

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

Rhode Island Democratic State Committee

ADDRESS (number and street)

P.O. Box 6004

☐Check if different
than previously
reported. (ACC)

Providence

RI

02940

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00136200

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2006

through

08

31

2006

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

Type or Print Name of Treasurer

John McConnell, Jr.

Signature of Treasurer

Electronically Filed by John McConnell, Jr.

Date

09

20

2006

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							
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FEC FORM 3X
(Rev. 02/2003)

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	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		110469.32
(b) Cash on Hand at Beginning of Reporting Period	300565.25	
(c) Total Receipts (from Line 19)	614149.99	1412353.05
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	914715.24	1522822.37
7. Total Disbursements (from Line 31)	587590.91	1195698.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	327124.33	327124.33
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	5249.87	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Rhode Island Democratic State Committee

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	70500.00	168050.00
(i) Itemized (use Schedule A)	0.00	325.00
(ii) Unitemized	70500.00	168375.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	6000.00	38200.00
(c) Other Political Committees (such as PACs)	76500.00	206575.00
(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	516283.03	1096146.38
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	10792.52
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)	21366.96	98839.15
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	21366.96	98839.15
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	614149.99	1412353.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	592783.03	1313513.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	1493.88	27840.03
(i) Federal Share.....		
(ii) Non-Federal Share.....	5619.40	97274.15
(b) Other Federal Operating Expenditures.....	30333.05	158031.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	37446.33	283145.74
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).....	30282.85	67305.05
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.....	600.00	600.00
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	519261.73	844647.25
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	519261.73	844647.25
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	587590.91	1195698.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	581971.51	1098423.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	76500.00	206575.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76500.00	206575.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	31826.93	185871.59
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	10792.52
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31826.93	175079.07

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

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

FOR LINE NUMBER: PAGE 6 / 107

(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) Chris H Bartle		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 117 Prince Street		Transaction ID: SA11A1.8576
City New York	State NY	Zip Code 10012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer APC Group	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

B. Full Name (Last, First, Middle Initial) Johnnie C Chace		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 38 Orchard Avenue		Transaction ID: SA11A1.8580
City Providence	State RI	Zip Code 02906
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer Cornish	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

C. Full Name (Last, First, Middle Initial) William De Magistris		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 83 Prospect Street		Transaction ID: SA11A1.8567
City Wakefield	State RI	Zip Code 02879
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)

21000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 7 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Stephen L Glascock

Mailing Address 1136 Fifth Avenue

City	State	Zip Code
New York	NY	10128

FEC ID number of contributing
federal political committee.**C**Name of Employer
Anbau EnterprisesOccupation
Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11A1.8572

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Jill Klinow Jaffe

Mailing Address 15 Freeman Parkway

City	State	Zip Code
Providence	RI	02906

FEC ID number of contributing
federal political committee.**C**Name of Employer
HomemakerOccupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.8570

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert Jaffe

Mailing Address 15 Freeman Parkway

City	State	Zip Code
Providence	RI	02906

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-employedOccupation
Actor/Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.8569

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 107

(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) Peter Morton		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 510 North Robertson Boulevard		Transaction ID: SA11A1.8573
City State Zip Code Los Angeles CA 90048	Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hard Rock Cafe	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

B. Full Name (Last, First, Middle Initial) Terrence Murray		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address 218 El Brillo Way		Transaction ID: SA11A1.8579
City State Zip Code Palm Beach FL 33480	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Marcia S Riesman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address 245 Waterman Street		Transaction ID: SA11A1.8578
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)

13500.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 9 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) Elizabeth Roberts Mailing Address 254 Norwood Avenue City Cranston State RI Zip Code 02905 FEC ID number of contributing federal political committee. C Name of Employer State of Rhode Island Occupation State Senator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.8577 Amount of Each Receipt this Period 10000.00
B. Full Name (Last, First, Middle Initial) Thomas H. Roberts Mailing Address 254 Norwood Avenue City Cranston State RI Zip Code 02905 FEC ID number of contributing federal political committee. C Name of Employer RISD Occupation Professor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 6 Transaction ID: SA11A1.8575 Amount of Each Receipt this Period 10000.00
C. Full Name (Last, First, Middle Initial) Janet G Whitehouse Mailing Address 7476 Frogtown Road City Marshall State VA Zip Code 20115 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.8574 Amount of Each Receipt this Period 10000.00
SUBTOTAL of Receipts This Page (optional) ▶			30000.00
TOTAL This Period (last page this line number only) ▶			70500.00

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

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

FOR LINE NUMBER: PAGE 10 / 107

(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)
Democrat Republican Independent Voter

Mailing Address 25 Louisiana Avenue, NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 6

Transaction ID: SA11C.8582

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL

Mailing Address 1750 New York Avenue NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5600.00

Date of Receipt

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

Transaction ID: SA11C.8621

Amount of Each Receipt this Period

5000.00

Reattribute 600.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

6000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 107

(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

Full Name (Last, First, Middle Initial)

A. 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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3647.38

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 5 / 2 0 0 6

Transaction ID: SA12.8603

Amount of Each Receipt this Period

1919.03

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City State Zip Code
 Washington DC 20002

FEC ID number of contributing
federal political committee.

C

C00042366

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688635.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 7 / 2 0 0 6

Transaction ID: SA12.8415

Amount of Each Receipt this Period

112500.00

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City State Zip Code
 Washington DC 20002

FEC ID number of contributing
federal political committee.

C

C00042366

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801135.00

Date of Receipt

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

Transaction ID: SA12.8416

Amount of Each Receipt this Period

112500.00

SUBTOTAL of Receipts This Page (optional)

226919.03

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 12 / 107

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City	State	Zip Code
Washington	DC	20002

FEC ID number of contributing
federal political committee.**C** C00042366

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

851745.00

Date of Receipt

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

Transaction ID: SA12.8417

Amount of Each Receipt this Period

50610.00

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City	State	Zip Code
Washington	DC	20002

FEC ID number of contributing
federal political committee.**C** C00042366

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1090499.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	6

Transaction ID: SA12.8418

Amount of Each Receipt this Period

238754.00

SUBTOTAL of Receipts This Page (optional)

289364.00

TOTAL This Period (last page this line number only)

516283.03

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 13 / 107

<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. Acorn-OPG Graphics

Mailing Address 117 Broadway

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Office printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8364

Date of Disbursement

/ /

Amount of Each Disbursement this Period

66.34

Full Name (Last, First, Middle Initial)

B. Advantage Payroll

Mailing Address 90 Jefferson Boulevard

City
Warwick

State
RI

Zip Code
02888

Purpose of Disbursement
Payroll service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8291

Date of Disbursement

/ /

Amount of Each Disbursement this Period

85.30

Full Name (Last, First, Middle Initial)

C. Advantage Payroll

Mailing Address 90 Jefferson Boulevard

City
Warwick

State
RI

Zip Code
02888

Purpose of Disbursement
Payroll service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8292

Date of Disbursement

/ /

Amount of Each Disbursement this Period

95.50

SUBTOTAL of Disbursements This Page (optional)

247.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 107

<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. American Express

Mailing Address 300 South Riverside Plaza

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Credit card payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8354

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

757.83

B. Dell Catalog Sales

Mailing Address One Dell Way

City Round Rock State TX Zip Code 78682

Purpose of Disbursement
Computer software

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8354.0

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

757.83

[MEMO ITEM]

C. American Express

Mailing Address 300 South Riverside Plaza

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Credit card payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8376

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

2029.20

SUBTOTAL of Disbursements This Page (optional)

2787.03

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 107

<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. Shell.com

Mailing Address PO Box 2463

City
Houston

State
TX

Zip Code
77252

Purpose of Disbursement

Gas cards

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.8376.0

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2006

Amount of Each Disbursement this Period

2029.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Gabriel Amo

Mailing Address 29 Ivy Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement

Intern stipend

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.8540

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2006

Amount of Each Disbursement this Period

667.00

Full Name (Last, First, Middle Initial)

C. Gabriel Amo

Mailing Address 29 Ivy Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement

Intern stipend

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.8541

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2006

Amount of Each Disbursement this Period

333.50

SUBTOTAL of Disbursements This Page (optional)

1000.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 107

<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. Gabriel Amo

Mailing Address 29 Ivy Street

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Intern stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8542

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.50

Full Name (Last, First, Middle Initial)

B. Benny's

Mailing Address 66 Branch Avenue

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8293

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.72

Full Name (Last, First, Middle Initial)

C. Benny's

Mailing Address 66 Branch Avenue

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8294

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.20

SUBTOTAL of Disbursements This Page (optional)

1045.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 107

<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. Benny's

Mailing Address 66 Branch Avenue

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8295

Date of Disbursement

/ /

Amount of Each Disbursement this Period

90.89

Full Name (Last, First, Middle Initial)

B. Benedict Bernstein

Mailing Address 104 Governor Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Intern stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8341

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. David Bonzagni

Mailing Address 74 South River Drive

City
Narragansett

State
RI

Zip Code
02882

Purpose of Disbursement
Reimburse office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8384

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)

