

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

Rhode Island Democratic State Committee

ADDRESS (number and street) P.O. Box 6004

Check if different than previously reported. (ACC)

Providence RI 02940

2. **FEC IDENTIFICATION NUMBER** C00136200

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

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

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12G)

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 12 01 2007 through 12 31 2007

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

Type or Print Name of Treasurer John McConnell, Jr.

Signature of Treasurer Electronically Filed by John McConnell, Jr. Date 01 31 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Rhode Island Democratic State Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 7 | | 54799.15 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 7 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 37729.41 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 14541.04 | 188011.69 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 52270.45 | 242810.84 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 12872.91 | 203413.30 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 39397.54 | 39397.54 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 5254.47 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Rhode Island Democratic State Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| 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 | 700.00 | 22500.00 |
| (i) Itemized (use Schedule A) | 225.00 | 5335.00 |
| (ii) Unitemized | 925.00 | 27835.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 1500.00 | 11650.60 |
| (c) Other Political Committees (such as PACs) | 2425.00 | 39485.60 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | | |
| 12. Transfers From Affiliated/Other Party Committees | 1178.85 | 31250.10 |
| 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) | 446.00 | 37567.57 |
| 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) | 10491.19 | 78244.55 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 1463.87 |
| (c) Total Transfer (add 18(a) and 18(b)). | 10491.19 | 79708.42 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 14541.04 | 188011.69 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 4049.85 | 108303.27 |

DETAILED SUMMARY PAGE

of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 4679.87 | 51106.51 |
| (ii) Non-Federal Share..... | 7936.07 | 87549.59 |
| (b) Other Federal Operating Expenditures..... | 256.97 | 50569.82 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 12872.91 | 189225.92 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 1262.44 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 12924.94 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 12924.94 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 12872.91 | 203413.30 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 4936.84 | 115863.71 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 | 2425.00 | 39485.60 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2425.00 | 39485.60 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 4936.84 | 101676.33 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 446.00 | 37567.57 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 4490.84 | 64108.76 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 24
(check only one)

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

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

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

A.

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

Mailing Address 150 Union Street Apt. 604

City State Zip Code
Providence RI 02903

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

Name of Employer Student Occupation Student

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2007

Transaction ID: SA11AI.14886

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Sarah B Richardson

Mailing Address 305 Beavertail Road

City State Zip Code
Jamestown RI 02835

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

Name of Employer Self-employed Occupation Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 07 / 2007

Transaction ID: SA11AI.14887

Amount of Each Receipt this Period
500.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 700.00 |
| TOTAL This Period (last page this line number only) | 700.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 7 / 24 |
| | (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) RHODE ISLAND HOPE PAC | | Date of Receipt |
| | Mailing Address 607 14th Street NW Suite 800 | | <input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2007"/> |
| | City | State | Zip Code |
| | Washington | DC | 20005 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C00431601"/> |
| | Name of Employer | | Occupation |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/> | |
| | | | Transaction ID: SA11C.14915 |
| | | | Amount of Each Receipt this Period <input type="text" value="1500.00"/> |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="1500.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="1500.00"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 24
(check only one)

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

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

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

A.

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

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

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2265.65

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

Transaction ID: SA12.14908

Amount of Each Receipt this Period
1178.85

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1178.85 |
| TOTAL This Period (last page this line number only) | ▶ | 1178.85 |

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

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

FOR LINE NUMBER: PAGE 9 / 24
(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)
Josh Panger

Mailing Address 7101 Zoar Avenue

City Lubbock State TX Zip Code 79424

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2453.00

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

Transaction ID: SA15.14888

Amount of Each Receipt this Period
223.00

Cobra payment

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

Mailing Address 7101 Zoar Avenue

City Lubbock State TX Zip Code 79424

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2676.00

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

Transaction ID: SA15.14889

Amount of Each Receipt this Period
223.00

Cobra payment

SUBTOTAL of Receipts This Page (optional) ► 446.00

TOTAL This Period (last page this line number only) ► 446.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 24

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

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

A.

