category/Type
Mailing Address 67 Roosevelt Avenue				Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 6		
City Pawtucket	State RI	ZIP Code 02860		Amount 800.00		
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		Transaction ID: SF.13156		
Aggregate General Election Expenditure for this Candidate ► 2038.43						

SUBTOTAL of Expenditures This Page (optional) ►				1322.00	
TOTAL This Period (last page this line number only) ►					

SCHEDULE F (FECForm 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)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee			
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 Portuguese American Social Club				Purpose of Expenditure Event rental	Category/Type
Mailing Address 32 Sheldon Avenue				Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	Amount 150.00
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 ► 2746.07				Transaction ID: SF.13164	

Full Name (Last, First, Middle Initial) of Each Payee Meredith Regine				Purpose of Expenditure Net wages - voter persuasion	Category/Type
Mailing Address 155 Purgatory Road				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	Amount 252.41
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 ► 123773.32				Transaction ID: SF.13021	

Full Name (Last, First, Middle Initial) of Each Payee Dayanarah Rodriguez				Purpose of Expenditure Net wages-voter persuasion	Category/Type
Mailing Address 6 Gallup Street				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	Amount 252.41
City Providence		State RI	ZIP Code 02905		
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 ► 124025.73				Transaction ID: SF.13022	

SUBTOTAL of Expenditures This Page (optional) ►				654.82	
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)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee					
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 Rosenthal				Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 69 Ocean View Road				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount 278.17	
City Swampscott		State MA					
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 ▶				124303.90			
				Transaction ID: SF.13023			

Full Name (Last, First, Middle Initial) of Each Payee Saratoga Museum Foundation				Purpose of Expenditure Candidate forum		Category/Type	
Mailing Address PO Box 845				Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6		Amount 100.00	
City No Kingstown		State RI					
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 ▶				2138.43			
				Transaction ID: SF.13161			

Full Name (Last, First, Middle Initial) of Each Payee Hollie Saunders				Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 29 Russell Avenue				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount 261.00	
City East Providence		State RI					
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 ▶				124564.90			
				Transaction ID: SF.13024			

SUBTOTAL of Expenditures This Page (optional)				639.17			
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)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee			
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 Scottish Rite Masonic Temple				Purpose of Expenditure Event rental		Category/Type	
Mailing Address 2115 Broad Street				Date M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6		Amount 140.00	
City Cranston		State RI					
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 ► 2278.43				Transaction ID: SF.13158			

Full Name (Last, First, Middle Initial) of Each Payee Melissa Scully				Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 4 Pine Drive				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount 252.41	
City Unionville		State CT					
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 ► 2998.48				Transaction ID: SF.13169			

Full Name (Last, First, Middle Initial) of Each Payee Ryan Sears				Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 2156 Palmetto Terrace				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount 261.00	
City Fullerton		State CA					
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 ► 124825.90				Transaction ID: SF.13025			

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)
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(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee					
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 Anisa Somani				Purpose of Expenditure Net wages-voter persuasion		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/Type
Mailing Address 24 South Court Street						
City Providence		State RI		ZIP Code 02906		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; padding: 2px; text-align: center;">X</div>	House Senate Presidential	State: RI District: 00		
Aggregate General Election Expenditure for this Candidate ▶				125095.48		
				Date MM / DD / YYYY 10 / 30 / 2006		
				Amount		269.58
				Transaction ID: SF.13026		

Full Name (Last, First, Middle Initial) of Each Payee Vivian Spencer				Purpose of Expenditure Reimburse food supplies		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/Type
Mailing Address 9 University Avenue						
City Providence		State RI		ZIP Code 02906		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; padding: 2px; text-align: center;">X</div>	House Senate Presidential	State: RI District: 00		
Aggregate General Election Expenditure for this Candidate ▶				2446.07		
				Date MM / DD / YYYY 10 / 27 / 2006		
				Amount		167.64
				Transaction ID: SF.13163		

