

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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 ▲

C 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 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

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

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
**PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

- (d) 30-Day ☒ **POST-Election** General (30G) ☐ Runoff (30R) ☐ Special (30S)  
Report for the:

Election on

M M / D D / Y Y Y Y Y Y  
11 06 2012

in the State of

RI

5. Covering Period M M / D D / Y Y Y Y Y Y 10 18 2012 through M M / D D / Y Y Y Y Y Y 11 26 2012

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

Type or Print Name of Treasurer Jeffrey Padwa

Signature of Treasurer

Jeffrey Padwa

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y 01 31 2013

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Rhode Island Democratic State Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		18		2012

To:

M M	/	D D	/	Y Y Y Y Y
11		26		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2012</div>		<div>28398.73</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>135849.47</div>	
(c) Total Receipts (from Line 19) .....	<div>210157.73</div>	<div>634211.78</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>346007.20</div>	<div>662610.51</div>
7. Total Disbursements (from Line 31).....	<div>315726.11</div>	<div>632329.42</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>30281.09</div>	<div>30281.09</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>5254.47</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

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 Y
10		18		2012

To:

M M	/	D D	/	Y Y Y Y Y
11		26		2012

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

20000.00

44388.00

(ii) Unitemized .....

0.00

10.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

20000.00

44398.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

142560.50

295682.92

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

162560.50

340080.92

## 12. Transfers From Affiliated/Other

Party Committees.....

25956.64

192918.93

## 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

166.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

1891.27

2670.46

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

19749.32

98375.47

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

19749.32

98375.47

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ►

210157.73

634211.78

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

190408.41

535836.31

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	7248.74	54651.52
(ii) Non-Federal Share.....	12886.67	96781.86
(b) Other Federal Operating Expenditures .....	31463.09	117721.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	51598.50	269155.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4976.00	5226.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	1737.70	1737.70
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	257413.91	356210.35
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	257413.91	356210.35
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	315726.11	632329.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	302839.44	535547.56

**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) .....	162560.50	340080.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	162560.50	340080.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	38711.83	172373.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	166.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	38711.83	172207.51

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

The Loan on Schedule C has no interest rate and no determined due date. Schedule Memo A from joint fundraisers are distributed on a different schedule than proceeds.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 64  
(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. Curtis Bell**

Mailing Address 1201 North Nash St #503

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2012

Transaction ID : SA11AI.20836

Amount of Each Receipt this Period

1000.00

Actblue

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Joseph Caparco**

Mailing Address 115 George Street

City State Zip Code  
Johnston RI 02919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Essex Newbury North

Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2012

Transaction ID : SA11AI.20572

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. John Carter**

Mailing Address 137 Grotto Avenue

City State Zip Code  
Providence RI 02906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2012

Transaction ID : SA11AI.20571

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

20000.00

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. WENDE CORCORAN**

Mailing Address 10 STARLING WAY

City

WEST WARWICK

State

RI

Zip Code

02893

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OPERATION LIFE SAVER

Occupation

DIRECTOR OF EDUCATION

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

Transaction ID : SA11AI.20943

Amount of Each Receipt this Period

32.00

Dollars For Democrats

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. UNITEMIZED CONTRIBUTIONS**

Mailing Address 430 S CAPITOL ST SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dollars For Democrats

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 26 / 2012

Transaction ID : SA11AI.20944

Amount of Each Receipt this Period

355.00

Dollars For Democrats

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

0.00

20000.00



: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.20943

Dollars For Democrats

Form/Schedule: SA11AI

Transaction ID: SA11AI.20944

Dollars For Democrats

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

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1832.64

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11C.20833**

Amount of Each Receipt this Period

960.50

Full Name (Last, First, Middle Initial)

## **B. AMALGAMATED TRANSIT UNION**

Mailing Address 5025 WISCONSIN AVE NW

City State Zip Code  
WASHINGTON DC 20016

FEC ID number of contributing  
federal political committee.

**C** C70000914

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2012

**Transaction ID : SA11C.20838**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. HOYER FOR CONGRESS**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00140715

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : SA11C.20576**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

6060.50

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. NEA RI PAC**

Mailing Address 99 Bald Hill Road

City State Zip Code  
 Cranston RI 02920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 05 / 2012

**Transaction ID : SA11C.20831**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. NEA RI Retired**

Mailing Address 99 Bald Hill Road

City State Zip Code  
 Cranston RI 02920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 05 / 2012

**Transaction ID : SA11C.20829**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **C. RAYTHEON COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1100 Wilson Blvd  
 Suite 1500

City State Zip Code  
 Arlington VA 22209

FEC ID number of contributing  
federal political committee.

C C00097568

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 26 / 2012

**Transaction ID : SA11C.20840**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

6500.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. WHITEHOUSE FOR SENATE**

Mailing Address P.O. BOX 40280

City

PROVIDENCE

State

RI

Zip Code

02940

FEC ID number of contributing  
federal political committee.

C

C00410803

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2012

Transaction ID : SA11C.20579

Amount of Each Receipt this Period

50000.00

Transfer

Full Name (Last, First, Middle Initial)

## **B. WHITEHOUSE FOR SENATE**

Mailing Address P.O. BOX 40280

City

PROVIDENCE

State

RI

Zip Code

02940

FEC ID number of contributing  
federal political committee.

C

C00410803

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 01 / 2012

Transaction ID : SA11C.20583

Amount of Each Receipt this Period

60000.00

Transfer

Full Name (Last, First, Middle Initial)

## **C. WHITEHOUSE FOR SENATE**

Mailing Address P.O. BOX 40280

City

PROVIDENCE

State

RI

Zip Code

02940

FEC ID number of contributing  
federal political committee.