620.89

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 107

<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. Busbank.com

Mailing Address 200 W Adams Street

City
Chicago

State
IL

Zip Code
60606

Purpose of Disbursement
Bus rental volunteers

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8360

Date of Disbursement

/ /

Amount of Each Disbursement this Period

457.51

Full Name (Last, First, Middle Initial)

B. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8296

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

C. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8297

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.00

SUBTOTAL of Disbursements This Page (optional)

487.51

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 107

<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. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8299

Date of Disbursement

08 / 15 / 2006

Amount of Each Disbursement this Period

18.00

Full Name (Last, First, Middle Initial)

B. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8300

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

C. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8301

Date of Disbursement

08 / 17 / 2006

Amount of Each Disbursement this Period

18.00

SUBTOTAL of Disbursements This Page (optional)

48.00

TOTAL This Period (last page this line number only)

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 20 / 107

<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. Citizens Bank

Mailing Address One Citizens Plaza

City Providence State RI Zip Code 02903

Purpose of Disbursement

Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8302

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

12.00

B. Citizens Bank

Mailing Address One Citizens Plaza

City Providence State RI Zip Code 02903

Purpose of Disbursement

Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8303

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

18.00

C. Citizens Bank

Full Name (Last, First, Middle Initial)

Mailing Address One Citizens Plaza

City Providence State RI Zip Code 02903

Purpose of Disbursement

Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8304

Date of Disbursement

08 / 24 / 2006

Amount of Each Disbursement this Period

18.00

SUBTOTAL of Disbursements This Page (optional)

48.00

TOTAL This Period (last page this line number only)

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 21 / 107

<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. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.8305

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.00

Full Name (Last, First, Middle Initial)

B. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.8307

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

C. Citizens Bank

Mailing Address One Citizens Plaza

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.8306

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.00

SUBTOTAL of Disbursements This Page (optional)

48.00

TOTAL This Period (last page this line number only)

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 22 / 107

<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
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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Computer Telephone, Inc.

Mailing Address 60 Alhambra Road

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Telephone system

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8336

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

642.00

Full Name (Last, First, Middle Initial)

B. Cox Communications

Mailing Address P.O. Box 39

City
Newark

State
NJ

Zip Code
07101

Purpose of Disbursement
Telephone & modem service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8308

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

10667.24

Full Name (Last, First, Middle Initial)

C. Crimson Imaging Supplies, LLC

Mailing Address 4011 Pacific Coast Highway

City
Torrance

State
CA

Zip Code
90505

Purpose of Disbursement
Computer supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8366

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

244.98

SUBTOTAL of Disbursements This Page (optional)

11554.22

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 107

<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. Melodie DeMulling

Mailing Address 13981 121st Avenue

City Dayton State MN Zip Code 55327

Purpose of Disbursement
Reimburse postage and travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8328

Date of Disbursement

08 / 04 / 2006

Amount of Each Disbursement this Period

271.79

Full Name (Last, First, Middle Initial)

B. Domino's Pizza

Mailing Address 845 North Main Street

City Providence State RI Zip Code 02906

Purpose of Disbursement
Refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8339

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

207.00

Full Name (Last, First, Middle Initial)

C. Dr A C Cleaning

Mailing Address 41 Goldsmith Avenue

City East Providence State RI Zip Code 02914

Purpose of Disbursement
Office maintenance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8344

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

678.79

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 107

<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. Lacy Dwyer

Mailing Address 47 Wyndham Hill

City
Middletown

State
RI

Zip Code
02842

Purpose of Disbursement
Reimburse office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8309

Date of Disbursement

/ /

Amount of Each Disbursement this Period

76.41

Full Name (Last, First, Middle Initial)

B. Steven LaForm

Mailing Address 28 Broadway

City
Newport

State
RI

Zip Code
02840

Purpose of Disbursement
Outreach office rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8315

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Lexisnexis

Mailing Address PO Box 7247-7090

City
Philadelphia

State
PA

Zip Code
19170

Purpose of Disbursement
Subscription

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8310

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

976.41

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 107

<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. Matthew Lydon

Mailing Address 73 Fremont

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Reimburse office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8369

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.51

Full Name (Last, First, Middle Initial)

B. National Grid

Mailing Address Processing Center

City
Woburn

State
MA

Zip Code
01807

Purpose of Disbursement
Electricity

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8311

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.62

Full Name (Last, First, Middle Initial)

C. New England Gas

Mailing Address PO Box 17528

City
Baltimore

State
MD

Zip Code
21297

Purpose of Disbursement
Utility

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8348

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.44

SUBTOTAL of Disbursements This Page (optional)

166.57

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 107

<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. North Main Street Shell

Mailing Address 691 North Main Street

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Gas cards

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8380

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. North Main Street Shell

Mailing Address 691 North Main Street

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Gas cards

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8382

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. Perkins Coie

Mailing Address 1201 Third Avenue

City
Seattle

State
WA

Zip Code
98101

Purpose of Disbursement
Legal services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8312

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 107

<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. Poland Spring

Mailing Address PO Box 856192

City
Louisville

State
KY

Zip Code
40285

Purpose of Disbursement
Office refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8362

Date of Disbursement

/ /

Amount of Each Disbursement this Period

164.23

Full Name (Last, First, Middle Initial)

B. Quisqueya in Action

Mailing Address 807 Broad Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement
Festival booth rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8331

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Shein Management

Mailing Address 845 North Main Street

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Office rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8314

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2914.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 107

<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. Staples

Mailing Address 551 North Main Street

City Providence State RI Zip Code 02906

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8316

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

189.23

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 551 North Main Street

City Providence State RI Zip Code 02906

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8317

Date of Disbursement

08 / 07 / 2006

Amount of Each Disbursement this Period

94.11

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 551 North Main Street

City Providence State RI Zip Code 02906

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8318

Date of Disbursement

08 / 07 / 2006

Amount of Each Disbursement this Period

46.47

SUBTOTAL of Disbursements This Page (optional)

329.81

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 107

<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. Staples

Mailing Address 551 North Main Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8319

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.57

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 551 North Main Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8320

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.69

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 551 North Main Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8321

Date of Disbursement

/ /

Amount of Each Disbursement this Period

48.12

SUBTOTAL of Disbursements This Page (optional)

71.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 107

<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. Staples

Mailing Address 551 North Main Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8322

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.91

Full Name (Last, First, Middle Initial)

B. Stop & Shop

Mailing Address 333 West River

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8345

Date of Disbursement

/ /

Amount of Each Disbursement this Period

44.52

Full Name (Last, First, Middle Initial)

C. Stop & Shop

Mailing Address 333 West River

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8357

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.95

SUBTOTAL of Disbursements This Page (optional)

110.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 107

<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. Emily Sullivan

Mailing Address 580 Wickenden Street

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement

Reimburse tolls

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.8326

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.00

Full Name (Last, First, Middle Initial)

B. Jhomphy Ventura

Mailing Address 32 Farragut Avenue

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement

Reimburse cell phone expense

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.8327

Date of Disbursement

/ /

Amount of Each Disbursement this Period

281.50

Full Name (Last, First, Middle Initial)

C. Jhomphy Ventura

Mailing Address 32 Farragut Avenue

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement

Reimburse Float materials

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.8342

Date of Disbursement

/ /

Amount of Each Disbursement this Period

165.39

SUBTOTAL of Disbursements This Page (optional)

464.89

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 107

<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. Jhomphy Ventura

Mailing Address 32 Farragut Avenue

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement
Reimburse Float materials

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8343

Date of Disbursement

/ /

Amount of Each Disbursement this Period

97.77

Full Name (Last, First, Middle Initial)

B. Verizon

Mailing Address P.O. Box 28007

City
Lehigh Valley

State
PA

Zip Code
18002

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8335

Date of Disbursement

/ /

Amount of Each Disbursement this Period

366.36

Full Name (Last, First, Middle Initial)

C. Voter Activation Network

Mailing Address 54 Regent Street

City
Cambridge

State
MA

Zip Code
02140

Purpose of Disbursement
Voter file maintenance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8333

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3400.00

SUBTOTAL of Disbursements This Page (optional)

3864.13

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 107

<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. W.B. Mason

Mailing Address 59 Centre Street

City
Brockton

State
MA

Zip Code
02303

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8337

Date of Disbursement

/ /

Amount of Each Disbursement this Period

204.19

Full Name (Last, First, Middle Initial)

B. W.B. Mason

Mailing Address 59 Centre Street

City
Brockton

State
MA

Zip Code
02303

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8352

Date of Disbursement

/ /

Amount of Each Disbursement this Period

508.44

Full Name (Last, First, Middle Initial)

C. W.B. Mason

Mailing Address 59 Centre Street

City
Brockton

State
MA

Zip Code
02303

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8363

Date of Disbursement

/ /

Amount of Each Disbursement this Period

231.73

SUBTOTAL of Disbursements This Page (optional)

944.36

TOTAL This Period (last page this line number only)

29907.66

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 34 / 107

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. RI Democratic Non-federal Account

