

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

Office Use Only

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

Rhode Island Democratic State Committee

ADDRESS (number and street)

P.O. Box 6004

Check if different  
than previously  
reported. (ACC)

Providence

RI

02940

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00136200

3. IS THIS  
REPORTNEW  
(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

11

28

2006

through

12

31

2006

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

Type or Print Name of Treasurer

John McConnell, Jr.

Signature of Treasurer

Electronically Filed by John McConnell, Jr.

Date

08

17

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.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Rhode Island Democratic State Committee

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div>Y Y Y Y 2006</div>	<div>110469.32</div>
(b) Cash on Hand at Beginning of Reporting Period .....	<div>98373.71</div>	
(c) Total Receipts (from Line 19) .....	<div>90151.45</div>	<div>3409148.56</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<div>188525.16</div>	<div>3519617.88</div>
7. Total Disbursements (from Line 31) .....	<div>133726.01</div>	<div>3464818.73</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>54799.15</div>	<div>54799.15</div>
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>5249.87</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. 02/2003)

Page 3

Write or Type Committee Name

Rhode Island Democratic State Committee

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1200.00	465620.00
(i) Itemized (use Schedule A) .....	150.00	25083.00
(ii) Unitemized .....	1350.00	490703.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	201400.00
(c) Other Political Committees (such as PACs) .....	1350.00	692103.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	564.27	2497807.69
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) .....	5473.11	17538.52
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	69227.94	188163.22
(b) Levin Funds (from Schedule H5) .....	13536.13	13536.13
(c) Total Transfer (add 18(a) and 18(b)).	82764.07	201699.35
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	90151.45	3409148.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7387.38	3207449.21

**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.....	3807.62	119036.03
(ii) Non-Federal Share.....	14323.88	182665.75
(b) Other Federal Operating Expenditures.....	9765.79	378087.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	27897.29	679789.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	4995.63
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	139004.76
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	3600.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	3598.21
(ii) "Levin" Share .....	0.00	13536.13
(b) Federal Election Activity Paid Entirely With Federal Funds .....	105828.72	2620294.81
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	105828.72	2637429.15
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	133726.01	3464818.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	119402.13	3268616.85

**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) .....	1350.00	692103.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1350.00	692103.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13573.41	497123.44
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	5473.11	17538.52
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8100.30	479584.92

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

PAGE 6 / 70

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

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A.** Agnelo Cesar

Mailing Address 41 Goldsmith Avenue

City	State	Zip Code
East Providence	RI	02914

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Dr AC CleaningOccupation  
Maintenance

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11A1.14058

Amount of Each Receipt this Period

400.00

Computer equipment purcha-  
se

Full Name (Last, First, Middle Initial)

**B.** Erick Irizarry

Mailing Address 3541 Pawtucket Avenue

City	State	Zip Code
Riverside	RI	02915

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Home DepotOccupation  
Sales

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	0	6

Transaction ID: SA11A1.14043

Amount of Each Receipt this Period

300.00

Computer equipment purcha-  
se

Full Name (Last, First, Middle Initial)

**C.** MR PHILIP LEMOINE

Mailing Address 55 HALLVILLE RD

City	State	Zip Code
EXETER	RI	02822

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

Name of Employer

Occupation  
RETIRED

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11A1.14089

Amount of Each Receipt this Period

200.00

Dollars for Democrats

**[MEMO ITEM]**

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

700.00

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:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address 33 North Fairview Avenue

City State Zip Code  
Johnston RI 02919

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Secretary of State

Occupation  
Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.14055

Amount of Each Receipt this Period

500.00

Computer equipment purchase

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

UNITEMIZED CONTRIBUTIONS

Mailing Address 430 S 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 ▼

.00

Date of Receipt

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

Transaction ID: SA11A1.14091

Amount of Each Receipt this Period

2570.00

Dollars for Democrats

[MEMO ITEM]

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

MR WILLIAM WEST

Mailing Address 205 REDWOOD RD

City State Zip Code  
PORTSMOUTH RI 02871

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11A1.14090

Amount of Each Receipt this Period

65.00

Dollars for Democrats

[MEMO ITEM]

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

500.00

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

1200.00

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

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

FOR LINE NUMBER: PAGE 8 / 70

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A. Full Name (Last, First, Middle Initial)  
RHODE ISLAND DEMOCRATIC SENATE VICTORY FUND

Mailing Address 607 14TH STREET NW 8TH FLOOR

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00429555

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6564.27

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 0 6

Transaction ID: SA12.13952

Amount of Each Receipt this Period

564.27

Final proceeds

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

564.27

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

564.27



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

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

FOR LINE NUMBER:  
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☐ 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.** Alicia Amdur

Mailing Address 792 McIntyre Avenue

City State Zip Code  
 Winter Prk FL 32709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.11

Date of Receipt

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

Transaction ID: SA15.13946

Amount of Each Receipt this Period

217.11

Cobra payment

Full Name (Last, First, Middle Initial)

**B.** Brett Broesder

Mailing Address 1 Trenton Street

City State Zip Code  
 Providence RI 02906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

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

Transaction ID: SA15.13948

Amount of Each Receipt this Period

217.00

Cobra payment

Full Name (Last, First, Middle Initial)

**C.** Melodie DeMulling

Mailing Address 13981 121st Avenue

City State Zip Code  
 Dayton MN 55327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

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

Transaction ID: SA15.14045

Amount of Each Receipt this Period

218.00

Cobra payment

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

652.11

**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:  
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PAGE 10 / 70

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

**A.** Full Name (Last, First, Middle Initial)  
Melodie DeMulling  
Mailing Address 13981 121st Avenue

City State Zip Code  
Dayton MN 55327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.00

Date of Receipt

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

Transaction ID: SA15.13925

Amount of Each Receipt this Period

218.00

Cobra payment

**B.** Full Name (Last, First, Middle Initial)  
Michael Dorsey  
Mailing Address 166 Valley Street

City State Zip Code  
Providence RI 02909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.11

Date of Receipt

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

Transaction ID: SA15.13926

Amount of Each Receipt this Period

217.11

Cobra payment

**C.** Full Name (Last, First, Middle Initial)  
Lacy Dwyer  
Mailing Address 47 Wyndham Hill

City State Zip Code  
Middletown RI 02842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.11

Date of Receipt

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

Transaction ID: SA15.13947

Amount of Each Receipt this Period

217.11

Cobra payment

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

652.22

**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: PAGE 11 / 70

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

**A.** Full Name (Last, First, Middle Initial)  
James Fiorentini  
Mailing Address 36 Macon Avenue

City State Zip Code  
Haverhill MA 01830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.11

Date of Receipt

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

Transaction ID: SA15.13949

Amount of Each Receipt this Period

217.11

Cobra payment

**B.** Full Name (Last, First, Middle Initial)  
James Fiorentini  
Mailing Address 36 Macon Avenue

City State Zip Code  
Haverhill MA 01830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.22

Date of Receipt

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

Transaction ID: SA15.13921

Amount of Each Receipt this Period

217.11

Cobra payment

**C.** Full Name (Last, First, Middle Initial)  
Prospero Luna  
Mailing Address 230 Roger Williams Avenue

City State Zip Code  
Providence RI 02907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.11

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 6

Transaction ID: SA15.14049

Amount of Each Receipt this Period

217.11

Cobra payment

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

651.33

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

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

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

FOR LINE NUMBER: PAGE 12 / 70

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Prospero Luna

Mailing Address 230 Roger Williams Avenue

City State Zip Code  
 Providence RI 02907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.22

Date of Receipt

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

Transaction ID: SA15.13922

Amount of Each Receipt this Period

217.11

Cobra payment

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

Lauren Mandelker

Mailing Address 299 Wickenden Street

City State Zip Code  
 Providence RI 02903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.11

Date of Receipt

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

Transaction ID: SA15.14046

Amount of Each Receipt this Period

217.11

Cobra payment

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

Josh Panger

Mailing Address 7101 Zoar Avenue

City State Zip Code  
 Lubbock TX 79424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.11

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 9 / 2 0 0 6

Transaction ID: SA15.14047

Amount of Each Receipt this Period

217.11

Cobra payment

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

651.33

**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 13 / 70

(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.** Josh Panger

Mailing Address 7101 Zoar Avenue

City State Zip Code  
 Lubbock TX 79424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.11

Date of Receipt

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

Transaction ID: SA15.13920

Amount of Each Receipt this Period

217.00

Cobra payment

Full Name (Last, First, Middle Initial)

**B.** Shein Management

Mailing Address 845 North Main Street

City State Zip Code  
 Providence RI 02904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1735.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 9 / 2 0 0 6

Transaction ID: SA15.13942

Amount of Each Receipt this Period

1735.00

Security deposit refund

Full Name (Last, First, Middle Initial)

**C.** Anand Sudhakar

Mailing Address 93 East George Street

City State Zip Code  
 Providence RI 02906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.11

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 9 / 2 0 0 6

Transaction ID: SA15.14048

Amount of Each Receipt this Period

217.11

Cobra payment

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

2169.11

**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 14 / 70

(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.** Anand Sudhakar

Mailing Address 93 East George Street

City State Zip Code  
 Providence RI 02906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.22

Date of Receipt

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

Transaction ID: SA15.13924

Amount of Each Receipt this Period

217.11

Cobra payment

Full Name (Last, First, Middle Initial)

**B.** Jhomphy Ventura

Mailing Address 32 Farragut Avenue

City State Zip Code  
 Providence RI 02905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.11

Date of Receipt

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

Transaction ID: SA15.13950

Amount of Each Receipt this Period

217.11

Cobra payment

Full Name (Last, First, Middle Initial)

**C.** Jhomphy Ventura

Mailing Address 32 Farragut Avenue

City State Zip Code  
 Providence RI 02905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.22

Date of Receipt

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

Transaction ID: SA15.13919

Amount of Each Receipt this Period

217.11

Cobra payment

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

651.33

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

5427.43

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 70

<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. Advantage Payroll**

Mailing Address 90 Jefferson Boulevard

City  
Warwick

State  
RI

Zip Code  
02888

Purpose of Disbursement  
Payroll service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.13955

Date of Disbursement

/   /

Amount of Each Disbursement this Period

98.95

## **B. Advantage Payroll**

Mailing Address 90 Jefferson Boulevard

City  
Warwick

State  
RI

Zip Code  
02888

Purpose of Disbursement  
Payroll service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.13956

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.10

## **C. Advantage Payroll**

Mailing Address 90 Jefferson Boulevard

City  
Warwick

State  
RI

Zip Code  
02888

Purpose of Disbursement  
Payroll service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.13957

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.10

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

153.15

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 70

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

## **A.** Citizens Bank

Mailing Address One Citizens Plaza

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement  
Bank fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.13960

Date of Disbursement

/   /

Amount of Each Disbursement this Period

544.00

Full Name (Last, First, Middle Initial)

## **B.** Citizens Bank

Mailing Address One Citizens Plaza

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement  
Bank fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.13961

Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.50

Full Name (Last, First, Middle Initial)

## **C.** Citizens Bank

Mailing Address One Citizens Plaza

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement  
Bank fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.14060

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

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

639.50

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 70

<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. Cleanscape**

Mailing Address 150 Colfax Street

City  
Providence

State  
RI

Zip Code  
02905

Purpose of Disbursement

Close down bins

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.13898

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2006

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

## **B. Coventry Democratic Town Committee**

Mailing Address 875 Tiogue Avenue

City  
Coventry

State  
RI

Zip Code  
02816

Purpose of Disbursement

Reimburse phone service

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.13915

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2006

Amount of Each Disbursement this Period

683.96

Full Name (Last, First, Middle Initial)

## **C. Jeffrey Dickson**

Mailing Address 19 Byron Street

City  
No Providence

State  
RI

Zip Code  
02911

Purpose of Disbursement

Lost check

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.14063

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2006

Amount of Each Disbursement this Period

-8.99

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

714.97

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 70

<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. Grassroots Solutions**

Mailing Address 2929 University Ave. SE

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement  
Expenses reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.13900

Date of Disbursement

12 / 20 / 2006

Amount of Each Disbursement this Period

1054.31

Full Name (Last, First, Middle Initial)

## **B. National Grid**

Mailing Address Processing Center

City Woburn State MA Zip Code 01807

Purpose of Disbursement  
Electricity

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.13902

Date of Disbursement

12 / 20 / 2006

Amount of Each Disbursement this Period

283.82

Full Name (Last, First, Middle Initial)

## **C. National Grid**

Mailing Address Processing Center

City Woburn State MA Zip Code 01807

Purpose of Disbursement  
Electricity

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.13903

Date of Disbursement

12 / 20 / 2006

Amount of Each Disbursement this Period

467.46

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

1805.59

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

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

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

FOR LINE NUMBER:  
(check only one)

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<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. National Grid**

Mailing Address Processing Center

City Woburn State MA Zip Code 01807

Purpose of Disbursement  
Electricity

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.13904

Date of Disbursement

12 / 31 / 2006

Amount of Each Disbursement this Period

232.94

Full Name (Last, First, Middle Initial)

## **B. National Grid**

Mailing Address Processing Center

City Woburn State MA Zip Code 01807

Purpose of Disbursement  
Electricity

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.13905

Date of Disbursement

12 / 31 / 2006

Amount of Each Disbursement this Period

127.09

Full Name (Last, First, Middle Initial)

## **C. Perkins Coie**

Mailing Address 1201 Third Avenue

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
Legal services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.13906

Date of Disbursement

12 / 20 / 2006

Amount of Each Disbursement this Period

2250.00

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

2610.03

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 70

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A.** Poland Spring

Mailing Address PO Box 856192

City Louisville State KY Zip Code 40285

Purpose of Disbursement  
Office refreshments

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.13907

Date of Disbursement

12 / 20 / 2006

Amount of Each Disbursement this Period

54.52

Full Name (Last, First, Middle Initial)

**B.** Verizon

Mailing Address P.O. 1

City Worcester State MA Zip Code 01654

Purpose of Disbursement  
Telephone service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.13909

Date of Disbursement

12 / 20 / 2006

Amount of Each Disbursement this Period

655.25

Full Name (Last, First, Middle Initial)

**C.** Verizon

Mailing Address P.O. 1

City Worcester State MA Zip Code 01654

Purpose of Disbursement  
Telephone service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.13910

Date of Disbursement

12 / 20 / 2006

Amount of Each Disbursement this Period

620.55

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

1330.32

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 70

<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.** Verizon

Mailing Address P.O. 1

City  
Worcester

State  
MA

Zip Code  
01654

Purpose of Disbursement  
Telephone service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.13911

Date of Disbursement

/   /

Amount of Each Disbursement this Period

410.06

Full Name (Last, First, Middle Initial)

**B.** Verizon

Mailing Address P.O. 1

City  
Worcester

State  
MA

Zip Code  
01654

Purpose of Disbursement  
Telephone service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.13912

Date of Disbursement

/   /

Amount of Each Disbursement this Period

208.74

Full Name (Last, First, Middle Initial)

**C.** Verizon

Mailing Address P.O. 1

City  
Worcester

State  
MA

Zip Code  
01654

Purpose of Disbursement  
Telephone service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.13913

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1196.61

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

1815.41

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 70

<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. Verizon

Mailing Address P.O. 1

City  
Worcester

State  
MA

Zip Code  
01654

Purpose of Disbursement  
Telephone service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.13914

Date of Disbursement

/   /

Amount of Each Disbursement this Period

358.48

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

358.48

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

9427.45

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 70

☐ 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.** Alicia Amdur

Mailing Address 792 McIntyre Avenue

City Winter Prk State FL Zip Code 32709

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.13962

Date of Disbursement

/   /

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

**B.** American Express

Mailing Address 300 South Riverside Plaza

City Chicago State IL Zip Code 60606

Purpose of Disbursement

Credit card payment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.13895

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3299.58

Full Name (Last, First, Middle Initial)

**C.** Enterprise Rent-A-Car

Mailing Address 90 Weybosset Street

City Providence State RI Zip Code 02903

Purpose of Disbursement

Car rentals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.13895.0

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3299.58

**[MEMO ITEM]**

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

4109.15

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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.** Matthew Arnold

Mailing Address 83 Oaklawn Avenue

City Cranston State RI Zip Code 02920

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB30B.13963

Date of Disbursement

/   /

Amount of Each Disbursement this Period

861.14

Full Name (Last, First, Middle Initial)

**B.** Gabriel Bluestone

Mailing Address 86 South Angell Street

City Providence State RI Zip Code 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB30B.13964

Date of Disbursement

/   /

Amount of Each Disbursement this Period

964.30

Full Name (Last, First, Middle Initial)

**C.** Sarah Bogdan

Mailing Address 133 Sutton Street

City Providence State RI Zip Code 02903

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB30B.13965

Date of Disbursement

/   /

Amount of Each Disbursement this Period

809.57

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

2635.01

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



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

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

FOR LINE NUMBER:  
(check only one)

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<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.** David Bonzagni

Mailing Address 74 South River Drive

City Narragansett State RI Zip Code 02882

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB30B.13966

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

**B.** Angela Botticella

Mailing Address 18 Phillipsburg

City Irvine State CA Zip Code 92620

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB30B.13967

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

1142.25

Full Name (Last, First, Middle Initial)

**C.** Brett Broesder

Mailing Address 1 Trenton Street

City Providence State RI Zip Code 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB30B.13968

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

835.36

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

2761.41

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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.** Sean Brophy

Mailing Address 92 Melrose Street

City  
Providence

State  
RI

Zip Code  
02907

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.13969

Date of Disbursement

/   /

Amount of Each Disbursement this Period

917.88

Full Name (Last, First, Middle Initial)

**B.** Dylan Brown

Mailing Address 20 Avondale Road

City  
Westerly

State  
RI

Zip Code  
02891

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.13970

Date of Disbursement

/   /

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

**C.** Gregory Buckland

Mailing Address 9 Kahler Avenue

City  
Milton

State  
MA

Zip Code  
02186

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.13971

Date of Disbursement

/   /

Amount of Each Disbursement this Period

783.80

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

2511.25

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 70

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A.** Angela Chasebi

Mailing Address PO Box 4470

City  
Austintown

State  
OH

Zip Code  
44515

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.13972

Date of Disbursement

/   /

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

**B.** Citizens Bank

Mailing Address One Citizens Plaza

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

Payroll tax deposit

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.13953

Date of Disbursement

/   /

Amount of Each Disbursement this Period

35769.00

Full Name (Last, First, Middle Initial)

**C.** Jacob Conarck

Mailing Address 7 Oxford Drive

City  
Port Jeff Station

State  
NY

Zip Code  
11776

Purpose of Disbursement

Net wages

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.13973

Date of Disbursement

/   /

Amount of Each Disbursement this Period

809.57

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

37388.14

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

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

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

FOR LINE NUMBER:  
(check only one)

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<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.** Dattco

Mailing Address 583 South Street

City  
New Britain

State  
CT

Zip Code  
06051

Purpose of Disbursement  
Volunteer bus rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.13868

Date of Disbursement

/   /

Amount of Each Disbursement this Period

212.00

Full Name (Last, First, Middle Initial)

**B.** Dattco

Mailing Address 583 South Street

City  
New Britain

State  
CT

Zip Code  
06051

Purpose of Disbursement  
Volunteer bus rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.13869

Date of Disbursement

/   /

Amount of Each Disbursement this Period

212.00

Full Name (Last, First, Middle Initial)

**C.** Melodie DeMulling

Mailing Address 13981 121st Avenue

City  
Dayton

State  
MN

Zip Code  
55327

Purpose of Disbursement  
Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.13974

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1731.75

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

2155.75

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A.** Jeffrey Dickson

Mailing Address 19 Byron Street

City  
No Providence

State  
RI

Zip Code  
02911

Purpose of Disbursement  
Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB30B.13975

Date of Disbursement

/   /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

**B.** Division of Taxation

Mailing Address One Capitol Hill

City  
Providence

State  
RI

Zip Code  
02908

Purpose of Disbursement  
State payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB30B.13954

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4203.38

Full Name (Last, First, Middle Initial)

**C.** Michael Dorsey

Mailing Address 166 Valley Street

City  
Providence

State  
RI

Zip Code  
02909

Purpose of Disbursement  
Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB30B.13976

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2263.39

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

7250.57

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

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

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

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(check only one)

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☐ 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.** Michael Dorsey

Mailing Address 166 Valley Street

City  
Providence

State  
RI

Zip Code  
02909

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.13977

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2263.38

Full Name (Last, First, Middle Initial)

**B.** Michael Dorsey

Mailing Address 166 Valley Street

City  
Providence

State  
RI

Zip Code  
02909

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.13978

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2263.39

Full Name (Last, First, Middle Initial)

**C.** Lacy Dwyer

Mailing Address 47 Wyndham Hill

City  
Middletown

State  
RI

Zip Code  
02842

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.13979

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1170.57

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

5697.34

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

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

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

FOR LINE NUMBER:  
(check only one)

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<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 Engel

Mailing Address 45 Junip Road

City  
Belmont

State  
MA

Zip Code  
02478

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.14020

Date of Disbursement

/   /

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

**B.** Brian Farnkoff

Mailing Address 43 Billings Street

City  
Boston

State  
MA

Zip Code  
02132

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.13980

Date of Disbursement

/   /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

**C.** Parker Farrington

Mailing Address 37 Devon Road

City  
Chestnut Hill

State  
MA

Zip Code  
02467

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.13981

Date of Disbursement

/   /

Amount of Each Disbursement this Period

809.57

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

2402.94

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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.** Regina Fiorentini

Mailing Address 36 Macon Avenue

City  
Haverhill

State  
MA

Zip Code  
01830

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.13982

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1170.57

Full Name (Last, First, Middle Initial)

**B.** Amanda Foster

Mailing Address 19 Byron Street

City

North Providence

State  
RI

Zip Code  
02911

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.13983

Date of Disbursement

/   /

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

**C.** Timothy Fraser

Mailing Address 78 Fisher Street

City

Medway

State  
MA

Zip Code  
02053

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.14022

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1170.57

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

3150.71

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



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

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

FOR LINE NUMBER:  
(check only one)

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<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.** Jeffrey Gohringer

Mailing Address 19 Byron Street

City  
North Providence

State  
RI

Zip Code  
02911

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.13984

Date of Disbursement

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

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

**B.** Anna Gustina

Mailing Address 111 University Avenue

City  
Buffalo

State  
NY

Zip Code  
14214

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.13985

Date of Disbursement

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

Amount of Each Disbursement this Period

1731.75

Full Name (Last, First, Middle Initial)

**C.** Anna Gustina

Mailing Address 111 University Avenue

City  
Buffalo

State  
NY

Zip Code  
14214

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.13988

Date of Disbursement

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

Amount of Each Disbursement this Period

1760.10

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

4301.42

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

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

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

FOR LINE NUMBER:  
(check only one)

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<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.** Anna Gustina

Mailing Address 111 University Avenue

City Buffalo State NY Zip Code 14214

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB30B.13987

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1766.75

Full Name (Last, First, Middle Initial)

**B.** Kelly Harlow

Mailing Address 3906 West Oak Drive

City Columbia State MO Zip Code 65302

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB30B.13990

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1170.57

Full Name (Last, First, Middle Initial)

**C.** Nicole Hilmer-Heartte

Mailing Address 5 East Street

City Providence State RI Zip Code 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB30B.13991

Date of Disbursement

/   /

Amount of Each Disbursement this Period

783.80

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

3721.12

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

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

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

FOR LINE NUMBER:  
(check only one)

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<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.** Rose Jackson

Mailing Address 5750 Broadway Street

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB30B.13992

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

**B.** Nicholas Jeffrey

Mailing Address 6 Holiday Court

City Lincoln State RI Zip Code 02865

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB30B.13993

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

**C.** Patricia Kammerer

Mailing Address PO Box 1495

City Westerly State RI Zip Code 02891

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB30B.13994

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

1333.63

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

2927.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 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.** Micheal Keane

Mailing Address 166 Valley Street

City  
Providence

State  
RI

Zip Code  
02909

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.13995

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1333.63

Full Name (Last, First, Middle Initial)

**B.** Seth Larson

Mailing Address 65 Plantation Drive

City  
Saunderstown

State  
RI

Zip Code  
02874

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.13996

Date of Disbursement

/   /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

**C.** Brett Lincoln

Mailing Address 28 Irving Road

City  
New Hartford

State  
NY

Zip Code  
13413

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.13997

Date of Disbursement

/   /

Amount of Each Disbursement this Period

809.57

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

2927.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<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.** Sara Lonardo

Mailing Address 471 Douglas Avenue

City State Zip Code  
Providence RI 02908

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.13998

Date of Disbursement

/   /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

**B.** Hamlet Lopez

Mailing Address 105 Comstock Street

City State Zip Code  
Providence RI 02907

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.13999

Date of Disbursement

/   /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

**C.** Matthew Lydon

Mailing Address 73 Fremont

City State Zip Code  
Providence RI 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.14000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1170.57

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

2738.17

**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  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A.** Lauren Mandelker

Mailing Address 299 Wickenden Street

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement  
Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.14001

Date of Disbursement

/   /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

**B.** MBNA

Mailing Address P.O. Box 15019

City  
Wilmington

State  
DE

Zip Code  
19886

Purpose of Disbursement  
Credit Card payment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.14038

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1300.00

Full Name (Last, First, Middle Initial)

**C.** Lightning Radio Inc.

Mailing Address 5781 Lee Boulevard

City  
Lehigh Acres

State  
FL

Zip Code  
33971

Purpose of Disbursement  
Equipment rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.14038.0

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1300.00

[MEMO ITEM]

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

2083.80

**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  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A.** Brian Monteiro

Mailing Address 172 Leonard Avenue

City  
East Providence

State  
RI

Zip Code  
02914

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.14002

Date of Disbursement

/   /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

**B.** Josh Panger

Mailing Address 7101 Zoar Avenue

City  
Lubbock

State  
TX

Zip Code  
79424

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.14003

Date of Disbursement

/   /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

**C.** Eugene Paul

Mailing Address 41 Ridgeway Avenue

City  
Providence

State  
RI

Zip Code  
02909

Purpose of Disbursement

Canvasser stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.13866

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

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

1667.60

**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  
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☐ 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.** Meredith Regine

Mailing Address 155 Purgatory Road

City Middletown, State RI Zip Code 02842

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.14021

Date of Disbursement

/   /

Amount of Each Disbursement this Period

758.01

Full Name (Last, First, Middle Initial)

**B.** Dayanarah Rodriguez

Mailing Address 6 Gallup Street

City Providence State RI Zip Code 02905

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.14004

Date of Disbursement

/   /

Amount of Each Disbursement this Period

758.01

Full Name (Last, First, Middle Initial)

**C.** David Rosenthal

Mailing Address 69 Ocean View Road

City Swampscott State MA Zip Code 01907

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.14005

Date of Disbursement

/   /

Amount of Each Disbursement this Period

835.36

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

2351.38

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



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

Use separate schedule(s)  
for each category of the  
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(check only one)

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<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.** Hollie Saunders

Mailing Address 29 Russell Avenue

City  
East Providence

State  
RI

Zip Code  
02914

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.14006

Date of Disbursement

/   /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

**B.** Melissa Scully

Mailing Address 4 Pine Drive

City  
Unionville

State  
CT

Zip Code  
06085

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.14007

Date of Disbursement

/   /

Amount of Each Disbursement this Period

758.01

Full Name (Last, First, Middle Initial)

**C.** Ryan Sears

Mailing Address 2156 Palmetto Terrace

City  
Fullerton

State  
CA

Zip Code  
92831

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.14008

Date of Disbursement

/   /

Amount of Each Disbursement this Period

783.80

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

2325.61

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

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

Use separate schedule(s)  
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☐ 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.** Jeremy Slaughter

Mailing Address 55 Pond Drive

City  
Fairmont

State  
WV

Zip Code  
26554

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.14009

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1098.26

Full Name (Last, First, Middle Initial)

**B.** Erica Smith

Mailing Address 74 Glendale Drive

City  
West Warwick

State  
RI

Zip Code  
02893

Purpose of Disbursement

Check incorrectly issued

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.14098

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-40.00

Full Name (Last, First, Middle Initial)

**C.** Jenna Soendker

Mailing Address 12507 Hwy D

City  
Napoleon

State  
MD

Zip Code  
64074

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.14010

Date of Disbursement

/   /

Amount of Each Disbursement this Period

783.80

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

1842.06

**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  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A.** Anisa Somani

Mailing Address 24 South Court Street

City  
Providence

State  
RI

Zip Code  
02906

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.14011

Date of Disbursement

/   /

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

**B.** Prospero Suazo

Mailing Address 230 Roger Williams

City  
Providence

State  
RI

Zip Code  
02907

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.14012

Date of Disbursement

/   /

Amount of Each Disbursement this Period

783.80

Full Name (Last, First, Middle Initial)

**C.** Anand Sudhakar

Mailing Address 93 East George Street

City  
Providence

State  
RI

Zip Code  
02906

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB30B.14013

Date of Disbursement

/   /

Amount of Each Disbursement this Period

917.88

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

2511.25

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

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

Use separate schedule(s)  
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(check only one)

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

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

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A.** Emily Sullivan

Mailing Address 580 Wickenden Street

City Providence State RI Zip Code 02903

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB30B.14014

Date of Disbursement

/   /

Amount of Each Disbursement this Period

866.32

Full Name (Last, First, Middle Initial)

**B.** Jeff Thibeau

Mailing Address 30 Rock Street

City Bristol State RI Zip Code 02809

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB30B.14015

Date of Disbursement

/   /

Amount of Each Disbursement this Period

758.01

Full Name (Last, First, Middle Initial)

**C.** Christopher Torres

Mailing Address 75 Waterman Street

City Providence State RI Zip Code 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB30B.14016

Date of Disbursement

/   /

Amount of Each Disbursement this Period

809.57

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

2433.90

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 70

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

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

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial)

**A.** Ben Traverse

Mailing Address 32 Elmgrove Avenue

City State Zip Code  
Providence RI 02906

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.14017

Date of Disbursement

/   /

Amount of Each Disbursement this Period

809.57

Full Name (Last, First, Middle Initial)

**B.** Jhomphy Ventura

Mailing Address 32 Farragut Avenue

City State Zip Code  
Providence RI 02905

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.14018

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1437.00

Full Name (Last, First, Middle Initial)

**C.** Megan Wilbur

Mailing Address 299 Wickenden Street

City State Zip Code  
Providence RI 02903

Purpose of Disbursement

Net wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.14019

Date of Disbursement

/   /

Amount of Each Disbursement this Period

809.57

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

3056.14

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

104948.72

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

PAGE 46 / 70

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Transaction ID: SC/9.5183

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

Licht 88 Committee

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 350 Cole Avenue

City Providence

State RI

ZIP Code 02906

Original Amount of Loan

5249.87

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5249.87

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

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

% (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

5249.87

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

5249.87

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

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

PAGE 47 / 70  
 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	2		0	1		2	0	0	6

TOTAL AMOUNT TRANSFERRED

3854.02

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

3854.02

Transaction ID: H3.13937

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

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

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

a) .....

Transaction ID:

b) .....

Transaction ID:

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

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

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

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

PAGE 48 / 70  
 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	2		0	1		2	0	0	6

TOTAL AMOUNT TRANSFERRED

5967.52

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

5967.52

Transaction ID: H3.13941

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

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

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

a) .....

Transaction ID:

b) .....

Transaction ID:

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

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

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....



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

PAGE 49 / 70  
 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	2		0	1		2	0	0	6

TOTAL AMOUNT TRANSFERRED

32141.21

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

32141.21

Transaction ID: H3.13945

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

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

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

a) .....

Transaction ID:

b) .....

Transaction ID:

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

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

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

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

PAGE 50 / 70  
 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	2		2	0		2	0	0	6

TOTAL AMOUNT TRANSFERRED

6280.50

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

6280.50

Transaction ID: H3.13940

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

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

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

a) .....

Transaction ID:

b) .....

Transaction ID:

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

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

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

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

PAGE 51 / 70  
 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	2		3	1		2	0	0	6

TOTAL AMOUNT TRANSFERRED

471.54

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

471.54

Transaction ID: H3.13936

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

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

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

a) .....

Transaction ID:

b) .....

Transaction ID:

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

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

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

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

PAGE 52 / 70  
 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	2		3	1		2	0	0	6

TOTAL AMOUNT TRANSFERRED

20513.15

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

20513.15

Transaction ID: H3.14041

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) .....

69227.94

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) .....

69227.94

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

PAGE 53 / 70  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Susann Della Rosa

Mailing Address

60 Don Avenue

City	State	Zip Code
Rumford	RI	02916

Purpose of Disbursement:  
Accounting servicesCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

217133.75

Date 

M	M
1	2

 / 

D	D
1	1

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13939

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1060.50

3989.50

5050.00

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

Lexisnexis

Mailing Address

PO Box 7247-7090

City	State	Zip Code
Philadelphia	PA	19170

Purpose of Disbursement:  
SubscriptionCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

217283.75

Date 

M	M
1	2

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13930

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

31.50

118.50

150.00

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

Dr A C Cleaning

Mailing Address

41 Goldsmith Avenue

City	State	Zip Code
East Providence	RI	02914

Purpose of Disbursement:  
MaintenanceCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

217383.75

Date 

M	M
1	2

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.13932

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

21.00

79.00

100.00

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

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1113.00

4187.00

5300.00

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 54 / 70

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

**A. Full Name (Last, First, Middle Initial)**  
 A T & T Universal Card

Mailing Address

PO Box 8214

City State Zip Code

So. Hackensack NJ 07606

Purpose of Disbursement:  
 Credit Card Payment

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

217455.64

Date MM / DD / YYYY 12 / 20 / 2006

Transaction ID: H4.13934

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

15.10

56.79

71.89

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

Mailing Address

551 North Main Street

City State Zip Code

Providence RI 02906

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date MM / DD / YYYY 12 / 08 / 2006

Transaction ID: H4.13935

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

15.10

56.79

71.89

**C. Full Name (Last, First, Middle Initial)**  
 Voter Activation Network

Mailing Address

54 Regent Street

City State Zip Code

Cambridge MA 02140

Purpose of Disbursement:  
 Voter file maintenance

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

220355.64

Date MM / DD / YYYY 12 / 20 / 2006

Transaction ID: H4.13938

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

609.00

2291.00

2900.00

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

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

624.10

2347.79

2971.89

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 55 / 70

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address

P.O. 1

City	State	Zip Code
Worcester	MA	01654

Purpose of Disbursement:  
 Telephone service

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

220571.99

Date 

M	M
1	2

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14023

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

45.43

170.92

216.35

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

Mailing Address

P.O. Box 39

City	State	Zip Code
Newark	NJ	07101

Purpose of Disbursement:  
 Monthly cable and modem service

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

220783.99

Date 

M	M
1	2

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14024

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

44.52

167.48

212.00

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

Mailing Address

481 Charles Street

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement:  
 Reimburse cell phone expense