Full Name (Last, First, Middle Initial) of Each Payee Prospero Suazo				Purpose of Expenditure Net wages-voter persuasion		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/Type
Mailing Address 230 Roger Williams						
City Providence		State RI		ZIP Code 02907		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; padding: 2px; text-align: center;">X</div>	House Senate Presidential	State: RI District: 00		
Aggregate General Election Expenditure for this Candidate ▶				125356.48		
				Date MM / DD / YYYY 10 / 30 / 2006		
				Amount		261.00
				Transaction ID: SF.13027		

SUBTOTAL of Expenditures This Page (optional)				698.22		
TOTAL This Period (last page this line number only)						

SCHEDULE F (FECForm 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)

PAGE 266 / 305

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee			
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		Category/Type	
Mailing Address 93 East George Street				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount 305.65	
City Providence		State RI		ZIP Code 02906		Transaction ID: SF.13028	
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 ► 125662.13							

Full Name (Last, First, Middle Initial) of Each Payee Emily Sullivan				Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 580 Wickenden Street				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount 288.48	
City Providence		State RI		ZIP Code 02903		Transaction ID: SF.13029	
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 ► 125950.61							

Full Name (Last, First, Middle Initial) of Each Payee Jeff Thibau				Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 30 Rock Street				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount 252.41	
City Bristol		State RI		ZIP Code 02809		Transaction ID: SF.13030	
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 ► 126203.02							

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)

PAGE 267 / 305

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee			
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				Date M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6		Amount 440.14	
City Middletown		State RI		ZIP Code 02842		Transaction ID: SF.13244	
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			

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				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount 269.58	
City Providence		State RI		ZIP Code 02906		Transaction ID: SF.13031	
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			

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				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount 269.58	
City Providence		State RI		ZIP Code 02906		Transaction ID: SF.13032	
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			

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)

PAGE 268 / 305

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee			
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		Category/Type	
Mailing Address 1919 West Shore Road				Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6		Amount 150.00	
City Warwick		State RI		ZIP Code 02889		Transaction ID: SF.13166	
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			

Full Name (Last, First, Middle Initial) of Each Payee Jhomphy Ventura				Purpose of Expenditure Net wages - outr- each		Category/Type	
Mailing Address 32 Farragut Avenue				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount 478.52	
City Providence		State RI		ZIP Code 02905		Transaction ID: SF.13033	
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			

Full Name (Last, First, Middle Initial) of Each Payee Megan Wilbur				Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 299 Wickenden Street				Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6		Amount 269.58	
City Providence		State RI		ZIP Code 02903		Transaction ID: SF.13034	
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			

SUBTOTAL of Expenditures This Page (optional)				898.10			
TOTAL This Period (last page this line number only)				20846.41			

SCHEDULE F (FECForm 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)

PAGE 269 / 305

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee			
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: 50px; height: 20px; margin: 0 auto;"></div> Category/Type
Mailing Address 7101 Zoar Avenue			
City Lubbock	State TX	ZIP Code 79424	
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	Date MM / DD / YYYY 10 / 30 / 2006
Aggregate General Election Expenditure for this Candidate ►		Amount 261.00	
123520.91		Transaction ID: SF.13020	

SUBTOTAL of Expenditures This Page (optional)	261.00
TOTAL This Period (last page this line number only)	261.00

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)