Mailing Address P O Box 6004

City
Providence

State
RI

Zip Code
02940

Purpose of Disbursement
Reattribute IUPAT contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.8648

Date of Disbursement

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

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

600.00

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 35 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Alicia Amdur

Mailing Address 792 McIntyre Avenue

City
Winter Prk

State
FL

Zip Code
32709

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8475

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

B. Alicia Amdur

Mailing Address 792 McIntyre Avenue

City
Winter Prk

State
FL

Zip Code
32709

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8476

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

C. AMS Communications Inc

Mailing Address 500 Sansome Street

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement

Printing/postage Lit 1 Exempt

Candidate Name
SHELDON II WHITEHOUSE

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

State: RI

District: 00

Transaction ID: SB30B.8650

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23969.00

SUBTOTAL of Disbursements This Page (optional)

25048.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. AMS Communications Inc

Mailing Address 500 Sansome Street

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement
Printing/postage Lit 2 Exempt

Candidate Name
SHELDON II WHITEHOUSE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: RI District: 00

Transaction ID: SB30B.8651

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25691.00

Full Name (Last, First, Middle Initial)

B. AMS Communications Inc

Mailing Address 500 Sansome Street

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement
Printing/postage Lit 3 Exempt

Candidate Name
SHELDON II WHITEHOUSE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: RI District: 00

Transaction ID: SB30B.8652

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42297.00

Full Name (Last, First, Middle Initial)

C. AMS Communications Inc

Mailing Address 500 Sansome Street

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement
Printing, postage, GOTV #1

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.8620

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23787.00

SUBTOTAL of Disbursements This Page (optional)

91775.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. AMS Communications Inc

Mailing Address 500 Sansome Street

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement
Printing postage GOTV Lit 2

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.8632

Date of Disbursement

/ /

Amount of Each Disbursement this Period

43748.00

Full Name (Last, First, Middle Initial)

B. AMS Communications Inc

Mailing Address 500 Sansome Street

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement
Printing/postage Lit 4 Exempt

Candidate Name
SHELDON II WHITEHOUSE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: RI District: 00

Transaction ID: SB30B.8653

Date of Disbursement

/ /

Amount of Each Disbursement this Period

39668.00

Full Name (Last, First, Middle Initial)

C. AMS Communications Inc

Mailing Address 500 Sansome Street

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement
Printing postage GOTV Lit 3,4

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.8633

Date of Disbursement

/ /

Amount of Each Disbursement this Period

87496.00

SUBTOTAL of Disbursements This Page (optional)

170912.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.8535

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7390.08

Full Name (Last, First, Middle Initial)

B. Gabriel Bluestone

Mailing Address 86 South Angell Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.8386

Date of Disbursement

/ /

Amount of Each Disbursement this Period

964.29

Full Name (Last, First, Middle Initial)

C. Gabriel Bluestone

Mailing Address 86 South Angell Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.8387

Date of Disbursement

/ /

Amount of Each Disbursement this Period

964.30

SUBTOTAL of Disbursements This Page (optional)

9318.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Sarah Bogdan

Mailing Address 133 Sutton Street

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8477

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

B. Sarah Bogdan

Mailing Address 133 Sutton Street

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8478

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

C. David Bonzagni

Mailing Address 74 South River Drive

City
Narragansett

State
RI

Zip Code
02882

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8479

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

SUBTOTAL of Disbursements This Page (optional)

1602.78

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Angela Botticella

Mailing Address 18 Phillipsburg

City Irvine State CA Zip Code 92620

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8388

Date of Disbursement

08 / 15 / 2006

Amount of Each Disbursement this Period

1142.25

Full Name (Last, First, Middle Initial)

B. Angela Botticella

Mailing Address 18 Phillipsburg

City Irvine State CA Zip Code 92620

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8389

Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

1142.25

Full Name (Last, First, Middle Initial)

C. Brett Broesder

Mailing Address 1 Trenton Street

City Providence State RI Zip Code 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8480

Date of Disbursement

08 / 15 / 2006

Amount of Each Disbursement this Period

557.19

SUBTOTAL of Disbursements This Page (optional)

2841.69

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Brett Broesder

Mailing Address 1 Trenton Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8481

Date of Disbursement

/ /

Amount of Each Disbursement this Period

557.19

Full Name (Last, First, Middle Initial)

B. Sean Brophy

Mailing Address 92 Melrose Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8482

Date of Disbursement

/ /

Amount of Each Disbursement this Period

612.22

Full Name (Last, First, Middle Initial)

C. Sean Brophy

Mailing Address 92 Melrose Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8483

Date of Disbursement

/ /

Amount of Each Disbursement this Period

612.23

SUBTOTAL of Disbursements This Page (optional)

1781.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Eric Chapell

Mailing Address 10203 Geronimo

City State Zip Code
Casa Grande AZ 85222

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8588

Date of Disbursement

M M / D D / Y Y Y Y
08 30 2006

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

B. Citizens Bank

Mailing Address One Citizens Plaza

City State Zip Code
Providence RI 02903

Purpose of Disbursement

Payroll tax deposit July

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8534

Date of Disbursement

M M / D D / Y Y Y Y
08 09 2006

Amount of Each Disbursement this Period

19893.85

Full Name (Last, First, Middle Initial)

C. Jacob Conarck

Mailing Address 7 Oxford Drive

City State Zip Code
Port Jeff Station NY 11776

Purpose of Disbursement

Net wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8484

Date of Disbursement

M M / D D / Y Y Y Y
08 15 2006

Amount of Each Disbursement this Period

539.99

SUBTOTAL of Disbursements This Page (optional)

20956.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Jacob Conarck

Mailing Address 7 Oxford Drive

City Port Jeff Station State NY Zip Code 11776

Purpose of Disbursement

Net wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.8485

Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

B. Melodie DeMulling

Mailing Address 13981 121st Avenue

City Dayton State MN Zip Code 55327

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.8390

Date of Disbursement

08 / 15 / 2006

Amount of Each Disbursement this Period

1731.75

Full Name (Last, First, Middle Initial)

C. Melodie DeMulling

Mailing Address 13981 121st Avenue

City Dayton State MN Zip Code 55327

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB30B.8391

Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

1731.75

SUBTOTAL of Disbursements This Page (optional)

4003.49

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Dickson

Mailing Address 19 Byron Street

City
No Providence

State
RI

Zip Code
02911

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8486

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

B. Jeffrey Dickson

Mailing Address 19 Byron Street

City
No Providence

State
RI

Zip Code
02911

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8487

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

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

Payroll taxes July

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8533

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2719.19

SUBTOTAL of Disbursements This Page (optional)

3764.79

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Michael Dorsey

Mailing Address 166 Valley Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8392

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Amount of Each Disbursement this Period

2217.88

Full Name (Last, First, Middle Initial)

B. Michael Dorsey

Mailing Address 166 Valley Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8393

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

2237.49

Full Name (Last, First, Middle Initial)

C. Lacy Dwyer

Mailing Address 47 Wyndham Hill

City
Middletown

State
RI

Zip Code
02842

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8394

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Amount of Each Disbursement this Period

1170.57

SUBTOTAL of Disbursements This Page (optional)

5625.94

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 46 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Lacy Dwyer

Mailing Address 47 Wyndham Hill

City
Middletown

State
RI

Zip Code
02842

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.8395

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

1170.57

Full Name (Last, First, Middle Initial)

B. Jonathan Engel

Mailing Address 45 Junip Road

City
Belmont

State
MA

Zip Code
02478

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.8488

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

C. Jonathan Engel

Mailing Address 45 Junip Road

City
Belmont

State
MA

Zip Code
02478

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.8489

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

539.99

SUBTOTAL of Disbursements This Page (optional)

2250.55

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Brian Farnkoff

Mailing Address 43 Billings Street

City
Boston

State
MA

Zip Code
02132

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8490

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

B. Brian Farnkoff

Mailing Address 43 Billings Street

City
Boston

State
MA

Zip Code
02132

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8491

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

C. Parker Farrington

Mailing Address 37 Devon Road

City
Chestnut Hill

State
MA

Zip Code
02467

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8492

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

SUBTOTAL of Disbursements This Page (optional)

1585.59

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Parker Farrington

Mailing Address 37 Devon Road

City
Chestnut Hill

State
MA

Zip Code
02467

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8493

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

B. Regina Fiorentini

Mailing Address 36 Macon Avenue

City
Haverhill

State
MA

Zip Code
01830

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8396

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

Full Name (Last, First, Middle Initial)

C. Regina Fiorentini

Mailing Address 36 Macon Avenue

City
Haverhill

State
MA

Zip Code
01830

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8397

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

SUBTOTAL of Disbursements This Page (optional)

2881.13

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Amanda Foster

Mailing Address 19 Byron Street

City
North Providence

State
RI

Zip Code
02911

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.8494

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

B. Amanda Foster

Mailing Address 19 Byron Street

City
North Providence

State
RI

Zip Code
02911

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.8495

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

C. Timothy Fraser

Mailing Address 78 Fisher Street

City
Medway

State
MA

Zip Code
02053

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.8398

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Amount of Each Disbursement this Period