C

C00410803

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2012

Transaction ID : SA11C.20584

Amount of Each Receipt this Period

20000.00

Transfer

**SUBTOTAL** of Receipts This Page (optional)..... ►

130000.00

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

142560.50

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 13 OF 64  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 SOUTH CAPITOL STREET, SE  
2ND FLOOR

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00000935

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24220.00

Date of Receipt

**10 / 18 / 2012**

**Transaction ID : SA12.20569**

Amount of Each Receipt this Period

6320.00

Transfer

Full Name (Last, First, Middle Initial)

## **B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 SOUTH CAPITOL STREET, SE  
2ND FLOOR

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00000935

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30540.00

Date of Receipt

**11 / 01 / 2012**

**Transaction ID : SA12.20581**

Amount of Each Receipt this Period

6320.00

Transfer

Full Name (Last, First, Middle Initial)

## **C. Democratic National Committee**

Mailing Address 430 South Capitol St. SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

124700.00

Date of Receipt

**10 / 30 / 2012**

**Transaction ID : SA12.20938**

Amount of Each Receipt this Period

3220.00

In-kind - Voter File Access

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

15860.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 64  
(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**

Mailing Address 430 South Capitol St. SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

134700.00

Date of Receipt

**11** / **14** / **2012**

**Transaction ID : SA12.20842**

Amount of Each Receipt this Period

10000.00

Transfer

Full Name (Last, First, Middle Initial)

## **B. RHODE ISLAND SENATE VICTORY 2012**

Mailing Address 709A 8TH ST SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00511063

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25596.64

Date of Receipt

**10** / **24** / **2012**

**Transaction ID : SA12.20580**

Amount of Each Receipt this Period

96.64

Joint Fundraiser final proceeds

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

10096.64

25956.64

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

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

FOR LINE NUMBER: PAGE 15 OF 64  
(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. VLM Cooperative Inc.**

Mailing Address PO Box 9

City Lexington State KY Zip Code 40588

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2670.46

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA17.20835**

Amount of Each Receipt this Period

1891.27

Proceeds from License of Voter File

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1891.27

1891.27







**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 64

☒ 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. Citizens Bank**

Mailing Address One Citizens Plaza

City Providence      State RI      Zip Code 02903

Purpose of Disbursement  
Wire fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 01 / 2012

Transaction ID : SB21B.20942

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

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 02 / 2012

Transaction ID : SB21B.20940

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Citizens Bank**

Mailing Address One Citizens Plaza

City Providence      State RI      Zip Code 02903

Purpose of Disbursement  
Checkbook Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 20 / 2012

Transaction ID : SB21B.20905

Amount of Each Disbursement this Period

123.31

SUBTOTAL of Disbursements This Page (optional)..... ►

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

171.31



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 64

☒ 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. Whole Foods**

Mailing Address 601 North Main Street

City Providence      State RI      Zip Code 02904

Purpose of Disbursement  
Refreshments

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2012

Transaction ID : SB21B.20891.0

Amount of Each Disbursement this Period

215.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Ocean State Job Lot**

Mailing Address 1493 Hartford Avenue

City Johnston      State RI      Zip Code 02919

Purpose of Disbursement  
Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2012

Transaction ID : SB21B.20801

Amount of Each Disbursement this Period

210.76

Full Name (Last, First, Middle Initial)

**C. Anthony Simon**

Mailing Address 126 Cathedral Avenue

City Providence      State RI      Zip Code 02908

Purpose of Disbursement  
Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2012

Transaction ID : SB21B.20877

Amount of Each Disbursement this Period

262.35

SUBTOTAL of Disbursements This Page (optional)..... ►

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

473.11

<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

# Rhode Island Democratic State Committee

208.38

Category/  
Type

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

**[MEMO ITEM]**

9794.46

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

A diagram of a rectangular frame with four vertical supports. The frame is represented by a rectangle with a thick border. Inside the rectangle, there are four vertical lines, one in each quadrant, representing supports. The top and bottom horizontal lines are thicker than the side vertical lines.

640.01

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

10434.47

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

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 64

☒ 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. Staples**

Mailing Address 551 North Main Street

City Providence      State RI      Zip Code 02906

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2012

Transaction ID : SB21B.20890.0

Amount of Each Disbursement this Period

250.73

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BJ's Wholesale Club**

Mailing Address 200 Stonehill Drive

City Johnston      State RI      Zip Code 02919

Purpose of Disbursement  
Office supplies & refreshments

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2012

Transaction ID : SB21B.20890.1

Amount of Each Disbursement this Period

389.28

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. True North Communications**

Mailing Address 260 West Exchange Street

City Providence      State RI      Zip Code 02903

Purpose of Disbursement  
Committee Research & Public Relations

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2012

Transaction ID : SB21B.20784

Amount of Each Disbursement this Period

12500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

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

12500.00

30904.62

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

# Rhode Island Democratic State Committee

4976.00

DAVID N CICILLINE

Category/  
Type

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

State: RI District: 01

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

4976.00

4976.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 64

<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	State	Zip Code
San Francisco	CA	94111

Purpose of Disbursement  
Door Hangers - Exempt

Candidate Name

LANGEVIN, JAMES R

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2012

Transaction ID : SB30B.20851

Amount of Each Disbursement this Period

5300.00
---------

Full Name (Last, First, Middle Initial)

**B. AMS Communications Inc**

Mailing Address 500 Sansome Street

City	State	Zip Code
San Francisco	CA	94111

Purpose of Disbursement  
Door Hangers

Candidate Name

SHELDON II WHITEHOUSE

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2012

Transaction ID : SB30B.20852

Amount of Each Disbursement this Period

5300.00
---------

Full Name (Last, First, Middle Initial)

**C. Steph Annunziata**

Mailing Address 10 Rockland Street

City	State	Zip Code
Narragansett	ID	02882

Purpose of Disbursement  
Canvass Stipend

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2012

Transaction ID : SB30B.20604

Amount of Each Disbursement this Period

300.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

10900.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 64

<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. Julio Aza**

Mailing Address 49 Croyland Road

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Voter Outreach

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2012

Transaction ID : SB30B.20779

Amount of Each Disbursement this Period

600.00
--------

Full Name (Last, First, Middle Initial)