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

220833.99

Date 

M	M
1	2

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14026

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

10.50

39.50

50.00

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

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

100.45

377.90

478.35

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 56 / 70  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address

PO Box 15023

City State Zip Code  
 Worcester MA 01615

Purpose of Disbursement:  
 Cell phone expense

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

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

Transaction ID: H4.14027

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.50

39.50

50.00

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

Mailing Address

249 Roosevelt Avenue

City State Zip Code  
 Pawtucket RI 02860

Purpose of Disbursement:  
 December rent and electricity

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

221433.99

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

Transaction ID: H4.14028

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

126.00

474.00

600.00

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

Mailing Address

249 Roosevelt Avenue

City State Zip Code  
 Pawtucket RI 02860

Purpose of Disbursement:  
 November rent and electricity

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

222033.99

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

Transaction ID: H4.14029

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

126.00

474.00

600.00

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

252.00

948.00

1200.00

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

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT



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

PAGE 57 / 70

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address  
 Turnkey Station

City State Zip Code  
 Providence RI 02940

Purpose of Disbursement:  
 Annual Bulk Mail fee

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

222193.99

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

Transaction ID: H4.14030

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

33.60

126.40

160.00

**B. Full Name (Last, First, Middle Initial)**  
 Excel Communications

Mailing Address  
 PO Box 78228

City State Zip Code  
 Phoenix AZ 85062

Purpose of Disbursement:  
 Long distance service

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

222211.31

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

Transaction ID: H4.14031

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

3.64

13.68

17.32

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

Mailing Address  
 P.O. Box 15019

City State Zip Code  
 Wilmington DE 19886

Purpose of Disbursement:  
 Credit card payment

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

228272.25

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

Transaction ID: H4.14033

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1272.80

4788.14

6060.94

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1310.04

4928.22

6238.26

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 58 / 70  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

**A. Full Name (Last, First, Middle Initial)**  
 Gregg's Restaurant

Mailing Address

1303 North Main Street

City	State	Zip Code
Providence	RI	02904

Purpose of Disbursement:  
 Meeting 11/3/06

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	2

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14064

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.67

40.12

50.79

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

Mailing Address

631 Main Street

City	State	Zip Code
East Greenwich	RI	02818

Purpose of Disbursement:  
 Gifts

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	2

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14065

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.83

33.20

42.03

**C. Full Name (Last, First, Middle Initial)**  
 The Butcher Shop

Mailing Address

157 Elmgrove Avenue

City	State	Zip Code
Providence	RI	02906

Purpose of Disbursement:  
 Meeting 11/6/06

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	2

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14066

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

11.67

43.92

55.59

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

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

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

PAGE 59 / 70  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address  
 100 Sabra Street

City State Zip Code  
 Cranston RI 02910

Purpose of Disbursement:  
 Meeting 11/7/06

Category/Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

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

Transaction ID: H4.14067

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

61.68

232.02

293.70

**B. Full Name (Last, First, Middle Initial)**  
 Providence Biltmore

Mailing Address  
 Kennedy Plaza

City State Zip Code  
 Providence RI 02903

Purpose of Disbursement:  
 Lodging

Category/Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

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

Transaction ID: H4.14068

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

95.63

359.76

455.39

**C. Full Name (Last, First, Middle Initial)**  
 Capital Grille

Mailing Address  
 One Cookson Place

City State Zip Code  
 Providence RI 02903

Purpose of Disbursement:  
 Meeting 11/8/06

Category/Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

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

Transaction ID: H4.14069

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

136.42

513.22

649.64

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

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

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

PAGE 60 / 70  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Gregg's Restaurant

## Mailing Address

1303 North Main Street

City State Zip Code

Providence RI 02904

Purpose of Disbursement:  
Meeting 11/9/06Category/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

## Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date 

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

Transaction ID: H4.14070

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

7.93

29.86

37.79

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

Alltrans, Inc.

## Mailing Address

PO Box 96

City State Zip Code

Jackson WA 83001

Purpose of Disbursement:  
TransportationCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

## Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date 

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

Transaction ID: H4.14071

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

18.70

70.34

89.04

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

Capriccio

## Mailing Address

2 Pine Street

City State Zip Code

Providence RI 02903

Purpose of Disbursement:  
Meeting 11/14/06Category/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

## Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	6

Transaction ID: H4.14073

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.76

40.49

51.25

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

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

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

PAGE 61 / 70

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

HMS Host

Mailing Address

Salt Lake City Airport

City State Zip Code

Salt Lake City UT 84116

Purpose of Disbursement:  
MealsCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

## Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	2

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14074

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

8.23

30.96

39.19

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

Silver Dollar Bar

Mailing Address

Glenwood &amp; Broadway

City State Zip Code

Jackson WY 83001

Purpose of Disbursement:  
Meals 11/16/06Category/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

## Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	2

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14076

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

15.70

59.05

74.75

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

Silver Dollar Bar

Mailing Address

Glenwood &amp; Broadway

City State Zip Code

Jackson WY 83001

Purpose of Disbursement:  
Meals 11/18/06Category/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

## Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	2

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14078

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

4.88

18.35

23.23

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

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

0.00

0.00

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 62 / 70

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address  
 631 Main Street

City	State	Zip Code
East Greenwich	RI	02818

Purpose of Disbursement:  
 Gifts

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	2

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14079

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

7.15

26.88

34.03

**B. Full Name (Last, First, Middle Initial)**  
 Four Seasons Hotel

Mailing Address  
 7680 Granite Loop Road

City	State	Zip Code
Jackson Hole	WY	83025

Purpose of Disbursement:  
 ASDC Lodging

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	2

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14080

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

378.06

1422.21

1800.27

**C. Full Name (Last, First, Middle Initial)**  
 Picture This

Mailing Address  
 158 Wickenden Street

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:  
 Gifts

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	2

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14081

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

29.12

109.55

138.67

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

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

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

PAGE 63 / 70

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address

631 Main Street

City	State	Zip Code
East Greenwich	RI	02818

Purpose of Disbursement:  
 Gifts

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative
 ☐ Fundraising
 ☐ Exempt

☐ Voter Drive
 ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	2

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14082

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

65.79

247.51

313.30

**B. Full Name (Last, First, Middle Initial)**  
 Imondi & Son Florists

Mailing Address

182 Smithfield Avenue

City	State	Zip Code
Pawtucket	RI	02860

Purpose of Disbursement:  
 Sympathy arrangement

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative
 ☐ Fundraising
 ☐ Exempt

☐ Voter Drive
 ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
2	8

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14083

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

15.05

56.64

71.69

**C. Full Name (Last, First, Middle Initial)**  
 Providence Oyster Bar

Mailing Address

283 Atwells Avenue

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:  
 Meeting

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative
 ☐ Fundraising
 ☐ Exempt

☐ Voter Drive
 ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14084

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

32.89

123.74

156.63

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

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

0.00

0.00

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

PAGE 64 / 70  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address

1919 Connecticut Ave NW

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement:  
 Lodging deposit

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	2

 / 

D	D
0	2

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14085

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.08		158.30		200.38

**B. Full Name (Last, First, Middle Initial)**  
 BJ's Wholesale Club

Mailing Address

287 Washington Avenue

City	State	Zip Code
Attleboro	MA	02703

Purpose of Disbursement:  
 Holiday Party supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	2

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14086

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
270.10		1016.07		1286.17

**C. Full Name (Last, First, Middle Initial)**  
 Dollar Rent A Car

Mailing Address

345 W Broadway

City	State	Zip Code
Jackson Hole	WY	83002

Purpose of Disbursement:  
 Car rental

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	2

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.14087

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
41.46		155.95		197.41

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



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

PAGE 65 / 70  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Merlyn Enterprises

Mailing Address

220 Newport Avenue

City State Zip Code

Rumford RI 02916

Purpose of Disbursement:  
State party ornamentsCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

229652.25

Date 

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

Transaction ID: H4.14034

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

289.80

1090.20

1380.00

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

Beacon Mutual Insurance

Mailing Address

One Beacon Centre

City State Zip Code

Warwick RI 02886

Purpose of Disbursement:  
Worker compensation premiumCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

229940.25

Date 

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

Transaction ID: H4.14035

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

60.48

227.52

288.00

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

Complete Campaigns.com

Mailing Address

610 Gateway Center Way

City State Zip Code

San Diego CA 92102

Purpose of Disbursement:  
SoftwareCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

230215.25

Date 

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

Transaction ID: H4.13933

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

57.75

217.25

275.00

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

408.03

1534.97

1943.00

**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

3807.62

14323.88

18131.50

**SCHEDULE H5 (FEC Form 3X)  
TRANSFERS OF LEVIN FUNDS FOR  
SHARED FEDERAL ELECTION ACTIVITY****(To be used by State, District and Local Party Committees Only)**

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FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

NAME OF ACCOUNT

Levin Account

DATE OF RECEIPT

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

TOTAL AMOUNT TRANSFERRED

13536.13

Transaction ID: H5.13943

## BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

0.00

ii) **Voter ID**

Total Amount Transferred for Voter ID.....

VOTER ID

0.00

iii) **GOTV**

Total Amount Transferred for GOTV.....

GOTV

13536.13

iv) **Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

0.00

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

0.00

TOTAL This Period (Voter ID).....

0.00

TOTAL This Period (GOTV).....

13536.13

TOTAL This Period (Generic Campaign Activity).....

0.00

TOTAL This Period (Total Amount of Transfers Received).....

13536.13

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

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**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID: SL.14472

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

NAME OF ACCOUNT  
Levin Account

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	0.00	15000.00
b. Unitemized.....	0.00	0.00
c. Total.....	0.00	15000.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	0.00	15000.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	13536.13	13536.13
d. Generic Campaign.....	0.00	0.00
e. Total.....	13536.13	13536.13
5. OTHER DISBURSEMENTS.....	0.00	0.00
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	13536.13	13536.13
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	15000.00	0.00
8. RECEIPTS..... (from Line 3)	0.00	15000.00
9. SUBTOTAL..... (Add Lines 7 and 8)	15000.00	15000.00
10. DISBURSEMENTS..... (From Line 6)	13536.13	13536.13
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)		1463.87

# **SCHEDULE L-B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 4a ☒ 4b ☒ 4c ☐ 5

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Full Name (Last, First, Middle Initial) / Full Organization Name

**A.** RI Democratic State Committee

Mailing Address PO Box 6004

City State Zip Code  
Providence RI 02940

Purpose of Disbursement  
Transfer

**Transaction ID:** SBSL4C.14474

Date of Disbursement

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

Amount of Each Disbursement this Period

13536.13

**Account:** 8659

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

**13536.13**

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

**13536.13**

**Image# 27931111978**

Form/Schedule: **F3XA**

Transaction ID:

The loan on Schedule C has no determined due date and no interest rate. Schedule A memos and joint fundraiser proceeds are distributed on different time periods. The expenses for the Dollars for Democrats Program exceeded the receipts and there will be no transfers forthcoming. The offsets for operating expenditures totaling \$369-2.43 were December cobra receipts for January coverage which expense is in the January report.

Form/Schedule: **SA11A1** Dollars For Democrats

Transaction ID: **SA11A1.14089**

\*\*\*\*\*

**Image# 2793111979**

Form/Schedule: **SA11A1**    Dollars For Democrats

Transaction ID: **SA11A1.14091**

Form/Schedule: **SA11A1**    Dollars For Democrats

Transaction ID: **SA11A1.14090**

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