1170.57

SUBTOTAL of Disbursements This Page (optional)

2250.55

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Timothy Fraser

Mailing Address 78 Fisher Street

City
Medway

State
MA

Zip Code
02053

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8399

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

Full Name (Last, First, Middle Initial)

B. Jeffrey Gohringer

Mailing Address 19 Byron Street

City

North Providence

State
RI

Zip Code
02911

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8496

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

C. Jeffrey Gohringer

Mailing Address 19 Byron Street

City

North Providence

State
RI

Zip Code
02911

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8497

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

SUBTOTAL of Disbursements This Page (optional)

2250.55

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Great American Media

Mailing Address 1010 Wisconsin Avenue NW

City Washington State DC Zip Code 20007

Purpose of Disbursement
Generic radio production and buy

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.8635

Date of Disbursement

08 / 28 / 2006

Amount of Each Disbursement this Period

78119.43

Full Name (Last, First, Middle Initial)

B. Anna Gustina

Mailing Address 111 University Avenue

City Buffalo State NY Zip Code 14214

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.8400

Date of Disbursement

08 / 15 / 2006

Amount of Each Disbursement this Period

1731.75

Full Name (Last, First, Middle Initial)

C. Anna Gustina

Mailing Address 111 University Avenue

City Buffalo State NY Zip Code 14214

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB30B.8401

Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

1731.75

SUBTOTAL of Disbursements This Page (optional)

81582.93

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Kelly Harlow

Mailing Address 3906 West Oak Drive

City
Columbia

State
MO

Zip Code
65302

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8402

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

Full Name (Last, First, Middle Initial)

B. Kelly Harlow

Mailing Address 3906 West Oak Drive

City
Columbia

State
MO

Zip Code
65302

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8403

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

Full Name (Last, First, Middle Initial)

C. Nicole Hilmer-Heartte

Mailing Address 5 East Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8404

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

SUBTOTAL of Disbursements This Page (optional)

3124.94

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Nicole Hilmer-Heartte

Mailing Address 5 East Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.8405

Date of Disbursement

/ /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

B. Rose Jackson

Mailing Address 5750 Broadway Street

City
Indianapolis

State
IN

Zip Code
46220

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.8498

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

C. Rose Jackson

Mailing Address 5750 Broadway Street

City
Indianapolis

State
IN

Zip Code
46220

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.8499

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

SUBTOTAL of Disbursements This Page (optional)

1829.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 107

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

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

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Nicholas Jeffrey

Mailing Address 6 Holiday Court

City Lincoln State RI Zip Code 02865

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8500

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

B. Nicholas Jeffrey

Mailing Address 6 Holiday Court

City Lincoln State RI Zip Code 02865

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8501

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

C. Patricia Kammerer

Mailing Address PO Box 1495

City Westerly State RI Zip Code 02891

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8410

Date of Disbursement

/ /

Amount of Each Disbursement this Period

809.57

SUBTOTAL of Disbursements This Page (optional)

1889.55

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 55 / 107

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

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

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Micheal Keane

Mailing Address 166 Valley Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8406

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1333.64

Full Name (Last, First, Middle Initial)

B. Micheal Keane

Mailing Address 166 Valley Street

City
Providence

State
RI

Zip Code
02909

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8407

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1333.63

Full Name (Last, First, Middle Initial)

C. Seth Larson

Mailing Address 65 Plantation Drive

City
Saunderstown

State
RI

Zip Code
02874

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8502

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

SUBTOTAL of Disbursements This Page (optional)

3190.07

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Seth Larson

Mailing Address 65 Plantation Drive

City
Saunderstown

State
RI

Zip Code
02874

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8503

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

B. Sara Lonardo

Mailing Address 471 Douglas Avenue

City
Providence

State
RI

Zip Code
02908

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8504

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

C. Sara Lonardo

Mailing Address 471 Douglas Avenue

City
Providence

State
RI

Zip Code
02908

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8505

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

SUBTOTAL of Disbursements This Page (optional)

1568.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 57 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Hamlet Lopez

Mailing Address 105 Comstock Street

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8587

Date of Disbursement

/ /

Amount of Each Disbursement this Period

426.44

Full Name (Last, First, Middle Initial)

B. Matthew Lydon

Mailing Address 73 Fremont

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8408

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

Full Name (Last, First, Middle Initial)

C. Matthew Lydon

Mailing Address 73 Fremont

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8409

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.57

SUBTOTAL of Disbursements This Page (optional)

2767.58

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Lauren Mandelker

Mailing Address 299 Wickenden Street

City State Zip Code
Providence RI 02903

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8506

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

B. Lauren Mandelker

Mailing Address 299 Wickenden Street

City State Zip Code
Providence RI 02903

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8507

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

C. Brian Monteiro

Mailing Address 172 Leonard Avenue

City State Zip Code
East Providence RI 02914

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8508

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Amount of Each Disbursement this Period

522.80

SUBTOTAL of Disbursements This Page (optional)

1568.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 59 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Brian Monteiro

Mailing Address 172 Leonard Avenue

City
East Providence

State
RI

Zip Code
02914

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.8509

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

B. Hollie Saunders

Mailing Address 29 Russell Avenue

City
East Providence

State
RI

Zip Code
02914

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.8510

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

C. Hollie Saunders

Mailing Address 29 Russell Avenue

City
East Providence

State
RI

Zip Code
02914

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.8511

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

SUBTOTAL of Disbursements This Page (optional)

1568.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Ryan Sears

Mailing Address 2156 Palmetto Terrace

City Fullerton State CA Zip Code 92831

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8585

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

B. Ryan Sears

Mailing Address 2156 Palmetto Terrace

City Fullerton State CA Zip Code 92831

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8586

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

C. Jeremy Slaughter

Mailing Address 55 Pond Drive

City Fairmont State WV Zip Code 26554

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8530

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1098.26

SUBTOTAL of Disbursements This Page (optional)

2143.86

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 61 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Jeremy Slaughter

Mailing Address 55 Pond Drive

City
Fairmont

State
WV

Zip Code
26554

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8532

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1098.26

Full Name (Last, First, Middle Initial)

B. Jenna Soendker

Mailing Address 12507 Hwy D

City
Napoleon

State
MD

Zip Code
64074

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8512

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

C. Jenna Soendker

Mailing Address 12507 Hwy D

City
Napoleon

State
MD

Zip Code
64074

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8513

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

SUBTOTAL of Disbursements This Page (optional)

2143.86

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Anisa Somani

Mailing Address 24 South Court Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8514

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

B. Anisa Somani

Mailing Address 24 South Court Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8515

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

C. Prospero Suazo

Mailing Address 230 Roger Williams

City
Providence

State
RI

Zip Code
02907

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8516

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

SUBTOTAL of Disbursements This Page (optional)

1602.78

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 63 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Prospero Suazo

Mailing Address 230 Roger Williams

City State Zip Code
Providence RI 02907

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.8517

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.80

Full Name (Last, First, Middle Initial)

B. Anand Sudhakar

Mailing Address 93 East George Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.8518

Date of Disbursement

/ /

Amount of Each Disbursement this Period

612.22

Full Name (Last, First, Middle Initial)

C. Anand Sudhakar

Mailing Address 93 East George Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.8519

Date of Disbursement

/ /

Amount of Each Disbursement this Period

612.23

SUBTOTAL of Disbursements This Page (optional)

1747.25

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 / 107

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Emily Sullivan

Mailing Address 580 Wickenden Street

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8520

Date of Disbursement

/ /

Amount of Each Disbursement this Period

577.83

Full Name (Last, First, Middle Initial)

B. Emily Sullivan

Mailing Address 580 Wickenden Street

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8521

Date of Disbursement

/ /

Amount of Each Disbursement this Period

577.84

Full Name (Last, First, Middle Initial)

C. The Tyson Organization

Mailing Address 1000 Macon Street

City
Forth Worth

State
TX

Zip Code
76102

Purpose of Disbursement

GOTV automated calls

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8634

Date of Disbursement

/ /

Amount of Each Disbursement this Period

56449.44

SUBTOTAL of Disbursements This Page (optional)

57605.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 65 / 107

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

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

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Jeff Thibeau

Mailing Address 30 Rock Street

City
Bristol

State
RI

Zip Code
02809

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8522

Date of Disbursement

/ /

Amount of Each Disbursement this Period

505.60

Full Name (Last, First, Middle Initial)

B. Jeff Thibeau

Mailing Address 30 Rock Street

City
Bristol

State
RI

Zip Code
02809

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8523

Date of Disbursement

/ /

Amount of Each Disbursement this Period

505.60

Full Name (Last, First, Middle Initial)

C. Christopher Torres

Mailing Address 75 Waterman Street

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB30B.8597

Date of Disbursement

/ /

Amount of Each Disbursement this Period

451.10

SUBTOTAL of Disbursements This Page (optional)

1462.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 66 / 107

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

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

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Christopher Torres

Mailing Address 75 Waterman Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8583

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

B. Ben Traverse

Mailing Address 32 Elmgrove Avenue

City State Zip Code
Providence RI 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8524

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

Full Name (Last, First, Middle Initial)