**B. Julio Aza**

Mailing Address 49 Croyland Road

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Voter Outreach

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		15		2012

Transaction ID : SB30B.20788

Amount of Each Disbursement this Period

525.00
--------

Full Name (Last, First, Middle Initial)

**C. Blue Cross Blue Shield of Rhode Island**

Mailing Address PO Box 1057

City	State	Zip Code
Providence	RI	02901

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2012

Transaction ID : SB30B.20781

Amount of Each Disbursement this Period

407.42
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SUBTOTAL of Disbursements This Page (optional).....▶

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

1532.42
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 64

<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. Blue Cross Blue Shield of Rhode Island**

Mailing Address PO Box 1057

City	State	Zip Code
Providence	RI	02901

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2012

Transaction ID : SB30B.20893

Amount of Each Disbursement this Period

1355.41
---------

Full Name (Last, First, Middle Initial)

**B. Jonathan Boucher**

Mailing Address 23 Perkins Street

City	State	Zip Code
Warwick	RI	02886

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2012

Transaction ID : SB30B.20771

Amount of Each Disbursement this Period

929.90
--------

Full Name (Last, First, Middle Initial)

**C. Jonathan Boucher**

Mailing Address 23 Perkins Street

City	State	Zip Code
Warwick	RI	02886

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2012

Transaction ID : SB30B.20873

Amount of Each Disbursement this Period

929.90
--------

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

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

3215.21
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 64

<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 Childs**

Mailing Address 29 Phillips Street

City	State	Zip Code
Providence	RI	02906

Purpose of Disbursement  
Net wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2012

Transaction ID : SB30B.20765

Amount of Each Disbursement this Period

1313.99
---------

Full Name (Last, First, Middle Initial)

**B. Michael Childs**

Mailing Address 29 Phillips Street

City	State	Zip Code
Providence	RI	02906

Purpose of Disbursement  
Net wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		15		2012

Transaction ID : SB30B.20796

Amount of Each Disbursement this Period

1313.99
---------

Full Name (Last, First, Middle Initial)

**C. Blake Collins**

Mailing Address 62 Ash Street

City	State	Zip Code
Rehoboth	MA	02769

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2012

Transaction ID : SB30B.20773

Amount of Each Disbursement this Period

842.40
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SUBTOTAL of Disbursements This Page (optional).....▶

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

3470.38
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 64

<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. Blake Collins**

Mailing Address 62 Ash Street

City	State	Zip Code
Rehoboth	MA	02769

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		15		2012

Transaction ID : SB30B.20874

Amount of Each Disbursement this Period

842.40
--------

Full Name (Last, First, Middle Initial)

**B. Yanet Abreau Coronado**

Mailing Address 52 Moore Street

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Voter Outreach

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2012

Transaction ID : SB30B.20775

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**C. Yanet Abreau Coronado**

Mailing Address 52 Moore Street

City	State	Zip Code
Providence	RI	02907

Purpose of Disbursement  
Voter Outreach

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		15		2012

Transaction ID : SB30B.20787

Amount of Each Disbursement this Period

675.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

2267.40
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 64

<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. Department of Employment & Training**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2012

Mailing Address One Capitol Hill

City	State	Zip Code
Providence	RI	02908

**Transaction ID : SB30B.20782**Purpose of Disbursement  
State Unemployment Taxes

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

348.05

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Stephanie DeSilva Mandeville**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2012

Mailing Address 1951 Cranston Street

City	State	Zip Code
Cranston	RI	02920

**Transaction ID : SB30B.20770**Purpose of Disbursement  
Net Wages

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1525.07

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. Stephanie DeSilva Mandeville**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2012

Mailing Address 1951 Cranston Street

City	State	Zip Code
Cranston	RI	02920

**Transaction ID : SB30B.20872**Purpose of Disbursement  
Net Wages

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1525.07

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3398.19
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 64

<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. Discover Card**

Mailing Address PO Box 15251

City	State	Zip Code
Wilmington	DE	19886

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2012

Transaction ID : SB30B.20888

Amount of Each Disbursement this Period

523.51
--------

Full Name (Last, First, Middle Initial)

**B. RadioShack**

Mailing Address 563 North Main Street

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement  
Cell Phones

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2012

Transaction ID : SB30B.20888.0

Amount of Each Disbursement this Period

523.51
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Division of Taxation**

Mailing Address One Capitol Hill

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
State Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2012

Transaction ID : SB30B.20894

Amount of Each Disbursement this Period

718.11
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SUBTOTAL of Disbursements This Page (optional).....▶

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

1241.62
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 64

<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. Don Dufresne**

Mailing Address 163 Church Street

City	State	Zip Code
Woonsocket	RI	02895

Purpose of Disbursement  
Voter Outreach

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2012

Transaction ID : SB30B.20778

Amount of Each Disbursement this Period

600.00
--------

Full Name (Last, First, Middle Initial)

**B. Don Dufresne**

Mailing Address 163 Church Street

City	State	Zip Code
Woonsocket	RI	02895

Purpose of Disbursement  
Voter Outreach

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2012

Transaction ID : SB30B.20786

Amount of Each Disbursement this Period

525.00
--------

Full Name (Last, First, Middle Initial)

**C. Ayda Garcia**

Mailing Address 48 Castle Dr.