Full Name (Last, First, Middle Initial)
Blue Cross Blue Shield of Rhode Island

Mailing Address PO Box 1057

City Providence State RI Zip Code 02901

Purpose of Disbursement
Cobra health insurance

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.14903

Date of Disbursement

/ /

Amount of Each Disbursement this Period

223.23

SUBTOTAL of Disbursements This Page (optional)

223.23

TOTAL This Period (last page this line number only)

223.23

SCHEDULE C (FEC Form 3X)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 11 / 24 FOR LINE 13 OF FORM 3X |
|---|--|

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

Transaction ID: SC/9.5183

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

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

TERMS

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

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

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

| | |
|---|--|
| SUBTOTALS This Period This Page (optional) | <div style="border: 1px solid black; padding: 2px; text-align: right;">5249.87</div> |
| TOTALS This Period (last page in this line only) | <div style="border: 1px solid black; padding: 2px; text-align: right;">5249.87</div> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | | |
|---|--------------------------------------|--|
| (Use separate schedule(s) for each numbered line) | PAGE 12 / 24 | |
| | FOR LINE NUMBER: (check only one) | <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10 |

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

| | | | |
|---|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SHELDON II WHITEHOUSE | | | Nature of Debt (Purpose): Coordinated expenditures overage |
| Mailing Address 32 ELMGROVE AVENUE | | | |
| City PROVIDENCE | State RI | ZIP Code 02906 | |

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

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

SCHEDULE H2 (FEC Form 3X)**ALLOCATION RATIOS**

PAGE 13 / 24

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

State Organizing Event (11/14/2007)

ACTIVITY IS:

 Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

 New Revised Same as Previously Reported

FEDERAL %

45.00 %

NONFEDERAL %

55.00 %Transaction ID:
H2.14919

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

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

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------------------------|--|--------------------------|
| RI Democratic Non-federal Account | M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7 | 7934.79 |

BREAKDOWN OF TRANSFER RECEIVED

| | | | |
|---|--|---------|--------------------------|
| i) Total Administrative | | 7934.79 | Transaction ID: H3.14917 |
| ii) Generic Voter Drive | | | Transaction ID: |
| iii) Exempt Activities | | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | | |
| a) _____ | | | Transaction ID: |
| b) _____ | | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | | | |
| v) Direct Candidate Support (List of Activity or Event Identifier) | | | |
| a) _____ | | | Transaction ID: |
| b) _____ | | | Transaction ID: |
| c) Total Amount Transferred For Direct Candidate Support | | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | | Transaction ID: |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|--|
| TOTAL This Period (Administrative) | |
| TOTAL This Period (Generic Voter Drive) | |
| TOTAL This Period (Exempt Activities) | |
| TOTAL This Period (Direct Fundraising) | |
| TOTAL This Period (Direct Candidate Support) | |
| TOTAL This Period (Public Communications Referring Only to Party) | |
| TOTAL This Period (Total Amount Transferred) | |

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

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

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------------------------|--|--------------------------|
| RI Democratic Non-federal Account | M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7 | 2556.40 |

BREAKDOWN OF TRANSFER RECEIVED

| | | | |
|---|---------|---------|----------------------------|
| i) Total Administrative | | 0.00 | Transaction ID: H3.14918 |
| ii) Generic Voter Drive | | | Transaction ID: |
| iii) Exempt Activities | | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | | |
| a) State Organizing Event (11/14/2007) | 2556.40 | | Transaction ID: H3.14918.0 |
| b) _____ | | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | | 2556.40 | |
| 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) | 7934.79 |
| TOTAL This Period (Generic Voter Drive) | 0.00 |
| TOTAL This Period (Exempt Activities) | 0.00 |
| TOTAL This Period (Direct Fundraising) | 2556.40 |
| 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) | 10491.19 |

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

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

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Cox Communications | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. Box 39 | | | Allocated Activity or Event Year-To-Date 117672.51 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> Transaction ID: H4.14891 | | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |
| M | M | / | | | | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 | | | | | | | | | | | | | | | | |
| Newark | NJ | 07101 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Monthly modem and cable | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 56.52 | | 100.48 | | 157.00 |

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|--|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) Susann Della Rosa | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 60 Don Avenue | | | Allocated Activity or Event Year-To-Date 119522.51 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> Transaction ID: H4.14893 | | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |
| M | M | / | | | | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 | | | | | | | | | | | | | | | | |
| Rumford | RI | 02916 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Accounting Services-non employee | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 666.00 | | 1184.00 | | 1850.00 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Division of Taxation | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address One Capitol Hill | | | Allocated Activity or Event Year-To-Date 119802.61 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> Transaction ID: H4.14894 | | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |
| M | M | / | | | | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 | | | | | | | | | | | | | | | | |
| Providence | RI | 02908 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: State Payroll taxes | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 100.84 | | 179.26 | | 280.10 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 823.36 | | 1463.74 | | 2287.10 |