C. Ben Traverse

Mailing Address 32 Elmgrove Avenue

City State Zip Code
Providence RI 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8525

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

SUBTOTAL of Disbursements This Page (optional) ►

1619.97

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 67 / 107

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

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

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Jhomphy Ventura

Mailing Address 32 Farragut Avenue

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.8526

Date of Disbursement

/ /

Amount of Each Disbursement this Period

958.48

Full Name (Last, First, Middle Initial)

B. Jhomphy Ventura

Mailing Address 32 Farragut Avenue

City
Providence

State
RI

Zip Code
02905

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.8527

Date of Disbursement

/ /

Amount of Each Disbursement this Period

958.48

Full Name (Last, First, Middle Initial)

C. Megan Wilbur

Mailing Address 299 Wickenden Street

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement

Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.8528

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

SUBTOTAL of Disbursements This Page (optional)

2456.95

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 107

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

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

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Megan Wilbur

Mailing Address 299 Wickenden Street

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Net wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.8529

Date of Disbursement

/ /

Amount of Each Disbursement this Period

539.99

SUBTOTAL of Disbursements This Page (optional)

539.99

TOTAL This Period (last page this line number only)

519261.73

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

PAGE 69 / 107

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:

- ☐
- Primary
-
- ☐
- General
-
- ☐
- Other (specify) ▼

Mailing Address 350 Cole Avenue

City Providence

State RI

ZIP Code 02906

Original Amount of Loan

5249.87

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5249.87

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

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

% (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

5249.87

TOTALS This Period (last page in this line only) ▶

5249.87

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

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 70 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee Acorn-OPG Graphics				Purpose of Expenditure Volunteer supporter cards <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 117 Broadway					
City Providence		State RI		ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">X</div>		House Senate Presidential State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; text-align: center;">64925.18</div>				Amount <div style="border: 1px solid black; width: 150px; text-align: right;">532.86</div>	
Transaction ID: SF25.8600				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Alicia Amdur				Purpose of Expenditure Net wages-voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 792 McIntyre Avenue					
City Winter Prk		State FL		ZIP Code 32709	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">X</div>		House Senate Presidential State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; text-align: center;">43150.12</div>				Amount <div style="border: 1px solid black; width: 150px; text-align: right;">269.58</div>	
Transaction ID: SF25.8419				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Alicia Amdur				Purpose of Expenditure Net wages-voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 792 McIntyre Avenue					
City Winter Prk		State FL		ZIP Code 32709	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">X</div>		House Senate Presidential State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; text-align: center;">55412.66</div>				Amount <div style="border: 1px solid black; width: 150px; text-align: right;">269.58</div>	
Transaction ID: SF25.8420				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional) ►		<div style="border: 1px solid black; width: 150px; text-align: center;">1072.02</div>
TOTAL This Period (last page this line number only) ►		

SCHEDULE F (FEC Form 3X)
**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 71 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee	
		Mailing Address	
		City State ZIP Code	

Full Name (Last, First, Middle Initial) of Each Payee Gabriel Amo				Purpose of Expenditure Stipend - voter peruasion		<input type="checkbox"/> Category/Type	
Mailing Address 29 Ivy Street				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">333.00</div>	
City State ZIP Code Pawtucket RI 02860		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: RI District: 00					
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">42880.54</div> Transaction ID: SF25.8538							

Full Name (Last, First, Middle Initial) of Each Payee Gabriel Amo				Purpose of Expenditure Stipend - voter peruasion		<input type="checkbox"/> Category/Type	
Mailing Address 29 Ivy Street				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">166.50</div>	
City State ZIP Code Pawtucket RI 02860		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: RI District: 00					
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">50531.30</div> Transaction ID: SF25.8536							

Full Name (Last, First, Middle Initial) of Each Payee Gabriel Amo				Purpose of Expenditure Stipend - voter peruasion		<input type="checkbox"/> Category/Type	
Mailing Address 29 Ivy Street				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">499.50</div>	
City State ZIP Code Pawtucket RI 02860		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: RI District: 00					
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">63387.84</div> Transaction ID: SF25.8539							

SUBTOTAL of Expenditures This Page (optional) ▶		<div style="border: 1px solid black; padding: 2px; text-align: right;">999.00</div>	
TOTAL This Period (last page this line number only) ▶			

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 72 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee Blue Cross Blue Shield of Rhode Island				Purpose of Expenditure Health Insurance-voter persuasion		<input type="text"/> Category/Type																					
Mailing Address PO Box 1057				Date <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">8</td> <td></td> <td style="text-align: center;">3</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
0	8		3					1		2	0	0	6														
City State ZIP Code Providence RI 02901																											
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2379.87</div>																					
Aggregate General Election Expenditure for this Candidate ► Transaction ID: SF25.8546																											

Full Name (Last, First, Middle Initial) of Each Payee Sarah Bogdan				Purpose of Expenditure Net wages - voter persuasion		<input type="text"/> Category/Type																					
Mailing Address 133 Sutton Street				Date <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">8</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
0	8		1					5		2	0	0	6														
City State ZIP Code Providence RI 02903																											
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>																					
Aggregate General Election Expenditure for this Candidate ► Transaction ID: SF25.8421																											

Full Name (Last, First, Middle Initial) of Each Payee Sarah Bogdan				Purpose of Expenditure Net wages - voter persuasion		<input type="text"/> Category/Type																					
Mailing Address 133 Sutton Street				Date <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">8</td> <td></td> <td style="text-align: center;">3</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
0	8		3					0		2	0	0	6														
City State ZIP Code Providence RI 02903																											
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>																					
Aggregate General Election Expenditure for this Candidate ► Transaction ID: SF25.8422																											

SUBTOTAL of Expenditures This Page (optional) ►		2919.03	
TOTAL This Period (last page this line number only) ►			

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 73 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee David Bonzagni				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 74 South River Drive				Date M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6				
City Narragansett		State RI					ZIP Code 02882	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 55943.24 Transaction ID: SF25.8423								
Full Name (Last, First, Middle Initial) of Each Payee Brett Broesder				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 1 Trenton Street				Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6				
City Providence		State RI					ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 43697.87 Transaction ID: SF25.8424								
Full Name (Last, First, Middle Initial) of Each Payee Brett Broesder				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 1 Trenton Street				Date M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6				
City Providence		State RI					ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 56221.41 Transaction ID: SF25.8425								
SUBTOTAL of Expenditures This Page (optional) ►				817.34				
TOTAL This Period (last page this line number only) ►								

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 74 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic National Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee Sean Brophy				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type																					
Mailing Address 92 Melrose Street				Date <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">8</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
0	8		1					5		2	0	0	6														
City State ZIP Code Providence RI 02907																											
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">305.65</div>																					
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right;">44003.52</div>																											
Transaction ID: SF25.8426				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																							

Full Name (Last, First, Middle Initial) of Each Payee Sean Brophy				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type																					
Mailing Address 92 Melrose Street				Date <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">8</td> <td></td> <td style="text-align: center;">3</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
0	8		3					0		2	0	0	6														
City State ZIP Code Providence RI 02907																											
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">305.65</div>																					
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right;">56527.06</div>																											
Transaction ID: SF25.8427				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																							

Full Name (Last, First, Middle Initial) of Each Payee Eric Chapell				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type																					
Mailing Address 10203 Geronimo				Date <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">8</td> <td></td> <td style="text-align: center;">3</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
0	8		3					0		2	0	0	6														
City State ZIP Code Casa Grande AZ 85222																											
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">261.00</div>																					
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right;">64392.32</div>																											
Transaction ID: SF25.8594				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																							

SUBTOTAL of Expenditures This Page (optional)		<div style="border: 1px solid black; padding: 2px; text-align: right;">872.30</div>	
TOTAL This Period (last page this line number only)		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 75 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee Citizens Bank				Purpose of Expenditure Payroll tax deposit-voter persuasion <div style="float: right; border: 1px solid black; padding: 2px;">Category/Type</div>	
Mailing Address One Citizens Plaza					
City Providence		State RI		ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div> House Senate Presidential		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 8</div> <div style="border: 1px solid black; padding: 2px;">D D 0 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	
		State: RI District: 00		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4979.63</div>	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; display: inline-block;">42001.83</div> <div style="text-align: right;">Transaction ID: SF25.8545</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jacob Conarck				Purpose of Expenditure Net wages - voter persuasion <div style="float: right; border: 1px solid black; padding: 2px;">Category/Type</div>	
Mailing Address 7 Oxford Drive					
City Port Jeff Station		State NY		ZIP Code 11776	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div> House Senate Presidential		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 8</div> <div style="border: 1px solid black; padding: 2px;">D D 1 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	
		State: RI District: 00		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; display: inline-block;">44273.10</div> <div style="text-align: right;">Transaction ID: SF25.8428</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jacob Conarck				Purpose of Expenditure Net wages - voter persuasion <div style="float: right; border: 1px solid black; padding: 2px;">Category/Type</div>	
Mailing Address 7 Oxford Drive					
City Port Jeff Station		State NY		ZIP Code 11776	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div> House Senate Presidential		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 8</div> <div style="border: 1px solid black; padding: 2px;">D D 3 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	
		State: RI District: 00		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">269.58</div>	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; display: inline-block;">56796.64</div> <div style="text-align: right;">Transaction ID: SF25.8429</div>				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional) ►		<div style="border: 1px solid black; padding: 2px; display: inline-block;">5518.79</div>
TOTAL This Period (last page this line number only) ►		