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FOR LINE 25 OF FORM 3X

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

Category/Type

Mailing Address

947 Veterans Memorial Parkway

City

Riverside

State

RI

ZIP Code

02915

Name of Federal Candidate Supported

JAMES R LANGEVIN

Office Sought: ☒ House

Senate

Presidential

State: RI

District: 02

Date

M M

1 0

D D

2 7

Y Y Y Y

2 0 0 6

Amount

108.00

Aggregate General Election
Expenditure for this Candidate ▶

108.00

Transaction ID: SF.13701

Full Name (Last, First, Middle Initial) of Each Payee

Squantum Association

Purpose of Expenditure

Room rental

Category/Type

Mailing Address

947 Veterans Memorial Parkway

City

Riverside

State

RI

ZIP Code

02915

Name of Federal Candidate Supported

PATRICK J Kennedy

Office Sought: ☒ House

Senate

Presidential

State: RI

District: 01

Date

M M

1 0

D D

2 7

Y Y Y Y

2 0 0 6

Amount

108.00

Aggregate General Election
Expenditure for this Candidate ▶

108.00

Transaction ID: SF.13703

SUBTOTAL of Expenditures This Page (optional) ▶

216.00

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

216.00

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**

PAGE 272 / 305

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

PAGE 273 / 305

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

NAME OF ACCOUNT

RI Democratic Non-federal Account

DATE OF RECEIPT

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

TOTAL AMOUNT TRANSFERRED

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

PAGE 274 / 305

FOR LINE 18a OF FORM 3X

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
1	0		2	7		2	0	0	6

TOTAL AMOUNT TRANSFERRED

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

PAGE 275 / 305

FOR LINE 18a OF FORM 3X

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
1	1	/	2	7	/	2	0	0	6

TOTAL AMOUNT TRANSFERRED

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**

 PAGE 276 / 305
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
W.B. Mason

 Mailing Address
59 Centre Street

 City State Zip Code
Brockton MA 02303

 Purpose of Disbursement:
Office supplies

 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

143443.97

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

Transaction ID: H4.13251

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
145.96		549.07		695.03

B. Full Name (Last, First, Middle Initial)
Crimson Imaging Supplies, LLC

 Mailing Address
4011 Pacific Coast Highway

 City State Zip Code
Torrance CA 90505

 Purpose of Disbursement:
Office supplies

 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

144633.97

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

Transaction ID: H4.13271

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
249.99		940.01		1190.00

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

 Mailing Address
Kennedy Plaza

 City State Zip Code
Providence RI 02903

 Purpose of Disbursement:
Election night ballroom deposit

 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

145633.97

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

Transaction ID: H4.13268

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)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

 PAGE 277 / 305
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Ikon Financial Services

Mailing Address

PO Box 41564

 City State Zip Code
Philadelphia PA 19101

 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

145797.68

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

Transaction ID: H4.13642

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.38		129.33		163.71

B. Full Name (Last, First, Middle Initial)
W.B. Mason

Mailing Address

59 Centre Street

 City State Zip Code
Brockton MA 02303

 Purpose of Disbursement:
Office supplies
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

146064.05

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

Transaction ID: H4.13644

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.94		210.43		266.37

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

Mailing Address

P.O. Box 1100

 City State Zip Code
Albany NY 12250

 Purpose of Disbursement:
Telephone service
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

146281.02

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

Transaction ID: H4.13646

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**

PAGE 278 / 305
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Timothy Grilo

Mailing Address

481 Charles Street

City State Zip Code

Providence

RI

02904

Purpose of Disbursement:

Reimburse cell phone expense

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

146331.02

Date

M M

/

D D

/

Y Y

/

Y Y

Y Y

1 0

2 7

2 0

0 6

Transaction ID: H4.13648

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

10.50

39.50

50.00

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

Verizon Wireless

Mailing Address

PO Box 15023

City State Zip Code

Worcester

MA

01615

Purpose of Disbursement:

Cell phone

Category/
Type

Activity or Event Identifier:

Administrative

[MEMO ITEM]

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date

M M

/

D D

/

Y Y

/

Y Y

Y Y

1 0

2 7

2 0

0 6

Transaction ID: H4.14470

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

10.50

39.50

50.00

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

VarTec Solutions

Mailing Address

PO Box 78228

City State Zip Code

Phoenix

AZ

85062

Purpose of Disbursement:

Long distance service

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

146359.53

Date

M M

/

D D

/

Y Y

/

Y Y

Y Y

1 0

2 7

2 0

0 6

Transaction ID: H4.13649

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**

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 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address