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

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

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

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

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Pui O | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 249 Roosevelt Avenue | | | Allocated Activity or Event Year-To-Date 120602.61 | | |
| City Pawtucket | State RI | Zip Code 02860 | Date <input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2007"/> | | |
| Purpose of Disbursement: December rent and electricity | | | Category/Type | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: H4.14899 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 288.00 | | 512.00 | | 800.00 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Postmaster | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address Turnkey Station | | | Allocated Activity or Event Year-To-Date 121095.88 | | |
| City Providence | State RI | Zip Code 02940 | Date <input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2007"/> | | |
| Purpose of Disbursement: Office postage | | | Category/Type | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: H4.14898 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 315.69 | | 177.58 | | 493.27 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Timothy Grilo | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 481 Charles Street | | | Allocated Activity or Event Year-To-Date 122916.48 | | |
| City Providence | State RI | Zip Code 02904 | Date <input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2007"/> | | |
| Purpose of Disbursement: Net wages | | | Category/Type | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: H4.14895 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 655.42 | | 1165.18 | | 1820.60 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1259.11 | | 1854.76 | | 3113.87 |

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

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

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

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

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Card Services | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 13337 | | | Allocated Activity or Event Year-To-Date 125327.70 | | | | | | | | | | | | | | | | | | | | | | |
| City Philadelphia | State PA | Zip Code 19101 | Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | / | 1 | 7 | / | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 1 | 2 | / | 1 | 7 | / | 2 | 0 | 0 | 7 | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Credit card payment | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: H4.14905 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 868.04 | | 1543.18 | | 2411.22 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) BJ's Wholesale Club | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 287 Washington Avenue | | | Allocated Activity or Event Year-To-Date 0.00 | | | | | | | | | | | | | | | | | | | | | | |
| City Attleboro | State MA | Zip Code 02703 | Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | / | 0 | 2 | / | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 1 | 2 | / | 0 | 2 | / | 2 | 0 | 0 | 7 | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Party refreshments | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative [MEMO ITEM] | | | Transaction ID: H4.14920 | | | | | | | | | | | | | | | | | | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 341.50 | | 607.10 | | 948.60 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Yankee Spirits Inc | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 628 Washington Street | | | Allocated Activity or Event Year-To-Date 0.00 | | | | | | | | | | | | | | | | | | | | | | |
| City Attleboro | State MA | Zip Code 02703 | Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | / | 0 | 2 | / | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 1 | 2 | / | 0 | 2 | / | 2 | 0 | 0 | 7 | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Party refreshments | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative [MEMO ITEM] | | | Transaction ID: H4.14921 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 526.54 | | 936.08 | | 1462.62 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 868.04 | | 1543.18 | | 2411.22 |

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

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

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

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

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) United States Treasury | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 660351 | | | Allocated Activity or Event Year-To-Date 126247.36 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> Transaction ID: H4.14900 | | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | / | 1 | 8 | / | 2 | 0 | 0 | 7 |
| M | M | / | | | | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 2 | / | 1 | 8 | / | 2 | 0 | 0 | 7 | | | | | | | | | | | | | | | | |
| Dallas | TX | 75266 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Payroll tax deposit | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 331.08 | | 588.58 | | 919.66 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Rhode Island | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 1057 | | | Allocated Activity or Event Year-To-Date 126470.59 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> Transaction ID: H4.14890 | | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | / | 3 | 1 | / | 2 | 0 | 0 | 7 |
| M | M | / | | | | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 2 | / | 3 | 1 | / | 2 | 0 | 0 | 7 | | | | | | | | | | | | | | | | |
| Providence | RI | 02901 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Employee Health Insurance | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 80.36 | | 142.87 | | 223.23 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Timothy Grilo | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 481 Charles Street | | | Allocated Activity or Event Year-To-Date 128291.19 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> Transaction ID: H4.14896 | | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | / | 3 | 1 | / | 2 | 0 | 0 | 7 |
| M | M | / | | | | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 2 | / | 3 | 1 | / | 2 | 0 | 0 | 7 | | | | | | | | | | | | | | | | |
| Providence | RI | 02904 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Net wages | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 655.42 | | 1165.18 | | 1820.60 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1066.86 | | 1896.63 | | 2963.49 |

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

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

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

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

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) IKON Office Solutions | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address P.O. Box 30069 | | | Allocated Activity or Event Year-To-Date 128514.19 | | |
| City Hartford | State CT | Zip Code 06150 | Date MM / DD / YYYY 12 / 31 / 2007 | | |
| Purpose of Disbursement: Copier Lease | | | Transaction ID: H4.14897 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 80.28 | | 142.72 | | 223.00 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Verizon | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address P.O. 1 | | | Allocated Activity or Event Year-To-Date 128683.98 | | |
| City Worcester | State MA | Zip Code 01654 | Date MM / DD / YYYY 12 / 31 / 2007 | | |
| Purpose of Disbursement: Telephone service | | | Transaction ID: H4.14901 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 61.12 | | 108.67 | | 169.79 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Card Services | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 13337 | | | Allocated Activity or Event Year-To-Date 130131.45 | | |
| City Philadelphia | State PA | Zip Code 19101 | Date MM / DD / YYYY 12 / 31 / 2007 | | |
| Purpose of Disbursement: Credit card payment | | | Transaction ID: H4.14906 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 521.10 | | 926.37 | | 1447.47 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 662.50 | | 1177.76 | | 1840.26 |