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 76 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Dickson				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 19 Byron Street				Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6				
City No Providence		State RI					ZIP Code 02911	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 44534.10 Transaction ID: SF25.8430								
Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Dickson				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 19 Byron Street				Date M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6				
City No Providence		State RI					ZIP Code 02911	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 57057.64 Transaction ID: SF25.8431								
Full Name (Last, First, Middle Initial) of Each Payee Division of Taxation				Purpose of Expenditure State payroll tax-voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address One Capitol Hill				Date M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6				
City Providence		State RI					ZIP Code 02908	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 42547.54 Transaction ID: SF25.8547								
SUBTOTAL of Expenditures This Page (optional) ►				1067.71				
TOTAL This Period (last page this line number only) ►								

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 77 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee Jonathan Engel				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type			
Mailing Address 45 Junip Road				Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6					
City Belmont		State MA						ZIP Code 02478	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 44803.68 Transaction ID: SF25.8432				Amount 269.58 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Jonathan Engel				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type			
Mailing Address 45 Junip Road				Date M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6					
City Belmont		State MA						ZIP Code 02478	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 57327.22 Transaction ID: SF25.8433				Amount 269.58 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Brian Farnkoff				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type			
Mailing Address 43 Billings Street				Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6					
City Boston		State MA						ZIP Code 02132	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 45064.68 Transaction ID: SF25.8434				Amount 261.00 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

SUBTOTAL of Expenditures This Page (optional) ►		800.16	
TOTAL This Period (last page this line number only) ►			

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 78 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee Brian Farnkoff				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type			
Mailing Address 43 Billings Street				Date M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6					
City Boston		State MA						ZIP Code 02132	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 57588.22 Transaction ID: SF25.8435				Amount 261.00 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Parker Farrington				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type			
Mailing Address 37 Devon Road				Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6					
City Chestnut Hill		State MA						ZIP Code 02467	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 45334.26 Transaction ID: SF25.8436				Amount 269.58 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Parker Farrington				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type			
Mailing Address 37 Devon Road				Date M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6					
City Chestnut Hill		State MA						ZIP Code 02467	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 57857.80 Transaction ID: SF25.8437				Amount 269.58 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

SUBTOTAL of Expenditures This Page (optional) ►		800.16	
TOTAL This Period (last page this line number only) ►			

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 79 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee Amanda Foster				Purpose of Expenditure Net wages-voter persuasion		<input type="text"/> Category/Type			
Mailing Address 19 Byron Street				Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6					
City North Providence		State RI						ZIP Code 02911	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 45603.84 Transaction ID: SF25.8438				Amount 269.58 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Amanda Foster				Purpose of Expenditure Net wages-voter persuasion		<input type="text"/> Category/Type			
Mailing Address 19 Byron Street				Date M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6					
City North Providence		State RI						ZIP Code 02911	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 58127.38 Transaction ID: SF25.8439				Amount 269.58 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Gohringer				Purpose of Expenditure Net wages-voter persuasion		<input type="text"/> Category/Type			
Mailing Address 19 Byron Street				Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6					
City North Providence		State RI						ZIP Code 02911	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 45873.42 Transaction ID: SF25.8440				Amount 269.58 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

SUBTOTAL of Expenditures This Page (optional) ►		808.74	
TOTAL This Period (last page this line number only) ►			

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 80 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Gohringer				Purpose of Expenditure Net wages-voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 19 Byron Street					
City North Providence		State RI		ZIP Code 02911	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">X</div>		House Senate Presidential State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; text-align: right; float: right; margin-top: -20px;">58396.96</div>				Amount <div style="border: 1px solid black; width: 150px; text-align: right; float: right; margin-top: -20px;">269.58</div>	
Transaction ID: SF25.8441				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Rose Jackson				Purpose of Expenditure Net wages-voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 5750 Broadway Street					
City Indianapolis		State IN		ZIP Code 46220	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">X</div>		House Senate Presidential State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; text-align: right; float: right; margin-top: -20px;">46134.42</div>				Amount <div style="border: 1px solid black; width: 150px; text-align: right; float: right; margin-top: -20px;">261.00</div>	
Transaction ID: SF25.8442				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Rose Jackson				Purpose of Expenditure Net wages-voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 5750 Broadway Street					
City Indianapolis		State IN		ZIP Code 46220	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">X</div>		House Senate Presidential State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; text-align: right; float: right; margin-top: -20px;">58657.96</div>				Amount <div style="border: 1px solid black; width: 150px; text-align: right; float: right; margin-top: -20px;">261.00</div>	
Transaction ID: SF25.8443				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional) ►		<div style="border: 1px solid black; width: 150px; text-align: right; float: right; margin-top: -20px;">791.58</div>
TOTAL This Period (last page this line number only) ►		

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 81 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee Nicholas Jeffrey				Purpose of Expenditure Net wages-voter persuasion		<input type="text"/> Category/Type		
Mailing Address 6 Holiday Court				Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6				
City Lincoln		State RI					ZIP Code 02865	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 46404.00 Transaction ID: SF25.8444								
Full Name (Last, First, Middle Initial) of Each Payee Nicholas Jeffrey				Purpose of Expenditure Net wages-voter persuasion		<input type="text"/> Category/Type		
Mailing Address 6 Holiday Court				Date M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6				
City Lincoln		State RI					ZIP Code 02865	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 58927.54 Transaction ID: SF25.8445								
Full Name (Last, First, Middle Initial) of Each Payee Seth Larson				Purpose of Expenditure Net wages-voter persuasion		<input type="text"/> Category/Type		
Mailing Address 65 Plantation Drive				Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6				
City Saunderstown		State RI					ZIP Code 02874	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 46665.00 Transaction ID: SF25.8446								
SUBTOTAL of Expenditures This Page (optional) ► 800.16								
TOTAL This Period (last page this line number only) ►								

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 82 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee Seth Larson				Purpose of Expenditure Net wages-voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 65 Plantation Drive					
City Saunderstown		State RI		ZIP Code 02874	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">X</div>		House Senate Presidential	
		State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; text-align: right; float: right; margin-top: -20px;">59188.54</div>				Date <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;"> M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 </div>	
Transaction ID: SF25.8447				Amount <div style="border: 1px solid black; width: 150px; text-align: right; float: right; margin-top: -20px;">261.00</div>	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Sara Lonardo				Purpose of Expenditure Net wages - voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 471 Douglas Avenue					
City Providence		State RI		ZIP Code 02908	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">X</div>		House Senate Presidential	
		State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; text-align: right; float: right; margin-top: -20px;">46926.00</div>				Date <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;"> M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6 </div>	
Transaction ID: SF25.8448				Amount <div style="border: 1px solid black; width: 150px; text-align: right; float: right; margin-top: -20px;">261.00</div>	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Sara Lonardo				Purpose of Expenditure Net wages - voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 471 Douglas Avenue					
City Providence		State RI		ZIP Code 02908	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">X</div>		House Senate Presidential	
		State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; text-align: right; float: right; margin-top: -20px;">59449.54</div>				Date <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;"> M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 </div>	
Transaction ID: SF25.8449				Amount <div style="border: 1px solid black; width: 150px; text-align: right; float: right; margin-top: -20px;">261.00</div>	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional) ►		<div style="border: 1px solid black; width: 150px; text-align: right; float: right; margin-top: -20px;">783.00</div>
TOTAL This Period (last page this line number only) ►		

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 83 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Hamlet Lopez				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 105 Comstock Street				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 6</div> </div>				
City Providence		State RI					ZIP Code 02907	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 64131.32 Transaction ID: SF25.8593								
Full Name (Last, First, Middle Initial) of Each Payee Lauren Mandelker				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 299 Wickenden Street				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 6</div> </div>				
City Providence		State RI					ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 47187.00 Transaction ID: SF25.8450								
Full Name (Last, First, Middle Initial) of Each Payee Lauren Mandelker				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 299 Wickenden Street				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 6</div> </div>				
City Providence		State RI					ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 59710.54 Transaction ID: SF25.8451								
SUBTOTAL of Expenditures This Page (optional) ►				734.90				
TOTAL This Period (last page this line number only) ►								

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 84 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Message Broadcast				Purpose of Expenditure Volunteer recruitment calls <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 4685 MacArthur Court					
City Newport Beach		State CA		ZIP Code 92660	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">X</div>		House Senate Presidential State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 55143.08 Transaction ID: SF25.8601				Amount <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">4125.58</div>	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Brian Monteiro				Purpose of Expenditure Net wages - voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 172 Leonard Avenue					
City East Providence		State RI		ZIP Code 02914	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">X</div>		House Senate Presidential State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 47448.00 Transaction ID: SF25.8452				Amount <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">261.00</div>	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Brian Monteiro				Purpose of Expenditure Net wages - voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 172 Leonard Avenue					
City East Providence		State RI		ZIP Code 02914	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">X</div>		House Senate Presidential State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 59971.54 Transaction ID: SF25.8453				Amount <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">261.00</div>	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional) ►		<div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">4647.58</div>
TOTAL This Period (last page this line number only) ►		