P.O. Box 15019

City State Zip Code
 Wilmington DE 19886

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

149104.54

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

Transaction ID: H4.13651

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
576.54		2168.47		2745.01

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

Mailing Address

2 Pine Street

City State Zip Code
 Providence RI 02903

Purpose of Disbursement:
 Meeting 9/6/06

Category/Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

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

Transaction ID: H4.13674

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.22		45.93		58.15

C. Full Name (Last, First, Middle Initial)
 Hemenway's Seafood

Mailing Address

1 Providence Washington Plaza

City State Zip Code
 Providence RI 02903

Purpose of Disbursement:
 Meeting 9/7/06

Category/Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

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

Transaction ID: H4.13675

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)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

PAGE 280 / 305
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address
 2 Pine Street

City State Zip Code
 Providence RI 02903

Purpose of Disbursement:
 Meeting 9/9/06

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: H4.13676

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

103.79

390.41

494.20

B. Full Name (Last, First, Middle Initial)
 LJ's Barbecue

Mailing Address
 650 Douglas Avenue

City State Zip Code
 Providence RI 02908

Purpose of Disbursement:
 Meeting 9/12/06

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: H4.13677

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.03

37.72

47.75

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

Mailing Address
 TFG Airport

City State Zip Code
 Warwick RI 02886

Purpose of Disbursement:
 ASDC airfare

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

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

Transaction ID: H4.13679

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)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

 PAGE 281 / 305
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Ten Prime Steak

 Mailing Address
55 Pine Street

City	State	Zip Code
Providence	RI	02903

 Purpose of Disbursement:
Meeting 9/13/06

 Category/
Type

 Activity or Event Identifier:
Administrative
[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

 Date

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

Transaction ID: H4.13680

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.81		51.92		65.73

B. Full Name (Last, First, Middle Initial)
Four Seasons Hotel

 Mailing Address
7680 Granite Loop Road

City	State	Zip Code
Jackson Hole	WY	83025

 Purpose of Disbursement:
Room deposit ASDC 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

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

Transaction ID: H4.13681

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.50		118.50		150.00

C. Full Name (Last, First, Middle Initial)
Constantino's

 Mailing Address
265 Atwells Avenue

City	State	Zip Code
Providence	RI	02903

 Purpose of Disbursement:
Meeting 9/14/06

 Category/
Type

 Activity or Event Identifier:
Administrative
[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

 Date

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

Transaction ID: H4.13683

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)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
 Davenport's

Mailing Address

1070 Mendon Road

City	State	Zip Code
Cumberland	RI	02864

Purpose of Disbursement:
 Meeting 9/15/06

Category/
Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
1	0

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13684

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

12.38

46.54

58.92

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

Mailing Address

2 Pine Street

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:
 Meeting 9/19/06

Category/
Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
1	0

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13686

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

17.08

64.22

81.30

C. Full Name (Last, First, Middle Initial)
 Pane Vino

Mailing Address

365 Atwells Avenue

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:
 Meeting 9/23/06

Category/
Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
1	0

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13687

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

22.19

83.45

105.64

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address
2 Pine Street

City State Zip Code
Providence RI 02903

Purpose of Disbursement:
Meeting 9/28/06

Category/
Type

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

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

Transaction ID: H4.13689

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

10.92

41.08

52.00

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

Mailing Address
1149 Division Street

City State Zip Code
EAsT Greenwich RI 02818

Purpose of Disbursement:
Meeting 9/30/06

Category/
Type

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

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

Transaction ID: H4.13690

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

22.23

83.62

105.85

C. Full Name (Last, First, Middle Initial)
Yesterday's

Mailing Address
Washington Place

City State Zip Code
Newport RI 02840

Purpose of Disbursement:
Meeting 10/2/06

Category/
Type

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

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

Transaction ID: H4.13692

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)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

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 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
 American Express

Mailing Address

300 South Riverside Plaza

City	State	Zip Code
Chicago	IL	60606

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

149512.62

Date

M	M
1	0

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

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

Mailing Address

776 Hope Street

City	State	Zip Code
Providence	RI	02906

Purpose of Disbursement:
 Meeting 9/20/06

Category/
Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
1	0

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

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

Mailing Address

123 Empire Street

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:
 Meeting 9/21/06

Category/
Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
1	0

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

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)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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 FOR LINE 21a OF FORM 3X

