

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
Rhode Island Democratic State Committee

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 Year-End 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 (12S)  
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  /  /  through  /  /

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 Jeffrey Padwa [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Rhode Island Democratic State Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		23625.83
(b) Cash on Hand at Beginning of Reporting Period.....	7969.30	
(c) Total Receipts (from Line 19) .....	14550.58	139008.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	22519.88	162634.46
7. Total Disbursements (from Line 31).....	15127.03	155241.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	7392.85	7392.85
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	5254.47	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	21881.33	

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)

Write or Type Committee Name

**Rhode Island Democratic State Committee**

Report Covering the Period: From:  /  /  To:  /  /

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).....	0.00	5000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	5000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2004.80
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	7004.80
12. Transfers From Affiliated/Other Party Committees.....	9795.00	57254.37
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	1953.69
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	2145.29
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	4755.58	70650.48
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	4755.58	70650.48
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	14550.58	139008.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9795.00	68358.15

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	1835.38	22675.39
(ii) Non-Federal Share.....	4719.58	57870.37
(b) Other Federal Operating Expenditures .....	8572.07	60900.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	15127.03	141446.21
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 Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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	13795.40
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	13795.40
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15127.03	155241.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10407.45	97371.24

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

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) .....	0.00	7004.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	7004.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	10407.45	83575.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1953.69
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10407.45	81622.15

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN

Transaction ID :

The Loan on Schedule C has no interest rate and no determined due date. No employees worked more than 25% on a Federal campaign.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Democratic National Committee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 430 South Capitol St. SE  
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 ▼  
53663.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2015  
**Transaction ID : SA12.23840**  
Amount of Each Receipt this Period  
6575.00  
Transfer

**B. Democratic National Committee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 430 South Capitol St. SE  
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 ▼  
56883.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015  
**Transaction ID : SA12.23843**  
Amount of Each Receipt this Period  
3220.00  
In-kind - Voter File Access

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9795.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9795.00

**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)

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

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

Full Name (Last, First, Middle Initial)

**A. 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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2015

**Transaction ID : SB21B.23833**

Amount of Each Disbursement this Period

2414.70

Full Name (Last, First, Middle Initial)

**B. Democratic National Committee**

Mailing Address 430 South Capitol St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-kind - Voter File Access

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2015

**Transaction ID : SB21B.23844**

Amount of Each Disbursement this Period

3220.00

Full Name (Last, First, Middle Initial)

**C. Division of Taxation**

Mailing Address One Capitol Hill

City Providence State RI Zip Code 02908

Purpose of Disbursement  
State Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2015

**Transaction ID : SB21B.23836**

Amount of Each Disbursement this Period

78.73

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5713.43



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ann Gooding**

Mailing Address 265 Narragansett Bay Avenue

City Warwick State RI Zip Code 02889

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	1	5		

**Transaction ID : SB21B.23834**

Amount of Each Disbursement this Period

1	1	9	2	.	3	7
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 660351

City Dallas State TX Zip Code 75266

Purpose of Disbursement  
Federal Payroll Tax Deposit

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	1	5		

**Transaction ID : SB21B.23837**

Amount of Each Disbursement this Period

6	6	8	.	6	6
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Full Name (Last, First, Middle Initial)

**C. Anne Pease**

Mailing Address 75 Signal Way

City East Greenwich State RI Zip Code 02818

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	1	5		

**Transaction ID : SB21B.23835**

Amount of Each Disbursement this Period

9	8	7	.	6	2
---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2	8	4	.	8	5
---	---	---	---	---	---

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

8	5	6	.	2	8
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**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **Rhode Island Democratic State Committee** Transaction ID : **SC/9.5183**

<b>LOAN SOURCE</b> 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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5249.87	0.00	5249.87

**TERMS**

Date Incurred: M M / D D / Y Y Y Y Y Y  /  /

Date Due: M M / D D / Y Y Y Y Y Y

Interest Rate:  % (apr)