City	State	Zip Code
Cranston	RI	02920

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2012

Transaction ID : SB30B.20464

Amount of Each Disbursement this Period

100.00
--------

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

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

1225.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 64

<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. Julia Guillen**

Mailing Address 243 Smith Street

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
Hispanic Outreach

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2012

Transaction ID : SB30B.20813

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. Francisco J. Hernandez**

Mailing Address 185 Calla Street

City	State	Zip Code
Providence	RI	02905

Purpose of Disbursement  
Hispanic Outreach

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2012

Transaction ID : SB30B.20818

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**C. Amanda Hoey**

Mailing Address 176 Essex Street

City	State	Zip Code
Deep River	CT	06417

Purpose of Disbursement  
Voter Outreach

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2012

Transaction ID : SB30B.20776

Amount of Each Disbursement this Period

750.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

1300.00
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# **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 OF 64

☐ 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 Hoey**

Mailing Address 176 Essex Street

City State Zip Code  
 Deep River CT 06417

Purpose of Disbursement  
 Voter Outreach

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2012

**Transaction ID : SB30B.20790**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Michael Hotz**

Mailing Address 162 Jewett Street

City State Zip Code  
 Providence RI 02908

Purpose of Disbursement  
 Organizer

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2012

**Transaction ID : SB30B.20777**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Michael Hotz**

Mailing Address 162 Jewett Street

City State Zip Code  
 Providence RI 02908

Purpose of Disbursement  
 Organizer

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2012

**Transaction ID : SB30B.20789**

Amount of Each Disbursement this Period

750.00

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

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

2250.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 64

<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. Emily LaPlante**

Mailing Address 25 Magnum Ct

City	State	Zip Code
Smithfield	RI	02917

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2012

Transaction ID : SB30B.20768

Amount of Each Disbursement this Period

831.61
--------

Full Name (Last, First, Middle Initial)

**B. Emily LaPlante**

Mailing Address 25 Magnum Ct

City	State	Zip Code
Smithfield	RI	02917

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		15		2012

Transaction ID : SB30B.20797

Amount of Each Disbursement this Period

831.61
--------

Full Name (Last, First, Middle Initial)

**C. Mission Control**

Mailing Address 114 A Mansfield Hollow Road

City	State	Zip Code
Mansfield Center	CT	06250

Purpose of Disbursement  
Printing/Postage Opponent Lit-Exempt

Candidate Name

**DAVID N CICILLINE**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: RI District: 01

Disbursement For:	2012
	<input type="checkbox"/> Primary
	<input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2012

Transaction ID : SB30B.20850

Amount of Each Disbursement this Period

18700.38
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

20363.60
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 64

<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. Mission Control**

Mailing Address 114 A Mansfield Hollow Road

City	State	Zip Code
Mansfield Center	CT	06250

Purpose of Disbursement  
Printing/Postage Prescription Lit - Exempt

Candidate Name

**DAVID N CICILLINE**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2012

**Transaction ID : SB30B.20848**

Amount of Each Disbursement this Period

18752.38
----------

Full Name (Last, First, Middle Initial)

**B. Mission Control**

Mailing Address 114 A Mansfield Hollow Road

City	State	Zip Code
Mansfield Center	CT	06250

Purpose of Disbursement  
Printing/Postage Protect Lit - Exempt

Candidate Name

**DAVID N CICILLINE**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2012

**Transaction ID : SB30B.20849**

Amount of Each Disbursement this Period

18762.38
----------

Full Name (Last, First, Middle Initial)

**C. Mission Control**

Mailing Address 114 A Mansfield Hollow Road

City	State	Zip Code
Mansfield Center	CT	06250

Purpose of Disbursement  
Printing Palmcard & Doorhangers -Exempt

Candidate Name

**SHELDON II WHITEHOUSE**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2012

**Transaction ID : SB30B.20844**

Amount of Each Disbursement this Period

16875.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

54389.76
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 64

<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. Mission Control**

Mailing Address 114 A Mansfield Hollow Road

City	State	Zip Code
Mansfield Center	CT	06250

Purpose of Disbursement  
Printing Palmcards & Door Hangers - Exempt

Candidate Name

**DAVID N CICILLINE**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2012

**Transaction ID : SB30B.20846**

Amount of Each Disbursement this Period

1	6	8	7	5	.	0	0
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. New Partners Consulting**

Mailing Address 401 9th Street NW

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement  
GOTV Generic Phone Calls

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2012

**Transaction ID : SB30B.20820**

Amount of Each Disbursement this Period

1	0	5	0	0	.	0	0
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Iona O'Donnell**

Mailing Address 45 Ledge Road

City	State	Zip Code
Newport	RI	02840

Purpose of Disbursement  
Canvass Supervisor Stipend

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2012

**Transaction ID : SB30B.19717**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2	7	8	7	5	.	0	0
---	---	---	---	---	---	---	---

2	7	8	7	5	.	0	0
---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 64

<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. Steve Olsen**

Mailing Address 140 Rome Drive

City	State	Zip Code
Cranston	RI	02921

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2012

Transaction ID : SB30B.20651

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**B. Edwin Pacheco**

Mailing Address 12 Camp Dixie Road

City	State	Zip Code
Pascoag	RI	02859

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2012

Transaction ID : SB30B.20772

Amount of Each Disbursement this Period

532.28
--------

Full Name (Last, First, Middle Initial)

**C. Edwin Pacheco**

Mailing Address 12 Camp Dixie Road

City	State	Zip Code
Pascoag	RI	02859

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2012

Transaction ID : SB30B.20871

Amount of Each Disbursement this Period

532.28
--------

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

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

1364.56
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 64

<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. Jonathan Pine**

Mailing Address 349 Wayland Avenue

City	State	Zip Code
Providence	RI	02906

Purpose of Disbursement  
Organizer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2012

Transaction ID : SB30B.20780

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**B. Jonathan Pine**

Mailing Address 349 Wayland Avenue

City	State	Zip Code
Providence	RI	02906

Purpose of Disbursement  
Organizer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2012

Transaction ID : SB30B.20785

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**C. Jesse Poon**

Mailing Address 36 Paine Road

City	State	Zip Code
Cumberland	RI	02864

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2012

Transaction ID : SB30B.20766

Amount of Each Disbursement this Period

772.25
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SUBTOTAL of Disbursements This Page (optional).....▶