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

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

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

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

| | | | | |
|---|-------|----------|--|--|
| A. Full Name (Last, First, Middle Initial) Benny's | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 66 Branch Avenue | | | Allocated Activity or Event Year-To-Date [0.00] | |
| City | State | Zip Code | Date [12 / 31 / 2007] Transaction ID: H4.14922 | |
| Providence | RI | 02904 | | |
| Purpose of Disbursement: Office supplies | | | Category/Type [] | |
| Activity or Event Identifier: Administrative [MEMO ITEM] | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| [4.62] | | [8.20] | | [12.82] |

| | | | | |
|---|-------|----------|--|--|
| B. Full Name (Last, First, Middle Initial) COMP USA | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address PO Box 200670 | | | Allocated Activity or Event Year-To-Date [0.00] | |
| City | State | Zip Code | Date [12 / 31 / 2007] Transaction ID: H4.14923 | |
| Dallas | TX | 75320 | | |
| Purpose of Disbursement: Computer equipment | | | Category/Type [] | |
| Activity or Event Identifier: Administrative [MEMO ITEM] | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| [308.16] | | [547.83] | | [855.99] |

| | | | | |
|---|-------|----------|--|--|
| C. Full Name (Last, First, Middle Initial) Domino's Pizza | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 210 Dexter Street | | | Allocated Activity or Event Year-To-Date [0.00] | |
| City | State | Zip Code | Date [12 / 31 / 2007] Transaction ID: H4.14924 | |
| Pawtucket | RI | 02860 | | |
| Purpose of Disbursement: Meeting refreshments | | | Category/Type [] | |
| Activity or Event Identifier: Administrative [MEMO ITEM] | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| [16.53] | | [29.39] | | [45.92] |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| [0.00] | | [0.00] | | [0.00] |

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

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| [] | [] | [] |

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

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

| | | | | |
|--|-------------|-------------------|---|--|
| A. Full Name (Last, First, Middle Initial) Card Services | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address PO Box 13337 | | | Allocated Activity or Event Year-To-Date [0.00] | |
| City Philadelphia | State PA | Zip Code 19101 | Date M M / D D / Y Y Y Y [1 2 / 1 2 / 2 0 0 7] Transaction ID: H4.14926 | |
| Purpose of Disbursement: Card fees | | | | |
| Activity or Event Identifier: Administrative [MEMO ITEM] | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| [1.10] | | [1.95] | | [3.05] |

| | | | | |
|--|-------------|-------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Amtrak | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 100 Gaspee Street | | | Allocated Activity or Event Year-To-Date [0.00] | |
| City Providence | State RI | Zip Code 02903 | Date M M / D D / Y Y Y Y [1 2 / 3 1 / 2 0 0 7] Transaction ID: H4.14927 | |
| Purpose of Disbursement: Transportation | | | | |
| Activity or Event Identifier: Administrative [MEMO ITEM] | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| [2.16] | | [3.84] | | [6.00] |

| | | | | |
|--|-------------|-------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Sheraton Premiere | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 8661 Leesburg Pike | | | Allocated Activity or Event Year-To-Date [0.00] | |
| City Vienna | State VA | Zip Code 22182 | Date M M / D D / Y Y Y Y [1 2 / 0 1 / 2 0 0 7] Transaction ID: H4.14928 | |
| Purpose of Disbursement: Lodging | | | | |
| Activity or Event Identifier: Administrative [MEMO ITEM] | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| [151.24] | | [268.86] | | [420.10] |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| [0.00] | | [0.00] | | [0.00] |

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

| | | |
|------------------------|------------------------|------------------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| [] | [] | [] |

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

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

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

Mailing Address
Turnkey Station

City State Zip Code
Providence RI 02940

Purpose of Disbursement:
Office postage

Category/
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 12 / 03 / 2007

Transaction ID: H4.14930

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 37.29 | | 66.30 | | 103.59 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 0.00 | | 0.00 | | 0.00 |

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

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| 4679.87 | 7936.07 | 12615.94 |

Image# 28990273735

Form/Schedule: **F3XN**

Transaction ID:

The loan on Schedule C has no interest rate and no determined due date. Transfers from joint fundraisers are distributed on a different schedule than Memo A's. Due to import problems there are no schedule A's from joint fundraisers included in this report. Am awaiting assistance from FEC tech to solve the problem.