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

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
1	0

 /

D	D
2	7

 /

Y	Y	Y	Y
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

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
1	0

 /

D	D
2	7

 /

Y	Y	Y	Y
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
1	0

 /

D	D
2	9

 /

Y	Y	Y	Y
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)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Adler's Hardware

Mailing Address

173 Wickenden Street

City State Zip Code

Providence RI 02903

Purpose of Disbursement:
Committee SuppliesCategory/
TypeActivity 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

153295.20

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	6

Transaction ID: H4.13261

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

516.81

1944.19

2461.00

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

Holiday Inn Express

Mailing Address

901 Jefferson Boulevard

City State Zip Code

Warwick RI 02886

Purpose of Disbursement:
LodgingCategory/
TypeActivity 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

158154.20

Date

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

Transaction ID: H4.13264

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1020.39

3838.61

4859.00

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

Sara Glove Company

Mailing Address

PO Box 350

City State Zip Code

Woodbury CT 06798

Purpose of Disbursement:
Committee SuppliesCategory/
TypeActivity 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

159224.45

Date

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

Transaction ID: H4.13262

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)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

 PAGE 287 / 305
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
BJ's Wholesale Club

Mailing Address

1300 Hartford Avenue

City	State	Zip Code
Johnston	RI	02919

 Purpose of Disbursement:
Volunteer food supplies
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

160433.12

 Date

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

Transaction ID: H4.13270

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

253.82

954.85

1208.67

B. Full Name (Last, First, Middle Initial)
Comfort Inn

Mailing Address

2 George Street

City	State	Zip Code
Pawtucket	RI	02860

 Purpose of Disbursement:
Lodging
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

162975.62

 Date

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

Transaction ID: H4.13274

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

533.92

2008.58

2542.50

C. Full Name (Last, First, Middle Initial)
ATR Treehouse

Mailing Address

812 Charles Street

City	State	Zip Code
Providence	RI	02904

 Purpose of Disbursement:
Committee election night equipment
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

170529.45

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	6

Transaction ID: H4.13269

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)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 288 / 305
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Steere Orchards

Mailing Address

150 Austin Avenue

City	State	Zip Code
Greenville	RI	02828

Purpose of Disbursement:
Committee Food Supplies

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

170829.45

Date

M	M
1	1

 /

D	D
0	3

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13281

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
128.72		171.28		300.00

B. Full Name (Last, First, Middle Initial)
BJ's Wholesale Club

Mailing Address

1300 Hartford Avenue

City	State	Zip Code
Johnston	RI	02919

Purpose of Disbursement:
Committee Food Supplies

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

171127.86

Date

M	M
1	1

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13239

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.67		235.74		298.41

C. Full Name (Last, First, Middle Initial)
Susann Della Rosa

Mailing Address

60 Don Avenue

City	State	Zip Code
Rumford	RI	02916

Purpose of Disbursement:
Accounting services-non employee

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

178227.86

Date

M	M
1	1

 /

D	D
0	5

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13250

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)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

PAGE 289 / 305
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address

551 North Main Street

City State Zip Code

Providence RI 02906

Purpose of Disbursement:
 Office supplies

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

178789.13

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

Transaction ID: H4.13259

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

117.87

443.40

561.27

B. Full Name (Last, First, Middle Initial)
 Towne Wine & Liquors

Mailing Address

179 Newport Avenue

City State Zip Code

Rumford RI 02916

Purpose of Disbursement:
 Committee Refreshments

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

179696.49

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

Transaction ID: H4.13288

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

190.54

716.82

907.36

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

Mailing Address

Kennedy Plaza

City State Zip Code

Providence RI 02903

Purpose of Disbursement:
 Lodging and meals

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

185005.55

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

Transaction ID: H4.13240

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)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 290 / 305
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
 A T & T Universal Card

Mailing Address
 PO Box 8214

City State Zip Code
 So. Hackensack NJ 07606

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

185069.75

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

Transaction ID: H4.13705

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.48		50.72		64.20

B. Full Name (Last, First, Middle Initial)
 Wickford Flowers

Mailing Address
 170 West Main Street

City State Zip Code
 North Kingstown RI 02852

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 M M / D D / Y Y Y Y
 0 9 / 2 9 / 2 0 0 6

Transaction ID: H4.13710

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.48		50.72		64.20

C. Full Name (Last, First, Middle Initial)
 W.B. Mason

Mailing Address
 59 Centre Street

City State Zip Code
 Brockton MA 02303

Purpose of Disbursement:
 Office supplies

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

186969.77

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

Transaction ID: H4.13248

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)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

 PAGE 291 / 305
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Ronzio Management

 Mailing Address
111 John Street

 City State Zip Code
Lincoln RI 02865

 Purpose of Disbursement:
Volunteer Refreshments

 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

193412.83

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

Transaction ID: H4.13272

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5090.02		1353.04		6443.06

B. Full Name (Last, First, Middle Initial)
Hope Street Pizza

 Mailing Address
772 Hope Street

 City State Zip Code
Providence RI 02906

 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

196673.92

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

Transaction ID: H4.13266

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
684.83		2576.26		3261.09

C. Full Name (Last, First, Middle Initial)
Al DeAndrade Music

 Mailing Address
101 Grandview Avenue

 City State Zip Code
Lincoln RI 02865

 Purpose of Disbursement:
Election night entertainment

 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

198173.92

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

Transaction ID: H4.13700

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)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

 PAGE 292 / 305
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Vision Strategies

Mailing Address

125 Holden Street

City State Zip Code

Providence RI 02908

Purpose of Disbursement:
Committee Media coordinationCategory/
TypeActivity 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

204423.92

Date

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

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

Mailing Address

199 Wayland Avenue

City State Zip Code

Providence RI 02906

Purpose of Disbursement:
Committee CateringCategory/
TypeActivity 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

204843.92

Date

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

Transaction ID: H4.13707

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

88.20

331.80

420.00

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

Mailing Address

P.O. Box 15019

City State Zip Code

Wilmington DE 19886

Purpose of Disbursement:
Credit Card paymentCategory/
TypeActivity 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

208715.20

Date

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

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)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

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 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
 Brick Alley Pub & Restaurant

Mailing Address

140 Thames Street

City	State	Zip Code
Newport	RI	02840

Purpose of Disbursement:
 Meeting 10/3/06

Category/
Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
1	1

 /

D	D
1	6

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13712

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

7.59

28.57

36.16

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

Mailing Address

2 Pine Street

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:
 Meeting 10/4/06

Category/
Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
1	1

 /

D	D
1	6

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13714

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

16.25

61.15

77.40

C. Full Name (Last, First, Middle Initial)
 World Trophies

Mailing Address

275 Silver Spring Street

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement:
 Gifts - memorabilia

Category/
Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
1	1

 /

D	D
1	6

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13715

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)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

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 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address
 2 Pine Street

City State Zip Code
 Providence RI 02903

Purpose of Disbursement:
 Meeting 10/14/06

Category/Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

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

Transaction ID: H4.13716

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

73.29

275.71

349.00

B. Full Name (Last, First, Middle Initial)
 Ri-Ra

Mailing Address
 50 Exchange Terrace

City State Zip Code
 Providence RI 02903

Purpose of Disbursement:
 Meeting 10/16/06

Category/Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

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

Transaction ID: H4.13717

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

43.57

163.92

207.49

C. Full Name (Last, First, Middle Initial)
 Hemenway's Seafood

Mailing Address
 1 Providence Washington Plaza

City State Zip Code
 Providence RI 02903

Purpose of Disbursement:
 Meeting 10/18/06

Category/Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

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

Transaction ID: H4.13718

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)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

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 FOR LINE 21a OF FORM 3X

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 10/18/06Category/
TypeActivity 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
1	1

 /

D	D
1	6

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13719

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

8.92

33.56

42.48

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 - photographsCategory/
TypeActivity 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
1	1

 /

D	D
1	6

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13720

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

118.55

445.99

564.54

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

Capital Grille

Mailing Address

One Cookson Place

City State Zip Code

Providence

RI

02903

Purpose of Disbursement:
Meeting 10/19/06Category/
TypeActivity 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
1	0

 /

D	D
1	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13721

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)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

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 FOR LINE 21a OF FORM 3X

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

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	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

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	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

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	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)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 297 / 305
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
 Parkside Rotisserie

Mailing Address

76 South Main Street

City State Zip Code

Providence RI 02903

Purpose of Disbursement:
MeetingCategory/
TypeActivity 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	8	/	2	0	0	6

Transaction ID: H4.13725

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

22.28

83.80

106.08

B. Full Name (Last, First, Middle Initial)
 Hemenway's Seafood

Mailing Address

1 Providence Washington Plaza

City State Zip Code

Providence RI 02903

Purpose of Disbursement:
MeetingCategory/
TypeActivity 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	/	3	0	/	2	0	0	6

Transaction ID: H4.13726

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

47.44

178.48

225.92

C. Full Name (Last, First, Middle Initial)
 LaBella Restaurant & Deli

Mailing Address

553 Hartford Avenue

City State Zip Code

Providence RI 02909

Purpose of Disbursement:
MeetingCategory/
TypeActivity 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	1	/	0	1	/	2	0	0	6

Transaction ID: H4.13727

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)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

PAGE 298 / 305
 FOR LINE 21a OF FORM 3X

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 arrangementCategory/
Type

Activity or Event Identifier:

Administrative

[MEMO ITEM]

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
1	0

 /

D	D
2	3

 /

Y	Y	Y	Y
2	0	0	6

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:
MeetingCategory/
Type

Activity or Event Identifier:

Administrative

[MEMO ITEM]

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
1	0

 /

D	D
2	6

 /

Y	Y	Y	Y
2	0	0	6

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-photographsCategory/
Type

Activity or Event Identifier:

Administrative

[MEMO ITEM]

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
1	1

 /

D	D
0	2

 /

Y	Y	Y	Y
2	0	0	6

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)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

 PAGE 299 / 305
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Union Station Brewery

Mailing Address

36 Exchange Terrace

 City State Zip Code
Providence RI 02903

 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 M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: H4.13733

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

6.71

25.26

31.97

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

Mailing Address

PO Box 41564

 City State Zip Code
Philadelphia PA 19101

 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

208878.91

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

Transaction ID: H4.13643

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

34.38

129.33

163.71

C. Full Name (Last, First, Middle Initial)
W.B. Mason

Mailing Address

59 Centre Street

 City State Zip Code
Brockton MA 02303

 Purpose of Disbursement:
Office supplies
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

209498.39

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

Transaction ID: H4.13645

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)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

PAGE 300 / 305
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address

P.O. Box 1100

City	State	Zip Code
Albany	NY	12250

Purpose of Disbursement:
 Telephone service

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

209739.08

Date

M	M
1	1

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13647

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.54		190.15		240.69

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

Mailing Address

PO Box 78228

City	State	Zip Code
Phoenix	AZ	85062

Purpose of Disbursement:
 Long distance service

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

209756.40

Date

M	M
1	1

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13650

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.64		13.68		17.32

C. Full Name (Last, First, Middle Initial)
 Cox Communications

Mailing Address

P.O. Box 39

City	State	Zip Code
Newark	NJ	07101

Purpose of Disbursement:
 Monthly cable and modem fee

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

209968.40

Date

M	M
1	1

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13699

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)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

PAGE 301 / 305
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Pauly Penta's Italian Deli

Mailing Address

1290 Mineral Spring Avenue

City State Zip Code

No Providence

RI

02904

Purpose of Disbursement:
Committee CateringCategory/
TypeActivity 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

211142.80

Date

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

Transaction ID: H4.13706

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

246.62

927.78

1174.40

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

Providence Biltmore

Mailing Address

Kennedy Plaza

City State Zip Code

Providence

RI

02903

Purpose of Disbursement:
Committee cateringCategory/
TypeActivity 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