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

2272.25
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 64

<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. Jesse Poon**

Mailing Address 36 Paine Road

City	State	Zip Code
Cumberland	RI	02864

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2012

Transaction ID : SB30B.20793

Amount of Each Disbursement this Period

772.25
--------

Full Name (Last, First, Middle Initial)

**B. Rachel Quimby**

Mailing Address 10 Rockland Street

City	State	Zip Code
Narragansett	RI	02882

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2012

Transaction ID : SB30B.20653

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**C. Alexandra Sanna**

Mailing Address 118 Maple Drive

City	State	Zip Code
Tiverton	RI	02878

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2012

Transaction ID : SB30B.20769

Amount of Each Disbursement this Period

798.37
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SUBTOTAL of Disbursements This Page (optional).....▶

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

1870.62
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 64

<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. Alexandra Sanna**

Mailing Address 118 Maple Drive

City	State	Zip Code
Tiverton	RI	02878

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		15		2012

Transaction ID : SB30B.20799

Amount of Each Disbursement this Period

798.37
--------

Full Name (Last, First, Middle Initial)

**B. Brenna Saucier**

Mailing Address 175 Sayles Avenue

City	State	Zip Code
Pawtucket	RI	02860

Purpose of Disbursement  
Net wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2012

Transaction ID : SB30B.20767

Amount of Each Disbursement this Period

772.25
--------

Full Name (Last, First, Middle Initial)

**C. Brenna Saucier**

Mailing Address 175 Sayles Avenue

City	State	Zip Code
Pawtucket	RI	02860

Purpose of Disbursement  
Net wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		15		2012

Transaction ID : SB30B.20794

Amount of Each Disbursement this Period

772.25
--------

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

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

2342.87
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 64

<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. The Campaign Group**

Mailing Address 1600 Locust Street

City	State	Zip Code
Philadelphia	PA	19103

Purpose of Disbursement  
Television Communications 441 (a) D

Candidate Name

LANGEVIN, JAMES R

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : SB30B.20827

Amount of Each Disbursement this Period

45600.00
----------

Full Name (Last, First, Middle Initial)

**B. TJX Rewards/GECRB**

Mailing Address PO Box 530949

City	State	Zip Code
Atlanta	GA	30353

Purpose of Disbursement  
Credit Card Payment

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2012

Transaction ID : SB30B.20889

Amount of Each Disbursement this Period

1081.68
---------

Full Name (Last, First, Middle Initial)

**C. RadioShack**

Mailing Address 563 North Main Street

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement  
Cell Phones

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2012

Transaction ID : SB30B.20889.0

Amount of Each Disbursement this Period

901.70
--------

[MEMO ITEM]

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

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

46681.68
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 64

<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. United States Treasury**

Mailing Address PO Box 660351

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement  
Federal Tax Deposit

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2012

**Transaction ID : SB30B.20895**

Amount of Each Disbursement this Period

5203.35
---------

Full Name (Last, First, Middle Initial)

**B. Alex Verrecchia**

Mailing Address 27 Blue Ridge Road

City	State	Zip Code
Cranston	RI	02921

Purpose of Disbursement  
Canvass Stipend

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2012

**Transaction ID : SB30B.20665**

Amount of Each Disbursement this Period

400.00
--------

Full Name (Last, First, Middle Initial)

**C. Sobeida Villanueva**

Mailing Address 86 Speck Avenue

City	State	Zip Code
Cranston	RI	02910

Purpose of Disbursement  
Hispanic Outreach

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2012

**Transaction ID : SB30B.20816**

Amount of Each Disbursement this Period

350.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5953.35
193913.91

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

PAGE 43 OF 64

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/9.5183

Rhode Island Democratic State Committee

**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

M M / D D / Y Y Y Y  
12 / 31 / 1988

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. 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 D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 44 OF 64

FOR LINE NUMBER:  
(check only one)☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SHELDON II WHITEHOUSE

Nature of Debt (Purpose):

Coordinated expenditures overage

Mailing Address PO BOX 40280

City State

Zip Code

PROVIDENCE

RI

02940

Outstanding Balance Beginning This Period

4.60

Transaction ID : SD9.14176

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

4.60

2) **TOTALS** This Period (last page this line number only)..... ►

4.60

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

5249.87

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

5254.47

**SCHEDULE F (FEC Form 3X)****ITEMIZED COORDINATED PARTY 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 45 OF 64

FOR LINE 25 OF FORM 3X

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

  

Full Name (Last, First, Middle Initial) of Each Payee <b>The Feldman Group</b>		Purpose of Expenditure Polling and Research	<div style="border: 1px solid black; padding: 2px;">005</div> Category/ Type
Mailing Address    508-510 8th Street SE		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">10 / 19 / 2012</div>	
City Washington	State DC	Zip Code 20003	
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;">1737.70</div> <b>Transaction ID : SF.20855</b>		Amount <div style="border: 1px solid black; padding: 2px;">1737.70</div>	

  

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	<div style="border: 1px solid black; padding: 2px;"></div> Category/ Type
Mailing Address		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;"></div>	
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px;"></div>		Amount <div style="border: 1px solid black; padding: 2px;"></div>	

  

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	<div style="border: 1px solid black; padding: 2px;"></div> Category/ Type
Mailing Address		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;"></div>	
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px;"></div>		Amount <div style="border: 1px solid black; padding: 2px;"></div>	

  

SUBTOTAL of Expenditures This Page (optional)..... ►		<div style="border: 1px solid black; padding: 2px;">1737.70</div>
TOTAL This Period (last page this line number only)..... ►		<div style="border: 1px solid black; padding: 2px;">1737.70</div>

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

PAGE 46 OF 64

FOR LINE 18a OF FORM 3X

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

## NAME OF ACCOUNT

RI Democratic Non-federal Account

## DATE OF RECEIPT

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

## TOTAL AMOUNT TRANSFERRED

9601.73

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

9601.73

Transaction ID : H3.20578

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

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

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

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

## 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 47 OF 64

FOR LINE 18a OF FORM 3X

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

## NAME OF ACCOUNT

RI Democratic Non-federal Account

## DATE OF RECEIPT

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

## TOTAL AMOUNT TRANSFERRED

7126.69

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

7126.69

Transaction ID : H3.20878

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

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

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

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

## 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 48 OF 64

FOR LINE 18a OF FORM 3X

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

## NAME OF ACCOUNT

RI Democratic Non-federal Account

## DATE OF RECEIPT

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

## TOTAL AMOUNT TRANSFERRED

3020.90

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

3020.90

Transaction ID : H3.20879

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

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

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

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

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

19749.32

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).....

19749.32



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

PAGE 49 OF 64

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Susann Della Rosa</b>		<b>Transaction ID : H4.20754</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 60 Don Avenue				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Rumford	State RI	Zip Code 02916		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Accounting Services - Non employee				Allocated Activity or Event Year-To-Date 133397.97	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 10 / 23 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
756.00			1344.00		2100.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>TJX Rewards/GECRB</b>		<b>Transaction ID : H4.20755</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 530949				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Atlanta	State GA	Zip Code 30353		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Credit Card Payment				Allocated Activity or Event Year-To-Date 135073.02	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 23 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
603.02			1072.03		1675.05

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Embassy Suites</b>		<b>Transaction ID : H4.20916</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 5400 Johnn Q. Hammons Drive, NW				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Concord	State NC	Zip Code 28027		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Lodging				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative		Category/ Type		Date 09 / 10 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
603.02			1072.03		1675.05

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1359.02		2416.03		3775.05

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

PAGE 50 OF 64

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>A T &amp; T Mobility</b>			<b>Transaction ID : H4.20822</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 536216								
City Atlanta		State GA		Zip Code 30353				
Purpose of Disbursement: Cell Phone Usage						Allocated Activity or Event Year-To-Date 135215.45		
Activity or Event Identifier: <b>Administrative</b>				Category/ Type		Date 10 / 23 / 2012		
FEDERAL SHARE			+		NONFEDERAL SHARE		= TOTAL AMOUNT	
51.27					91.16		142.43	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>CitiBusiness Card</b>			<b>Transaction ID : H4.20858</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 182564								
City Columbus		State OH		Zip Code 43210				
Purpose of Disbursement: Credit Card Payment						Allocated Activity or Event Year-To-Date 137018.34		
Activity or Event Identifier: Administrative				Category/ Type		Date 10 / 23 / 2012		
FEDERAL SHARE			+		NONFEDERAL SHARE		= TOTAL AMOUNT	
649.03					1153.86		1802.89	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>US Airways</b>			<b>Transaction ID : H4.20919</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Theodore Francis Green Airport								
City Warwick		State RI		Zip Code 02886				
Purpose of Disbursement: Airline Fees						Allocated Activity or Event Year-To-Date 0.00		
Activity or Event Identifier: Administrative				Category/ Type		Date 09 / 05 / 2012		
FEDERAL SHARE			+		NONFEDERAL SHARE		= TOTAL AMOUNT	
27.00					48.00		75.00	

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
700.30		1245.02		1945.32

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Phillips Seafood</b>		<b>Transaction ID : H4.20920</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Charlotte Airport					
City Charlotte	State NC	Zip Code 28208			
Purpose of Disbursement: Food				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 09 / 06 / 2012	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.95			53.25		83.20

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Shell Oil</b>		<b>Transaction ID : H4.20921</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address					
City Charlotte	State NC	Zip Code 28202			
Purpose of Disbursement: Gas				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative		Category/ Type		Date 09 / 06 / 2012	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.22			28.84		45.06

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Hilton Charlotte</b>		<b>Transaction ID : H4.20923</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 222 East Third Street					
City Charlotte	State NC	Zip Code 28202			
Purpose of Disbursement: Lodging				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative		Category/ Type		Date 09 / 06 / 2012	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
391.48			695.97		1087.45

**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)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Thrifty Car Rental</b>		<b>Transaction ID : H4.20924</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Charlotte Airport					
City Charlotte	State NC	Zip Code 28202			
Purpose of Disbursement: Car Rental				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]		Category/ Type		Date 09 / 07 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
148.26			263.58		411.84

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Clear</b>		<b>Transaction ID : H4.20926</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Dept CH 14365					
City Palatine	State IL	Zip Code 60065			
Purpose of Disbursement: Internet Connection				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 09 / 15 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
36.12			64.22		100.34

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Arthur Handy</b>		<b>Transaction ID : H4.20756</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 26 Welfare Avenue					
City Cranston	State RI	Zip Code 02910			
Purpose of Disbursement: Net Wages				Allocated Activity or Event Year-To-Date 138441.59	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 30 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
512.37			910.88		1423.25

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
512.37		910.88		1423.25

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Department of Employment &amp; Training</b>			<b>Transaction ID : H4.20757</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address One Capitol Hill								
City Providence	State RI	Zip Code 02908				Allocated Activity or Event Year-To-Date 139175.03		
Purpose of Disbursement: State Unemployment Taxes						Date <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
264.04						=		
			469.40			TOTAL AMOUNT		
						733.44		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Extra Space Storage</b>			<b>Transaction ID : H4.20758</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1640 Hartford Avenue								
City Johnston	State RI	Zip Code 02919				Allocated Activity or Event Year-To-Date 139368.03		
Purpose of Disbursement: Storage rental						Date <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
69.48						=		
			123.52			TOTAL AMOUNT		
						193.00		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Cox Communications</b>			<b>Transaction ID : H4.20759</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 39								
City Newark	State NJ	Zip Code 07101				Allocated Activity or Event Year-To-Date 139433.66		
Purpose of Disbursement: Cable Service						Date <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
23.63						=		
			42.00			TOTAL AMOUNT		
						65.63		

