

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P.O. Box 6004
 Check if different than previously reported. (ACC)
Providence RI 02940

2. **FEC IDENTIFICATION NUMBER** C00136200
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2007 through 03 31 2007

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

Type or Print Name of Treasurer John McConnell, Jr.

Signature of Treasurer Electronically Filed by John McConnell, Jr. Date 08 20 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Rhode Island Democratic State Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 3 |

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

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

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

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

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 7 | | 54799.15 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 7 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 22662.05 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 17678.82 | 38848.20 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 40340.87 | 93647.35 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 11998.05 | 65304.53 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 28342.82 | 28342.82 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 5254.47 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Rhode Island Democratic State Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 3 |

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

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

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

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

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 2000.00 | 4300.00 |
| (ii) Unitemized | 150.00 | 500.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 2150.00 | 4800.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 650.60 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 2150.00 | 5450.60 |
| 12. Transfers From Affiliated/Other Party Committees | 2900.00 | 2900.00 |
| 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) | 3230.54 | 11369.40 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 9398.28 | 17664.33 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 1463.87 |
| (c) Total Transfer (add 18(a) and 18(b)). | 9398.28 | 19128.20 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 17678.82 | 38848.20 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 8280.54 | 19720.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 2230.43 | 13347.33 |
| (ii) Non-Federal Share..... | 3965.19 | 23093.39 |
| (b) Other Federal Operating Expenditures..... | 5802.43 | 13286.43 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 11998.05 | 49727.15 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 1262.44 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 14314.94 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 14314.94 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 11998.05 | 65304.53 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 8032.86 | 42211.14 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 2150.00 | 5450.60 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2150.00 | 5450.60 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 8032.86 | 26633.76 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 3230.54 | 11369.40 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 4802.32 | 15264.36 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 25 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|---------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Hebert Bolles | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7 | |
| Mailing Address 45 De Arruda Terrace | | Transaction ID: SA11A1.14527 | |
| City Portsmouth | State RI | Zip Code 02871 | Amount of Each Receipt this Period 237.50 |
| FEC ID number of contributing federal political committee. C | | RI Party Victory Fund | |
| Name of Employer Chaplain Ush Ret | Occupation Episcopal Priest | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | | |

[MEMO ITEM]

| | | | |
|---|---------------------------------|---|---|
| Full Name (Last, First, Middle Initial) B. DNC Services Corp. | | Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7 | |
| Mailing Address 430 South Capitol St. SE | | Transaction ID: SA11A1.14528 | |
| City Washington | State DC | Zip Code 20003 | Amount of Each Receipt this Period 1510.50 |
| FEC ID number of contributing federal political committee. C | | RI Party Victory Fund Uni-temized | |
| Name of Employer | | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | | |

[MEMO ITEM]

| | | | |
|---|---------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Hon. Claiborne Pell | | Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7 | |
| Mailing Address 45 Ledge Rd | | Transaction ID: SA11A1.14525 | |
| City Newport | State RI | Zip Code 02840 | Amount of Each Receipt this Period 950.00 |
| FEC ID number of contributing federal political committee. C | | RI Party Victory Fund | |
| Name of Employer Retired | | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | | |

[MEMO ITEM]

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 7 / 25 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

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

Mailing Address 127 Knightbridge Road

City Wynnewood State PA Zip Code 19096

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11A1.14326

Amount of Each Receipt this Period
1000.00

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

Mailing Address 127 Knightsbridge Road

City Wynnewood State PA Zip Code 19096

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

Name of Employer Schiffrin & Barroway Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11A1.14324

Amount of Each Receipt this Period
1000.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 2000.00 |

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

| | | |
|--|--|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 25 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2900.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2007

Transaction ID: SA12.14317

Amount of Each Receipt this Period
2900.00

In-kind - Voter file access

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2900.00 |
| TOTAL This Period (last page this line number only) | ▶ | 2900.00 |

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

| | | |
|--|------------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 9 / 25 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Melodie DeMulling | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007 | |
| Mailing Address 13981 121st Avenue | | Transaction ID: SA15.14299 | |
| City State Zip Code Dayton MN 55327 | Amount of Each Receipt this Period 223.23 | | |
| FEC ID number of contributing federal political committee. C | Cobra payment | | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 446.46 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Michael Dorsey | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 12 / 2007 | |
| Mailing Address 166 Valley Street | | Transaction ID: SA15.14300 | |
| City State Zip Code Providence RI 02909 | Amount of Each Receipt this Period 223.23 | | |
| FEC ID number of contributing federal political committee. C | Cobra payment | | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 446.46 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. James Fiorentini | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2007 | |
| Mailing Address 36 Macon Avenue | | Transaction ID: SA15.14301 | |
| City State Zip Code Haverhill MA 01830 | Amount of Each Receipt this Period 223.23 | | |
| FEC ID number of contributing federal political committee. C | Cobra payment | | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 446.46 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 669.69 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 25 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

Mailing Address 7101 Zoar Avenue

City Lubbock State TX Zip Code 79424

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
446.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 4 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA15.14302

Amount of Each Receipt this Period
223.00

Cobra payment

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

Mailing Address 230 Roger Williams

City Providence State RI Zip Code 02907

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
669.69

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 3 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA15.14303

Amount of Each Receipt this Period
223.23

Cobra payment

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

Mailing Address P.O. 1

City Worcester State MA Zip Code 01654

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7043.97

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 3 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA15.14304

Amount of Each Receipt this Period
1494.07

Telephone deposits returned

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1940.30 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 11 / 25 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

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

Mailing Address P.O. 1

City State Zip Code
Worcester MA 01654

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7664.52

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 4 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA15.14305

Amount of Each Receipt this Period
620.55

Telephone overpayment

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 620.55 |
| TOTAL This Period (last page this line number only) | ▶ | 3230.54 |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Blue Cross Blue Shield of Rhode Island | | Transaction ID: SB21B.14314 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 |
| Mailing Address PO Box 1057 | | Amount of Each Disbursement this Period 1339.38 |
| City Providence State RI Zip Code 02901 | Purpose of Disbursement Cobra health insurance Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Blue Cross Blue Shield of Rhode Island | | Transaction ID: SB21B.14315 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 |
| Mailing Address PO Box 1057 | | Amount of Each Disbursement this Period 1116.15 |
| City Providence State RI Zip Code 02901 | Purpose of Disbursement Cobra health insurance Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Citizens Bank | | Transaction ID: SB21B.14328 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7 |
| Mailing Address One Citizens Plaza | | Amount of Each Disbursement this Period 20.00 |
| City Providence State RI Zip Code 02903 | Purpose of Disbursement Bank fees Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2475.53 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 25

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

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

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. Cox Communications | | Transaction ID: SB21B.14316 | |
| Mailing Address P.O. Box 39 | | Date of Disbursement MM / DD / YYYY 03 / 20 / 2007 | |
| City Newark | State NJ | Zip Code 07101 | Amount of Each Disbursement this Period 426.90 |
| Purpose of Disbursement Telephone service | | Category/ Type | |
| 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: | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Democratic National Committee | | Transaction ID: SB21B.14318 | |
| Mailing Address 430 South Capitol St. SE | | Date of Disbursement MM / DD / YYYY 03 / 31 / 2007 | |
| City Washington | State DC | Zip Code 20003 | Amount of Each Disbursement this Period 2900.00 |
| Purpose of Disbursement In-kind - Voter file access | | Category/ Type | |
| 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: | | | |

SUBTOTAL of Disbursements This Page (optional)

3326.90

TOTAL This Period (last page this line number only)

5802.43

SCHEDULE C (FEC Form 3X)

LOANS

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

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

Transaction ID: SC/9.5183

LOAN SOURCE Full Name (Last, First, Middle Initial)

Licht 88 Committee

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 350 Cole Avenue

City Providence State RI ZIP Code 02906

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 5249.87 | 0.00 | 5249.87 |

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

Yes No

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

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

| | |
|---|----------------|
| 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 15 / 25 | |
| | FOR LINE NUMBER: (check only one) | <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10 |

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

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

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

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

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

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

| | | |
|--|--|-------------------------------------|
| NAME OF ACCOUNT RI Democratic Non-federal Account | DATE OF RECEIPT M M / D D / Y Y Y Y 03 / 15 / 2007 | TOTAL AMOUNT TRANSFERRED 9398.28 |
|--|--|-------------------------------------|

BREAKDOWN OF TRANSFER RECEIVED

| | | |
|---|---------|--------------------------|
| i) Total Administrative | 9398.28 | Transaction ID: H3.14321 |
| ii) Generic Voter Drive | | Transaction ID: |
| iii) Exempt Activities | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | | |
| v) Direct Candidate Support (List of Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred For Direct Candidate Support | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | Transaction ID: |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|---------|
| TOTAL This Period (Administrative) | 9398.28 |
| 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) | 9398.28 |

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

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

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Verizon | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address P.O. 1 | | | Allocated Activity or Event Year-To-Date 30034.85 | | |
| City Worcester | State MA | Zip Code 01654 | Date M M / D D / Y Y Y Y 03 / 12 / 2007 | | |
| Purpose of Disbursement: Telephone service | | | Transaction ID: H4.14312 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 76.72 | | 136.38 | | 213.10 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Cox Communications | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address P.O. Box 39 | | | Allocated Activity or Event Year-To-Date 30184.89 | | |
| City Newark | State NJ | Zip Code 07101 | Date M M / D D / Y Y Y Y 03 / 20 / 2007 | | |
| Purpose of Disbursement: Monthly modem and cable | | | Transaction ID: H4.14306 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 54.01 | | 96.03 | | 150.04 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Susann Della Rosa | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 60 Don Avenue | | | Allocated Activity or Event Year-To-Date 31659.89 | | |
| City Rumford | State RI | Zip Code 02916 | Date M M / D D / Y Y Y Y 03 / 20 / 2007 | | |
| Purpose of Disbursement: Accounting services-non-employee | | | Transaction ID: H4.14307 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 531.00 | | 944.00 | | 1475.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 661.73 | | 1176.41 | | 1838.14 |

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

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

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

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

| | | | | | |
|---|-------|----------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Excel Communications | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 78228 | | | Allocated Activity or Event Year-To-Date 31676.74 | | |
| City | State | Zip Code | Category/ Type | | |
| Phoenix | AZ | 85062 | | | |
| Purpose of Disbursement: Long distance service | | | Date <input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2007"/> | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: H4.14308 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 6.07 | | 10.78 | | 16.85 |

| | | | | | |
|--|-------|----------|---|--|--|
| B. Full Name (Last, First, Middle Initial) IKON Office Solutions | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address P.O. Box 30069 | | | Allocated Activity or Event Year-To-Date 32345.74 | | |
| City | State | Zip Code | Category/ Type | | |
| Hartford | CT | 06150 | | | |
| Purpose of Disbursement: Copier Lease | | | Date <input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2007"/> | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: H4.14309 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 240.84 | | 428.16 | | 669.00 |

| | | | | | |
|---|-------|----------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Merlyn Enterprises | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 220 Newport Avenue | | | Allocated Activity or Event Year-To-Date 34296.99 | | |
| City | State | Zip Code | Category/ Type | | |
| Rumford | RI | 02916 | | | |
| Purpose of Disbursement: State Party Logo Merchandise | | | Date <input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2007"/> | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: H4.14310 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 702.45 | | 1248.80 | | 1951.25 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 949.36 | | 1687.74 | | 2637.10 |

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

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

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

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

| | | | | |
|--|-------------|-------------------|--|--|
| A. Full Name (Last, First, Middle Initial) Pui O | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 249 Roosevelt Avenue | | | Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">35096.99</div> | |
| City Pawtucket | State RI | Zip Code 02860 | Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 20 / 2007</div> | |
| Purpose of Disbursement: March rent & electricity | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: H4.14311 | |

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

| | | | | |
|---|-------------|-------------------|--|--|
| B. Full Name (Last, First, Middle Initial) Raw Data Corporation | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address PO Box 8976 | | | Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">35121.94</div> | |
| City Warwick | State RI | Zip Code 02888 | Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 20 / 2007</div> | |
| Purpose of Disbursement: Web hosting fees | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: H4.14313 | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 8.98 | | 15.97 | | 24.95 |

| | | | | |
|---|-------------|-------------------|--|--|
| C. Full Name (Last, First, Middle Initial) Elevate Consulting LLC | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address PO Box 8378 | | | Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">35346.94</div> | |
| City Warwick | State RI | Zip Code 02888 | Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 20 / 2007</div> | |
| Purpose of Disbursement: Computer configurations | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: H4.14319 | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 81.00 | | 144.00 | | 225.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 377.98 | | 671.97 | | 1049.95 |

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

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

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

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

| | | | | | |
|--|-------|----------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Bank of America | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 15719 | | | Allocated Activity or Event Year-To-Date 35775.18 | | |
| City | State | Zip Code | Category/ Type | | |
| Wilmington | DE | 19886 | | | |
| Purpose of Disbursement: Credit Card Payment | | | Date <input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2007"/> | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: H4.14330 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 154.17 | | 274.07 | | 428.24 |

| | | | | | |
|--|-------|----------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Hilton Washington | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 1919 Connecticut Ave NW | | | Allocated Activity or Event Year-To-Date 0.00 | | |
| City | State | Zip Code | Category/ Type | | |
| Washington | DC | 20009 | | | |
| Purpose of Disbursement: Meeting lodging | | | Date <input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2007"/> | | |
| Activity or Event Identifier: Administrative [MEMO ITEM] | | | Transaction ID: H4.14331 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 81.14 | | 144.24 | | 225.38 |

| | | | | | |
|--|-------|----------|---|--|--|
| C. Full Name (Last, First, Middle Initial) The Parking Company | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address Theodore Francis Green Airport | | | Allocated Activity or Event Year-To-Date 0.00 | | |
| City | State | Zip Code | Category/ Type | | |
| Warwick | RI | 02886 | | | |
| Purpose of Disbursement: Parking fees | | | Date <input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2007"/> | | |
| Activity or Event Identifier: Administrative [MEMO ITEM] | | | Transaction ID: H4.14332 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 17.28 | | 30.72 | | 48.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 154.17 | | 274.07 | | 428.24 |

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

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

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

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

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

Mailing Address
911 Warren Avenue

| | | | |
|-----------------|-------|----------|-------------------|
| City | State | Zip Code | Category/ Type |
| East Providence | RI | 02914 | |

Purpose of Disbursement:
Meeting 2/9/07

Activity or Event Identifier:
Administrative
[MEMO ITEM]

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
0.00

Date / /
Transaction ID: H4.14333

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 35.59 | | 63.27 | | 98.86 |

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

Mailing Address
2 Pine Street

| | | | |
|------------|-------|----------|-------------------|
| City | State | Zip Code | Category/ Type |
| Providence | RI | 02903 | |

Purpose of Disbursement:
Meeting 2/27/07

Activity or Event Identifier:
Administrative
[MEMO ITEM]

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
0.00

Date / /
Transaction ID: H4.14334

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 20.16 | | 35.84 | | 56.00 |

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

Mailing Address
300 South Riverside Plaza

| | | | |
|---------|-------|----------|-------------------|
| City | State | Zip Code | Category/ Type |
| Chicago | IL | 60606 | |

Purpose of Disbursement:
Credit Card Payment

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
36017.37

Date / /
Transaction ID: H4.14329

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 87.19 | | 155.00 | | 242.19 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 87.19 | | 155.00 | | 242.19 |

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

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

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

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

A. Full Name (Last, First, Middle Initial)
Hay Adams Hotel

Mailing Address
800 16th Street, NW

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20006 |

Purpose of Disbursement:
Meals

Category/
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 03 / 30 / 2007

Transaction ID: H4.14335

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 12.56 | | 22.32 | | 34.88 |

B. Full Name (Last, First, Middle Initial)
Old Canteen, Inc.

Mailing Address
120 Atwells Avenue

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Providence | RI | 02903 |

Purpose of Disbursement:
Meeting 2/28/07

Category/
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 03 / 30 / 2007

Transaction ID: H4.14336

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 18.83 | | 33.47 | | 52.30 |

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

Mailing Address
2 Pine Street

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Providence | RI | 02903 |

Purpose of Disbursement:
Meeting

Category/
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 03 / 05 / 2007

Transaction ID: H4.14337

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 24.12 | | 42.88 | | 67.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

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

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

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

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

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

| | | | | |
|---|-------|----------|---|--|
| A. Full Name (Last, First, Middle Initial) Bullfeathers | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 410 First Street SE | | | Allocated Activity or Event Year-To-Date 0.00 | |
| City | State | Zip Code | Date M M / D D / Y Y Y Y 03 / 30 / 2007 | |
| Washington | DC | 20003 | | |
| Purpose of Disbursement: Meals | | | Transaction ID: H4.14338 | |
| Activity or Event Identifier: Administrative [MEMO ITEM] | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 9.15 | | 16.28 | | 25.43 |

| | | | | |
|--|-------|----------|---|--|
| B. Full Name (Last, First, Middle Initial) McCormick & Schmick | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 11 Dorrance Street | | | Allocated Activity or Event Year-To-Date 0.00 | |
| City | State | Zip Code | Date M M / D D / Y Y Y Y 03 / 30 / 2007 | |
| Providence | RI | 02903 | | |
| Purpose of Disbursement: Meeting 2/22/07 | | | Transaction ID: H4.14341 | |
| Activity or Event Identifier: Administrative [MEMO ITEM] | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 22.53 | | 40.05 | | 62.58 |

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 |
| 2230.43 | 3965.19 | 6195.62 |

Image# 27990508815

Form/Schedule: **F3XA**

The loan on Schedule C has no interest rate and no determined due date. Memo schedule A's from joint fundraisers are distributed on a different schedule than transfers. Proceeds are expected prior to the end of the calendar year.

Transaction ID:

Form/Schedule: **SA11A1** RI Party Victory Fund

Transaction ID: **SA11A1.14527**

Image# 27990508816

Form/Schedule: **SA11A1** RI Party Victory Fund Unitemized
Transaction ID: **SA11A1.14528**

Form/Schedule: **SA11A1** RI Party Victory Fund
Transaction ID: **SA11A1.14525**