Secured:  Yes  No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	5249.87
<b>TOTALS</b> 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 D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 20
	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 <b>SHELDON II WHITEHOUSE</b>	Nature of Debt (Purpose): Coordinated expenditures overage
Mailing Address PO BOX 40280	
City State Zip Code PROVIDENCE RI 02940	

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BrushFire Strategies</b>	Nature of Debt (Purpose): Generic GOTV Phone Calls
Mailing Address 3000 K Street NW	
City State Zip Code Washington DC 20007	

Outstanding Balance Beginning This Period 21881.33	Transaction ID : SD10.23509	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 21881.33

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	21881.33
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	21881.33
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	21881.33

**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	MM / DD / YYYY 07 / 06 / 2015	1639.80

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	1639.80
<b>Transaction ID : H3.23841</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC) .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> 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	MM / DD / YYYY 07 / 10 / 2015	1546.18

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	1546.18
<b>Transaction ID : H3.23845</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC) .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> 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	MM / DD / YYYY 07 / 27 / 2015	1569.60

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	1569.60
<b>Transaction ID : H3.23842</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	4755.58
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred).....	4755.58

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) <b>Lehigh Realty</b>		Transaction ID : <b>H4.23818</b>		Allocated Activity or Event: <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 Realty Way				Allocated Activity or Event Year-To-Date 74790.80		
City East Providence	State RI	Zip Code 02914		Date 07 / 08 / 2015		
Purpose of Disbursement: Rent		Category/ Type				
Activity or Event Identifier: <b>Administrative</b>						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
224.00			576.00			800.00

B. Full Name (Last, First, Middle Initial) <b>Susann Della Rosa</b>		Transaction ID : <b>H4.23819</b>		Allocated Activity or Event: <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 75940.80		
City Rumford	State RI	Zip Code 02916		Date 07 / 08 / 2015		
Purpose of Disbursement: Accounting Services (Non-employee)		Category/ Type				
Activity or Event Identifier: Administrative						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
322.00			828.00			1150.00

C. Full Name (Last, First, Middle Initial) <b>EMC Insurance</b>		Transaction ID : <b>H4.23820</b>		Allocated Activity or Event: <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 7911				Allocated Activity or Event Year-To-Date 76078.80		
City Warwick	State RI	Zip Code 02887		Date 07 / 08 / 2015		
Purpose of Disbursement: Insurance		Category/ Type				
Activity or Event Identifier: Administrative						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
38.64			99.36			138.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
584.64		1503.36		2088.00

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)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) <b>Internal Revenue Service</b>		Transaction ID : <b>H4.23821</b>	Allocated Activity or Event: <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 76747.46	
City Dallas	State TX	Zip Code 75266	Date 07 / 15 / 2015	
Purpose of Disbursement: Payroll Tax Deposit		Category/ Type	Date 07 / 15 / 2015	
Activity or Event Identifier: <b>Administrative</b>			Date 07 / 15 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
187.23			481.43	668.66

B. Full Name (Last, First, Middle Initial) <b>Intrepid Web Solutions, LLC</b>		Transaction ID : <b>H4.23822</b>	Allocated Activity or Event: <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 7227			Allocated Activity or Event Year-To-Date 76822.46	
City Lowell	State MA	Zip Code 01852	Date 07 / 27 / 2015	
Purpose of Disbursement: Web Site Maintenance		Category/ Type	Date 07 / 27 / 2015	
Activity or Event Identifier: Administrative			Date 07 / 27 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
21.00			54.00	75.00

C. Full Name (Last, First, Middle Initial) <b>RICOH USA, Inc.</b>		Transaction ID : <b>H4.23823</b>	Allocated Activity or Event: <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 Five Dedrick Place			Allocated Activity or Event Year-To-Date 77208.79	
City West Caldwell	State NJ	Zip Code 07006	Date 07 / 27 / 2015	
Purpose of Disbursement: Copier Maintenance		Category/ Type	Date 07 / 27 / 2015	
Activity or Event Identifier: Administrative			Date 07 / 27 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
108.17			278.16	386.33