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
357.15		634.92		992.07

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

PAGE 54 OF 64

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>A T &amp; T Mobility</b>		<b>Transaction ID : H4.20824</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 536216					
City Atlanta	State GA	Zip Code 30353			
Purpose of Disbursement: Cell Phone Usage				Allocated Activity or Event Year-To-Date 139569.18	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 10 / 30 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
48.79			86.73		135.52

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Chase Card Services</b>		<b>Transaction ID : H4.20859</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 15153					
City Wilmington	State DE	Zip Code 19886			
Purpose of Disbursement: Credit Card Payment				Allocated Activity or Event Year-To-Date 140031.65	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 30 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
166.49			295.98		462.47

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Postmaster</b>		<b>Transaction ID : H4.20927</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Turnkey Station					
City Providence	State RI	Zip Code 02940			
Purpose of Disbursement: Postage				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 02 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
16.20			28.80		45.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
215.28		382.71		597.99

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> <b>BJ's Wholesale Club</b>		<b>Transaction ID : H4.20928</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 200 Stonehill Drive					
City Johnston	State RI	Zip Code 02919			
Purpose of Disbursement: Office Supplies				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]		Category/ Type		Date 10 / 02 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
20.78			36.95		57.73

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Constant Contact</b>		<b>Transaction ID : H4.20929</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1601 Trapelo Road					
City Waltham	State MA	Zip Code 02451			
Purpose of Disbursement: E Mail Marketing List				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 10 / 10 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
30.60			54.40		85.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>ATR Treehouse</b>		<b>Transaction ID : H4.20930</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 812 Charles Street					
City Providence	State RI	Zip Code 02904			
Purpose of Disbursement: Equipment rental				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 10 / 11 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
69.34			123.26		192.60

**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)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Surveymonkey.com</b>			<b>Transaction ID : H4.20931</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 285 Hamilton Avenue						Allocated Activity or Event Year-To-Date 0.00		
City Palo Alto	State CA	Zip Code 94301				Date 10 / 18 / 2012		
Purpose of Disbursement: Software								
Activity or Event Identifier: <b>Administrative</b>			Category/ Type					
[MEMO ITEM]								
FEDERAL SHARE			+			NONFEDERAL SHARE		
8.64						15.36		
			=			TOTAL AMOUNT		
						24.00		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Providence Journal</b>			<b>Transaction ID : H4.20932</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 75 Fountain Street						Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903				Date 10 / 18 / 2012		
Purpose of Disbursement: Subscription								
Activity or Event Identifier: Administrative			Category/ Type					
[MEMO ITEM]								
FEDERAL SHARE			+			NONFEDERAL SHARE		
11.52						20.48		
			=			TOTAL AMOUNT		
						32.00		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Ricks Road House</b>			<b>Transaction ID : H4.20933</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 370 Richmond Street						Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903				Date 10 / 22 / 2012		
Purpose of Disbursement: Meeting								
Activity or Event Identifier: Administrative			Category/ Type					
[MEMO ITEM]								
FEDERAL SHARE			+			NONFEDERAL SHARE		
9.41						16.73		
			=			TOTAL AMOUNT		
						26.14		

**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)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Dunkin Donuts</b>		<b>Transaction ID : H4.20805</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1245 North Main Street					
City Providence	State RI	Zip Code 02906			
Purpose of Disbursement: Meeting Refreshments				Allocated Activity or Event Year-To-Date 140214.88	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 03 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
65.96			117.27		183.23

<b>B. Full Name (Last, First, Middle Initial)</b> <b>City Liquors</b>		<b>Transaction ID : H4.20903</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1285 North Main Street					
City Providence	State RI	Zip Code 02904			
Purpose of Disbursement: Refreshments				Allocated Activity or Event Year-To-Date 140617.88	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 05 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
145.08			257.92		403.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Luigi's Restaurant</b>		<b>Transaction ID : H4.20803</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1359 Hartford Avenue					
City Johnston	State RI	Zip Code 02919			
Purpose of Disbursement: Election night Catering				Allocated Activity or Event Year-To-Date 141761.06	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 06 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
411.54			731.64		1143.18

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
622.58		1106.83		1729.41

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Providence Biltmore</b>		<b>Transaction ID : H4.20856</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address Kennedy Plaza				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02903		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Election night Rental		Category/ Type		Allocated Activity or Event Year-To-Date 143158.39	
Activity or Event Identifier: <b>Administrative</b>				Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
503.04			894.29		1397.33

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Justin St Andre, DJ</b>		<b>Transaction ID : H4.20901</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 38 Oaklawn Avenue				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Cranston	State RI	Zip Code 02920		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Entertainment Services		Category/ Type		Allocated Activity or Event Year-To-Date 143908.39	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
270.00			480.00		750.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>151 Broadway Associates</b>		<b>Transaction ID : H4.20800</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 151 Broadway				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02903		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Rent and Utilities		Category/ Type		Allocated Activity or Event Year-To-Date 144308.39	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
144.00			256.00		400.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
917.04		1630.29		2547.33

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

PAGE 59 OF 64

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Providence Biltmore</b>		<b>Transaction ID : H4.20857</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address Kennedy Plaza				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02903		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Election Night Rental				Allocated Activity or Event Year-To-Date 145203.89	
Activity or Event Identifier: <b>Administrative</b>			Category/ Type	Date 11 / 13 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
322.38			573.12		895.50

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Division of Taxation</b>		<b>Transaction ID : H4.20896</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address One Capitol Hill				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02908		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: State Payroll Taxes				Allocated Activity or Event Year-To-Date 145360.62	
Activity or Event Identifier: Administrative			Category/ Type	Date 11 / 13 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.42			100.31		156.73