211544.30

Date

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

Transaction ID: H4.13734

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

84.32

317.18

401.50

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

American Express

Mailing Address

300 South Riverside Plaza

City State Zip Code

Chicago

IL

60606

Purpose of Disbursement:
Credit Card PaymentCategory/
TypeActivity 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

212083.75

Date

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

Transaction ID: H4.13736

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)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 302 / 305
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address

Kennedy Plaza

City State Zip Code

Providence RI 02903

Purpose of Disbursement:
 Election night lodging

Category/
Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	6

Transaction ID: H4.13737

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

80.52

302.92

383.44

B. Full Name (Last, First, Middle Initial)
 Venda's Salvatoris Cafe

Mailing Address

265 Atwells Avenue

City State Zip Code

Providence RI 02903

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

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	6

Transaction ID: H4.13738

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.08

37.93

48.01

C. Full Name (Last, First, Middle Initial)
 MuMu Cuisine

Mailing Address

220 Atwells Avenue

City State Zip Code

Providence RI 02903

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

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	6

Transaction ID: H4.13739

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)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

 PAGE 303 / 305
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. 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:
Event photography

 Category/
Type

 Activity or Event Identifier:
Hope Awards 2006(10/16/2006)

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

67768.99

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

Transaction ID: H4.13236

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
481.50		53.50		535.00

B. Full Name (Last, First, Middle Initial)
Craig Minassian

 Mailing Address
85 South Street

 City State Zip Code
New York NY 10038

 Purpose of Disbursement:
Reimburse lodging

 Category/
Type

 Activity or Event Identifier:
Hope Awards 2006(10/16/2006)

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

68758.80

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

Transaction ID: H4.13277

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
890.83		98.98		989.81

C. Full Name (Last, First, Middle Initial)
Westin Hotel

 Mailing Address
One West Exchange Street

 City State Zip Code
Providence RI 02903

 Purpose of Disbursement:
Lodging

 Category/
Type

 Activity or Event Identifier:
Hope Awards 2006(10/16/2006)
[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 / 1 9 / 2 0 0 6

Transaction ID: H4.13566

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)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)
 Vision Strategies

Mailing Address

125 Holden Street

City

State

Zip Code

Providence

RI

02908

Purpose of Disbursement:
 Program Books

Category/
Type

Activity or Event Identifier:

Hope Awards 2006(10/16/2006)

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

71486.53

Date

M M

1 1

D D

2 7

Y Y

2 0

Y Y

0 6

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)(i))

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)

PAGE 305 / 305

FOR LINE 30a OF FORM 3X

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:
☐ Voter Registration ☒ GOTV
☐ Voter ID ☐ Generic Campaign

Allocated Activity or Event Year-To-Date

4022.20

Mailing Address
2329 Post RoadCity
WarwickState
RIZip Code
02886Category/
TypePurpose of Disbursement
Van rentalsDate ^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
1 1 / 0 3 / 2 0 0 6

FEDERAL SHARE

844.66

+ LEVIN SHARE

3177.54

= TOTAL AMOUNT

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:
☐ Voter Registration ☒ GOTV
☐ Voter ID ☐ Generic Campaign

Allocated Activity or Event Year-To-Date

8536.20

Mailing Address
9 Alhambra RoadCity
WarwickState
RIZip Code
02886Category/
TypePurpose of Disbursement
Van rentalsDate ^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
1 1 / 0 3 / 2 0 0 6

FEDERAL SHARE

947.94

+ LEVIN SHARE

3566.06

= TOTAL AMOUNT

4514.00

Transaction ID: H6.13286

C. 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

Allocated Activity or Event Year-To-Date

17134.34

Mailing Address
TFG AirportCity
WarwickState
RIZip Code
02886Category/
TypePurpose of Disbursement
Van rentalsDate ^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
1 1 / 0 8 / 2 0 0 6

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

3598.21

+ LEVIN SHARE

13536.13

= TOTAL AMOUNT

17134.34

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