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 85 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Hollie Saunders				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 29 Russell Avenue				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 6</div> </div>				
City East Providence		State RI					ZIP Code 02914	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	House <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	State: RI Senate District: 00					
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">47709.00</div>								
Transaction ID: SF25.8454				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">261.00</div>				
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)								

Full Name (Last, First, Middle Initial) of Each Payee Hollie Saunders				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 29 Russell Avenue				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 6</div> </div>				
City East Providence		State RI					ZIP Code 02914	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	House <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	State: RI Senate District: 00					
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">60232.54</div>								
Transaction ID: SF25.8455				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">261.00</div>				
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)								

Full Name (Last, First, Middle Initial) of Each Payee Ryan Sears				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 2156 Palmetto Terrace				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 6</div> </div>				
City Fullerton		State CA					ZIP Code 92831	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	House <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>	State: RI Senate District: 00					
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">50792.30</div>								
Transaction ID: SF25.8590				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">261.00</div>				
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)								

SUBTOTAL of Expenditures This Page (optional) ►		<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">783.00</div>
TOTAL This Period (last page this line number only) ►		

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 86 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004 City: Providence State: RI ZIP Code: 02940	

Full Name (Last, First, Middle Initial) of Each Payee Ryan Sears				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type			
Mailing Address 2156 Palmetto Terrace				Date M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6		Amount 261.00			
City Fullerton		State CA						ZIP Code 92831	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 63648.84 Transaction ID: SF25.8591				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Jenna Soendker				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type			
Mailing Address 12507 Hwy D				Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6		Amount 261.00			
City Napoleon		State MD						ZIP Code 64074	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 47970.00 Transaction ID: SF25.8456				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Jenna Soendker				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type			
Mailing Address 12507 Hwy D				Date M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6		Amount 261.00			
City Napoleon		State MD						ZIP Code 64074	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 60493.54 Transaction ID: SF25.8457				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

SUBTOTAL of Expenditures This Page (optional) ►		783.00	
TOTAL This Period (last page this line number only) ►			

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 87 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Anisa Somani				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 24 South Court Street				Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6				
City Providence		State RI					ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 48239.58 Transaction ID: SF25.8458								
Full Name (Last, First, Middle Initial) of Each Payee Anisa Somani				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 24 South Court Street				Date M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6				
City Providence		State RI					ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 60763.12 Transaction ID: SF25.8459								
Full Name (Last, First, Middle Initial) of Each Payee Prospero Suazo				Purpose of Expenditure Net wages-voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 230 Roger Williams				Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6				
City Providence		State RI					ZIP Code 02907	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 48500.58 Transaction ID: SF25.8460								
SUBTOTAL of Expenditures This Page (optional) ►				800.16				
TOTAL This Period (last page this line number only) ►								

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 88 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee Prospero Suazo				Purpose of Expenditure Net wages-voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;"></div> Category/Type	
Mailing Address 230 Roger Williams					
City Providence		State RI		ZIP Code 02907	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;"></div> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 8</div> <div style="border: 1px solid black; padding: 2px;">D D 3 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	
		State: RI District: 00		Amount <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;"></div> 261.00	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;"></div> 61024.12 Transaction ID: SF25.8461				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Anand Sudhakar				Purpose of Expenditure Net wages - voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;"></div> Category/Type	
Mailing Address 93 East George Street					
City Providence		State RI		ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;"></div> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 8</div> <div style="border: 1px solid black; padding: 2px;">D D 1 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	
		State: RI District: 00		Amount <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;"></div> 305.65	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;"></div> 48806.23 Transaction ID: SF25.8462				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Anand Sudhakar				Purpose of Expenditure Net wages - voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;"></div> Category/Type	
Mailing Address 93 East George Street					
City Providence		State RI		ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;"></div> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 8</div> <div style="border: 1px solid black; padding: 2px;">D D 3 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	
		State: RI District: 00		Amount <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;"></div> 305.65	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;"></div> 61329.77 Transaction ID: SF25.8463				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional) ►		<div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;"></div> 872.30
TOTAL This Period (last page this line number only) ►		

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 89 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Emily Sullivan				Purpose of Expenditure Net wages - voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 580 Wickenden Street					
City Providence		State RI		ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center; margin: 2px;">X</div>	House <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center; margin: 2px;">X</div>	State: RI District: 00 Senate Presidential		
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 200px; text-align: right; margin: 2px;">49094.71</div>				Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; text-align: center;">M 08</div> <div style="border: 1px solid black; width: 30px; text-align: center;">D 15</div> <div style="border: 1px solid black; width: 60px; text-align: center;">Y 2006</div> </div>	
Transaction ID: SF25.8464				Amount <div style="border: 1px solid black; width: 150px; text-align: right; margin: 2px;">288.48</div>	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Emily Sullivan				Purpose of Expenditure Net wages - voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 580 Wickenden Street					
City Providence		State RI		ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center; margin: 2px;">X</div>	House <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center; margin: 2px;">X</div>	State: RI District: 00 Senate Presidential		
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 200px; text-align: right; margin: 2px;">61618.25</div>				Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; text-align: center;">M 08</div> <div style="border: 1px solid black; width: 30px; text-align: center;">D 30</div> <div style="border: 1px solid black; width: 60px; text-align: center;">Y 2006</div> </div>	
Transaction ID: SF25.8465				Amount <div style="border: 1px solid black; width: 150px; text-align: right; margin: 2px;">288.48</div>	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jeff Thibau				Purpose of Expenditure Net wages - voter persuasion <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: -20px;">Category/Type</div>	
Mailing Address 30 Rock Street					
City Bristol		State RI		ZIP Code 02809	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center; margin: 2px;">X</div>	House <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center; margin: 2px;">X</div>	State: RI District: 00 Senate Presidential		
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 200px; text-align: right; margin: 2px;">49347.12</div>				Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; text-align: center;">M 08</div> <div style="border: 1px solid black; width: 30px; text-align: center;">D 15</div> <div style="border: 1px solid black; width: 60px; text-align: center;">Y 2006</div> </div>	
Transaction ID: SF25.8466				Amount <div style="border: 1px solid black; width: 150px; text-align: right; margin: 2px;">252.41</div>	
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional) ►		<div style="border: 1px solid black; width: 150px; text-align: right; margin: 2px;">829.37</div>
TOTAL This Period (last page this line number only) ►		

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 90 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004 City: Providence State: RI ZIP Code: 02940			

Full Name (Last, First, Middle Initial) of Each Payee Jeff Thibeau				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 30 Rock Street				Date M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6				
City Bristol		State RI					ZIP Code 02809	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 61870.66 Transaction ID: SF25.8467							Amount 252.41 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Christopher Torres				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 75 Waterman Street				Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6				
City Providence		State RI					ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 51017.50 Transaction ID: SF25.8596							Amount 225.20 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Christopher Torres				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 75 Waterman Street				Date M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6				
City Providence		State RI					ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential					State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 63918.42 Transaction ID: SF25.8592							Amount 269.58 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional) ►		747.19
TOTAL This Period (last page this line number only) ►		

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 91 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Ben Traverse				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 32 Elmgrove Avenue				Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6				
City Providence		State RI					ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 49616.70 Transaction ID: SF25.8468								
Full Name (Last, First, Middle Initial) of Each Payee Ben Traverse				Purpose of Expenditure Net wages - voter persuasion		<input type="checkbox"/> Category/Type		
Mailing Address 32 Elmgrove Avenue				Date M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6				
City Providence		State RI					ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 62140.24 Transaction ID: SF25.8469								
Full Name (Last, First, Middle Initial) of Each Payee Jhomphy Ventura				Purpose of Expenditure Net wages - outr- each		<input type="checkbox"/> Category/Type		
Mailing Address 32 Farragut Avenue				Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6				
City Providence		State RI					ZIP Code 02905	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00						
Aggregate General Election Expenditure for this Candidate ► 50095.22 Transaction ID: SF25.8470								
SUBTOTAL of Expenditures This Page (optional) ►				1017.68				
TOTAL This Period (last page this line number only) ►								

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

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

PAGE 92 / 107

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI ZIP Code 02940	

Full Name (Last, First, Middle Initial) of Each Payee Jhomphy Ventura				Purpose of Expenditure Net wages - out- each		<input type="text"/> Category/Type			
Mailing Address 32 Farragut Avenue				Date M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6					
City Providence		State RI						ZIP Code 02905	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 62618.76 Transaction ID: SF25.8471				Amount 478.52 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Megan Wilbur				Purpose of Expenditure Net wages - voter persuasion		<input type="text"/> Category/Type			
Mailing Address 299 Wickenden Street				Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6					
City Providence		State RI						ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 50364.80 Transaction ID: SF25.8472				Amount 269.58 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Megan Wilbur				Purpose of Expenditure Net wages - voter persuasion		<input type="text"/> Category/Type			
Mailing Address 299 Wickenden Street				Date M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6					
City Providence		State RI						ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ► 62888.34 Transaction ID: SF25.8473				Amount 269.58 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