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Postmaster</b>		<b>Transaction ID : H4.20792</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address Turnkey Station				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Providence	State RI	Zip Code 02940		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Postage				Allocated Activity or Event Year-To-Date 145405.62	
Activity or Event Identifier: Administrative			Category/ Type	Date 11 / 15 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.20			28.80		45.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
395.00		702.23		1097.23

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Arthur Handy</b>			<b>Transaction ID : H4.20875</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 26 Welfare Avenue								
City Cranston	State RI	Zip Code 02910				Allocated Activity or Event Year-To-Date 146119.33		
Purpose of Disbursement: Net Wages						Date <input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>		
Activity or Event Identifier: <b>Administrative</b>			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
256.94						=		
			456.77			TOTAL AMOUNT		
						713.71		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>United States Treasury</b>			<b>Transaction ID : H4.20898</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 660351								
City Dallas	State TX	Zip Code 75266				Allocated Activity or Event Year-To-Date 147064.44		
Purpose of Disbursement: Federal Tax Deposit						Date <input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
340.24						=		
			604.87			TOTAL AMOUNT		
						945.11		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Postmaster</b>			<b>Transaction ID : H4.20825</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Turnkey Station								
City Providence	State RI	Zip Code 02940				Allocated Activity or Event Year-To-Date 147109.44		
Purpose of Disbursement: Postage						Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
16.20						=		
			28.80			TOTAL AMOUNT		
						45.00		

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
613.38		1090.44		1703.82

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> <b>CitiBusiness Card</b>		<b>Transaction ID : H4.20876</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 182564					
City Columbus	State OH	Zip Code 43210			
Purpose of Disbursement: Credit Card Payment				Allocated Activity or Event Year-To-Date 147209.78	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 11 / 24 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
36.12			64.22		100.34

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Clear</b>		<b>Transaction ID : H4.20934</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Dept CH 14365					
City Palatine	State IL	Zip Code 60065			
Purpose of Disbursement: Internet Service				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 15 / 2012	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
36.12			64.22		100.34

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Lexisnexis</b>		<b>Transaction ID : H4.20880</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 7247-7090					
City Philadelphia	State PA	Zip Code 19170			
Purpose of Disbursement: Subscription				Allocated Activity or Event Year-To-Date 147382.78	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 26 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
62.28			110.72		173.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
98.40		174.94		273.34

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>RICOH USA, Inc.</b>			<b>Transaction ID : H4.20882</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Five Dedrick Place								
City West Caldwell		State NJ		Zip Code 07006				
Purpose of Disbursement: Copier Maintenance				Category/ Type		Allocated Activity or Event Year-To-Date 149067.99		
Activity or Event Identifier: <b>Administrative</b>						Date <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
606.68				1078.53				1685.21

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Cox Communications</b>			<b>Transaction ID : H4.20883</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 39								
City Newark		State NJ		Zip Code 07101				
Purpose of Disbursement: Cable Service				Category/ Type		Allocated Activity or Event Year-To-Date 149133.63		
Activity or Event Identifier: Administrative						Date <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
23.63				42.01				65.64

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Verizon</b>			<b>Transaction ID : H4.20884</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 1100								
City Albany		State NY		Zip Code 12250				
Purpose of Disbursement: Telephone Service				Category/ Type		Allocated Activity or Event Year-To-Date 149534.66		
Activity or Event Identifier: Administrative						Date <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
144.37				256.66				401.03

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
774.68		1377.20		2151.88

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>A T &amp; T Mobility</b>			<b>Transaction ID : H4.20885</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 536216								
City Atlanta		State GA		Zip Code 30353				
Purpose of Disbursement: Cell Phone				Category/ Type		Allocated Activity or Event Year-To-Date 149682.75		
Activity or Event Identifier: <b>Administrative</b>						Date <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
<input type="text" value="53.31"/>				<input type="text" value="94.78"/>				<input type="text" value="148.09"/>

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Edwin Pacheco</b>			<b>Transaction ID : H4.20886</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 12 Camp Dixie Road								
City Pascoag		State RI		Zip Code 02859				
Purpose of Disbursement: Reimbursement				Category/ Type		Allocated Activity or Event Year-To-Date 149794.75		
Activity or Event Identifier: Administrative						Date <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
<input type="text" value="40.32"/>				<input type="text" value="71.68"/>				<input type="text" value="112.00"/>

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Providence Biltmore</b>			<b>Transaction ID : H4.20935</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Kennedy Plaza								
City Providence		State RI		Zip Code 02903				
Purpose of Disbursement: Parking				Category/ Type		Allocated Activity or Event Year-To-Date 0.00		
Activity or Event Identifier: Administrative [MEMO ITEM]						Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
<input type="text" value="5.40"/>				<input type="text" value="9.60"/>				<input type="text" value="15.00"/>

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="93.63"/>		<input type="text" value="166.46"/>		<input type="text" value="260.09"/>

**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
<input type="text"/>		<input type="text"/>		<input type="text"/>

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Arcade Garage</b>		<b>Transaction ID : H4.20936</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 66 Weybosset Street					
City Providence	State RI	Zip Code 02903			
Purpose of Disbursement: Parking				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]		Category/ Type		Date 11 / 14 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
3.60			6.40		10.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Blaze East Side</b>		<b>Transaction ID : H4.20937</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 776 Hope Street					
City Providence	State RI	Zip Code 02906			
Purpose of Disbursement: Meeting				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 03 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
31.32			55.68		87.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Blue Cross Blue Shield of Rhode Island</b>		<b>Transaction ID : H4.20892</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 1057					
City Providence	State RI	Zip Code 02901			
Purpose of Disbursement: Health Insurance				Allocated Activity or Event Year-To-Date 151433.38	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 26 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
589.91			1048.72		1638.63

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
589.91		1048.72		1638.63

**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
7248.74	12886.67	20135.41