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
316.40		813.59		1129.99

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)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) <b>Cox Communications</b>		Transaction ID : <b>H4.23824</b>	Allocated Activity or Event: <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 78000			Allocated Activity or Event Year-To-Date 77232.41	
City Detroit	State MI	Zip Code 48278	Date 07 / 27 / 2015	
Purpose of Disbursement: Internet/Cable/Phone		Category/ Type	Date 07 / 27 / 2015	
Activity or Event Identifier: <b>Administrative</b>			Date 07 / 27 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
6.61			17.01	23.62

B. Full Name (Last, First, Middle Initial) <b>Cox Communications</b>		Transaction ID : <b>H4.23825</b>	Allocated Activity or Event: <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 78000			Allocated Activity or Event Year-To-Date 77530.20	
City Detroit	State MI	Zip Code 48278	Date 07 / 27 / 2015	
Purpose of Disbursement: Internet/Cable/Phones		Category/ Type	Date 07 / 27 / 2015	
Activity or Event Identifier: Administrative			Date 07 / 27 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
83.38			214.41	297.79

C. Full Name (Last, First, Middle Initial) <b>Department of Employment &amp; Training</b>		Transaction ID : <b>H4.23826</b>	Allocated Activity or Event: <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 78081.46	
City Providence	State RI	Zip Code 02908	Date 07 / 27 / 2015	
Purpose of Disbursement: State Unemployment Taxes		Category/ Type	Date 07 / 27 / 2015	
Activity or Event Identifier: Administrative			Date 07 / 27 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
154.35			396.91	551.26

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
244.34		628.33		872.67

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)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) <b>Anne Pease</b>		Transaction ID : <b>H4.23830</b>	Allocated Activity or Event: <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 75 Signal Way			Allocated Activity or Event Year-To-Date 78166.95		
City East Greenwich	State RI	Zip Code 02818	Date MM / DD / YYYY 07 / 27 / 2015		
Purpose of Disbursement: Reimbursement		Category/ Type	Date MM / DD / YYYY 07 / 27 / 2015		
Activity or Event Identifier: <b>Administrative</b>					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.94			61.55		85.49

B. Full Name (Last, First, Middle Initial) <b>Staples</b>		Transaction ID : <b>H4.23831</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 551 North Main Street			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02906	Date MM / DD / YYYY 06 / 22 / 2015		
Purpose of Disbursement: Office Supplies		Category/ Type	Date MM / DD / YYYY 06 / 22 / 2015		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.85			48.46		67.31

C. Full Name (Last, First, Middle Initial) <b>Staples</b>		Transaction ID : <b>H4.23832</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 551 North Main Street			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02906	Date MM / DD / YYYY 07 / 08 / 2015		
Purpose of Disbursement: Office Supplies		Category/ Type	Date MM / DD / YYYY 07 / 08 / 2015		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.09			13.09		18.18

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.94		61.55		85.49

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)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.23827</b> <b>Ann Gooding</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 265 Narragansett Bay Avenue		Allocated Activity or Event Year-To-Date 79359.32	
City State Zip Code Warwick RI 02889	Category/ Type	Date MM / DD / YYYY 07 / 30 / 2015	
Purpose of Disbursement: Net Wages		FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 333.86 + 858.51 = 1192.37	
Activity or Event Identifier: <b>Administrative</b>			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.23828</b> <b>Anne Pease</b>		Allocated Activity or Event: <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 75 Signal Way		Allocated Activity or Event Year-To-Date 80475.78	
City State Zip Code East Greenwich RI 02818	Category/ Type	Date MM / DD / YYYY 07 / 30 / 2015	
Purpose of Disbursement: Net Wages		FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 312.61 + 803.85 = 1116.46	
Activity or Event Identifier: Administrative			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.23829</b> <b>Division of Taxation</b>		Allocated Activity or Event: <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 80545.76	
City State Zip Code Providence RI 02908	Category/ Type	Date MM / DD / YYYY 07 / 30 / 2015	
Purpose of Disbursement: State Payroll Taxes		FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 19.59 + 50.39 = 69.98	
Activity or Event Identifier: Administrative			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
666.06		1712.75		2378.81

**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
1835.38	4719.58	6554.96