SUBTOTAL of Expenditures This Page (optional) ►		1017.68	
TOTAL This Period (last page this line number only) ►		30282.85	

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

PAGE 93 / 107
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

NAME OF ACCOUNT

RI Democratic Non-federal Account

DATE OF RECEIPT

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

TOTAL AMOUNT TRANSFERRED

11100.44

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

11100.44

Transaction ID: H3.8412

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

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

PAGE 94 / 107
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

NAME OF ACCOUNT

RI Democratic Non-federal Account

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 8 / 2 5 / 2 0 0 6

TOTAL AMOUNT TRANSFERRED

5638.51

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

5638.51

Transaction ID: H3.8411

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

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

PAGE 95 / 107
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

NAME OF ACCOUNT
 RI Democratic Non-
 federal Account

DATE OF RECEIPT

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

TOTAL AMOUNT TRANSFERRED

2271.25

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

2271.25

Transaction ID: H3.8413

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

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

PAGE 96 / 107
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

NAME OF ACCOUNT

RI Democratic Non-federal Account

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	6

TOTAL AMOUNT TRANSFERRED

2356.76

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

2356.76

Transaction ID: H3.8414

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)

21366.96

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

21366.96

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

PAGE 97 / 107
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address
 P.O. Box 39

City State Zip Code
 Newark NJ 07101

Purpose of Disbursement:
 Monthly cable and modem fee

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

118212.90

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

Transaction ID: H4.8281

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

44.52

167.48

212.00

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

Mailing Address
 60 Don Avenue

City State Zip Code
 Rumford RI 02916

Purpose of Disbursement:
 Accounting Services

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

121087.90

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

Transaction ID: H4.8282

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

603.75

2271.25

2875.00

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

Mailing Address
 481 Charles Street

City State Zip Code
 Providence RI 02904

Purpose of Disbursement:
 Reimburse cell phone expense

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

121137.90

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

Transaction ID: H4.8283

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

10.50

39.50

50.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

658.77

2478.23

3137.00

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 98 / 107

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address

249 Roosevelt Avenue

City	State	Zip Code
Pawtucket	RI	02860

Purpose of Disbursement:
August rent and electricity

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

121737.90

Date

M	M
0	8

 /

D	D
0	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.8286

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

126.00

474.00

600.00

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

Mailing Address

59 Centre Street

City	State	Zip Code
Brockton	MA	02303

Purpose of Disbursement:
Office supplies

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

121861.93

Date

M	M
0	8

 /

D	D
0	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.8289

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

26.05

97.98

124.03

C. Full Name (Last, First, Middle Initial)
T-Mobile

Mailing Address

PO Box 742596

City	State	Zip Code
Cincinnati	OH	45274

Purpose of Disbursement:
Cell Phone expense

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

122130.84

Date

M	M
0	8

 /

D	D
0	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.8334

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

56.48

212.43

268.91

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

208.53

784.41

992.94

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 99 / 107

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address

PO Box 41564

City	State	Zip Code
Philadelphia	PA	19101

Purpose of Disbursement:
Copier Lease and taxesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

122413.86

Date 08 / 29 / 2006

Transaction ID: H4.8284

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

59.44

223.58

283.02

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

Mailing Address

321 South Main Street

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:
Reimburse taxi fareCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

122458.86

Date 08 / 29 / 2006

Transaction ID: H4.8285

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

9.45

35.55

45.00

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

Mailing Address

PO Box 78228

City	State	Zip Code
Phoenix	AZ	85062

Purpose of Disbursement:
Long distance serviceCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

122476.44

Date 08 / 29 / 2006

Transaction ID: H4.8287

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

3.70

13.88

17.58

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

72.59

273.01

345.60

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 100 / 107
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address
 P.O. Box 28007

City State Zip Code
 Lehigh Valley PA 18002

Purpose of Disbursement:
 Telephone service

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

122718.54

Date M M / D D / Y Y Y Y
 08 / 29 / 2006

Transaction ID: H4.8288

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

50.85

191.25

242.10

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

Mailing Address
 59 Centre Street

City State Zip Code
 Brockton MA 02303

Purpose of Disbursement:
 Office supplies

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

123031.42

Date M M / D D / Y Y Y Y
 08 / 29 / 2006

Transaction ID: H4.8290

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

65.71

247.17

312.88

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

Mailing Address
 P.O. Box 15019

City State Zip Code
 Wilmington DE 19886

Purpose of Disbursement:
 Credit card payment

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

125114.18

Date M M / D D / Y Y Y Y
 08 / 29 / 2006

Transaction ID: H4.8604

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

437.43

1645.33

2082.76

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

553.99

2083.75

2637.74

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 101 / 107
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address

One Providence Place

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:
 Appreciation gifts

Category/Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
0	8

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.8636

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

53.03

199.47

252.50

B. Full Name (Last, First, Middle Initial)
 Red Bridge Tavern

Mailing Address

22 Waterman Avenue

City	State	Zip Code
East Providence	RI	02914

Purpose of Disbursement:
 Staff appreciation 7/6/06

Category/Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
0	8

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.8638

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

141.67

532.93

674.60

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

Mailing Address

52 Pine Street

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:
 Meeting 7/12/06

Category/Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
0	8

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.8639

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

7.16

26.89

34.05

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

0.00

0.00

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 102 / 107
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

McCormick & Schmick

Mailing Address

11 Dorrance Street

City State Zip Code

Providence RI 02903

Purpose of Disbursement:
Meeting 7/13/06Category/
TypeActivity or Event Identifier:
Administrative**[MEMO ITEM]**

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date 08 / 29 / 2006

Transaction ID: H4.8641

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

9.24

34.73

43.97

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

Red Bridge Tavern

Mailing Address

22 Waterman Avenue

City State Zip Code

East Providence RI 02914

Purpose of Disbursement:
Meeting 7/13/06Category/
TypeActivity or Event Identifier:
Administrative**[MEMO ITEM]**

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date 08 / 29 / 2006

Transaction ID: H4.8642

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

23.28

87.55

110.83

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

Gregg's Restaurant

Mailing Address

1303 North Main Street

City State Zip Code

Providence RI 02904

Purpose of Disbursement:
Meeting 7/17/06Category/
TypeActivity or Event Identifier:
Administrative**[MEMO ITEM]**

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date 08 / 29 / 2006

Transaction ID: H4.8643

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

6.38

23.99

30.37

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

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

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

PAGE 103 / 107
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address

TFG Airport

City	State	Zip Code
Warwick	RI	02886

Purpose of Disbursement:
 Airfare DNC meeting

Category/
Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 08 / 29 / 2006

Transaction ID: H4.8644

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

147.89

556.31

704.20

B. Full Name (Last, First, Middle Initial)
 Chelo's of Providence

Mailing Address

505 Silver Spring Avenue

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement:
 Meeting 7/27/06

Category/
Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 08 / 29 / 2006

Transaction ID: H4.8645

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6.42

24.15

30.57

C. Full Name (Last, First, Middle Initial)
 East Greenwich Photo & Studio Inc

Mailing Address

631 Main Street

City	State	Zip Code
East Greenwich	RI	02818

Purpose of Disbursement:
 Gifts

Category/
Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 08 / 29 / 2006

Transaction ID: H4.8646

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

20.80

78.24

99.04

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

0.00

0.00

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 104 / 107
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address

465 Angell Street

City

State

Zip Code

Providence

RI

02906

Purpose of Disbursement:
Meeting

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 / /

Transaction ID: H4.8647

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

21.56

81.07

102.63

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

1493.88

5619.40

7113.28

SCHEDULE L (FEC Form 3X)

105 / 107

AGGREGATION PAGE: LEVIN FUNDSTransaction ID: **SL.8627**

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

NAME OF ACCOUNT
Levin Account

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	10000.00	10000.00
b. Unitemized.....	0.00	0.00
c. Total.....	10000.00	10000.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	10000.00	10000.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	0.00	0.00
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	0.00	0.00
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	0.00	0.00
8. RECEIPTS..... (from Line 3)	10000.00	10000.00
9. SUBTOTAL..... (Add Lines 7 and 8)	10000.00	10000.00
10. DISBURSEMENTS..... (From Line 6)	0.00	0.00
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)		10000.00

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

PAGE 106 / 107

FOR LINE NUMBER:
(check only one)

☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Mark Gallogly

Mailing Address 333 Central Park West

City

New York

State

NY

Zip Code

10019

Name of Employer or Principal Place of Business

Centerbridge Partners

Occupation

Finance

Transaction ID: SASL1A.8629

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	0	6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: 8659

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00

Form/Schedule:**F3XN**

The loan on Schedule C has no determined due date and no interest rate. Proceeds from joint fundraisers are transferred on a different schedule than Memo A's

Transaction ID: