Image# 15971238946 PAGE 1 / 19

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	nonzed Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Rhode Island Democra	atic State Committee		
ADDRESS (number and street)	P.O. Box 6004		
Check if different			
than previously reported. (ACC)	Providence		RI 02940 - -
2. FEC IDENTIFICATION NU	UMBER ▼ CIT	ГУ▲	STATE ▲ ZIP CODE ▲
C C00136200		S THIS NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb	20 (M2) May 20 (I	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) X Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (0	01)	20 (M4) Jul 20 (M	
July 15 Quarterly Report (C	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	Floatie	on on	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on	in the State of
5. Covering Period 05		through 05	
I certify that I have examined th	nis Report and to the best of	my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasure	er Jeffrey Padwa		
Signature of Treasurer Jeffre	ey Padwa	[Electronically Filed]	Date 06 / 20 / 2015
NOTE: Submission of false, erron	eous, or incomplete informatio	n may subject the person signir	ng this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Rhode Island Democratic State Committee

Report Covering the Period: From: 05 01 2015 To: 05 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6.	(a) Cash on Hand January 1, 2015		23625.83			
	(b) Cash on Hand at Beginning of Reporting Period	19586.93				
	(c) Total Receipts (from Line 19)	10854.46	112717.97			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30441.39	136343.80			
7.	Total Disbursements (from Line 31)	16107.42	122009.83			
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14333.97	14333.97			
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	5254.47				
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	24381.33				

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Rhode Island Democratic State Committee

Report Covering the Period: From: 05	01 2015 T	o: 05 31 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0.00	5000.00
(i) Itemized (use Schedule A)	0.00	3000.00
(1)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	0.00	5000.00
Lines IT(a)(i) and (ii)	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	2000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	0.00	7000.00
. Transfers From Affiliated/Other		
Party Committees	8220.00	39239.37
All Leans Dessived	0.00	0.00
. All Loans Received	7	0.00
Loss Barramanta Basabard	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	1953.69
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	488.36	2145.29
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	2146.10	62379.62
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	2146.10	62379.62
(c) Total Transfers (add 18(a) and 18(b))	2146.10	6237
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	10854.46	112717.97
. Total Federal Receipts		
. Iotal I odoral Hooolpto		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

Total This Period	COLUMN B Calendar Year-to-Date		
	Odiolida. Four to Bato		
1849.37	18868.07		
4755.58	48080.06		
7502.47	43766.30		
14107.42	110714.43		
0.00	0.00		
0.00	0.00		
0.00	0.00		
7 7			
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
7	7		
0.00	0.00		
0.00	0.00		
	200		
0.00	0.00		
0.00	0.00		
2022.22	44005 40		
2000.00	11295.40		
2000.00	11295.40		
16107.42	122009.83		
11351 84	73929.77		
	7502.47 14107.42 0.00		

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	7000.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	7000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9351.84	62634.37
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1953.69
8. Net Operating Expenditures (subtract Line 37 from Line 36)	9351.84	60680.68

1mage# 15971238951 PAGE 6 / 19

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: F3XN Transaction ID:

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

Form/Schedule: Transaction ID:

S 17

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 OF 19
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	11a 11b 11c X 12
Ar	ly information copied from such Reports and State for commercial purposes, other than using the	atements mand a	Lay not be sold or used by any produces of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Rhode Island Democratic State (
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Democratic National Committee	Date of Receipt		
	Mailing Address 430 South Capitol St. SE	05 23 2015 _		
	City	State	Zip Code	Transaction ID : SA12.23769
	Washington	DC	20003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0010603	5000.00
	Name of Employer	Occupation	I	Transfer
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		35648.00	
_	Full Name (Last, First, Middle Initial)			
В.	Democratic National Committee	Date of Receipt		
	Mailing Address 430 South Capitol St. SE	05 31 _2015 _		
	City	State	Zip Code	Transaction ID : SA12.23771
	Washington	DC	20003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0010603	3220.00
	Name of Employer	Occupation	1	In-kind - Voter File Access
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		38868.00	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	Zip Code	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	33 34.0		1
_	Other (specify) ▼		<i>y y</i>	
s	UBTOTAL of Receipts This Page (optional)			8220.00

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

8220.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 19 (check only one) 11a 11b 11c 12 13 14 15 16 🗙 17
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Rhode Island Democratic State	e Committ	ee	
Full Name (Last, First, Middle Initial) VLM Cooperative Inc. Mailing Address PO Box 9 City Lexington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify)	State KY C Occupation Aggregate	Zip Code 40588 Year-to-Date ▼	Date of Receipt 05 26 2015 Transaction ID: SA17.23767 Amount of Each Receipt this Period 488.36 Proceeds from License of Voter File
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State C Occupation Aggregate	Zip Code Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State C Occupation Aggregate	Zip Code Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Amount of Each Receipt this Period
SURTOTAL of Receipts This Page (ontional)			488.36

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

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

488.36

S ľ

SCHEDULE B (FEC Form 3X)		FOR LIN			INE N	IE NUMBER: PAGE 9 OF 19							
IT	EMIZED DISBURSEMENTS	Use separate s for each categor		(s) (check only one)									
		Detailed Summ				22		23		24	25		26
_					27	28a		28b		28c	29		30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the name												
\setminus	NAME OF COMMITTEE (In Full)												
	Rhode Island Democratic State Co	mmittee											
_	Full Name (Last, First, Middle Initial)												
Α.	Blue Cross Blue Shield of Rhode Is	land				Date of	Disb	urser			Y	Y	
	Mailing Address PO Box 1057					05	IJ	13	}		2015	Ш	
	City		Code			Trans	actio	n ID	. CR	21B.23	760		
	Providence	RI 029	01			ITALIS	actio	טו וו	. 30	210.23	700		
	Purpose of Disbursement Employee Health Insurance				7	Amount	of E	ach I	Disb	urseme	nt this	Perio	d
	Candidate Name			Category Type	/				Т	4	153	9.78	٦
	Office Sought: House Disbursen	nent For:		.,,,,			,			,			
	Senate	Primary	General										
		Other (specify)	7										
_	State: District:												
В.	Full Name (Last, First, Middle Initial)					Date of	Dich	urcar	mani				
υ.	Democratic National Committee					M = M	DISD	ui Sei			Y	V	
	Mailing Address 430 South Capitol St. SE					05]	31	_		2015		
	,		Code			Trans	actio	n ID	: SB	21B.23	772		
	Washington Purpose of Disbursement	DC 200	03										
	In-kind - Voter File Access				Ш	Amount	of E	ach I	Disb	urseme	nt this	Perio	d
	Candidate Name			Category	/						200	0.00	П
				Type			7		_	7	322	0.00	_
	Office Sought: House Disbursen		Camanal										
		Primary Other (specify) ¶	General -										
	State: District:	Other (Specify)											
_	Full Name (Last, First, Middle Initial)												
C.	Division of Taxation					Date of	Disb	urser	nent	i			
					_	M M	/	D	_		Y Y	Υ	
	Mailing Address One Capitol Hill					05	1 1	15	,		2015	_	
	City	State Zip (Code			T		15		040.00	704		
	Providence	RI 0290				Trans	actio	n ID	: SB	21B.23	761		
	Purpose of Disbursement State Payroll Taxes				7								
	Candidate Name				41	Amount	of E	ach I	Disb	urseme	nt this	Perio	d
	Candidate Name			Category Type	'/						7	3.73	П
	Office Sought: House Disbursen	nent For:		Type	\dashv		,		_	7			-
		Primary	General										
	President	Other (specify)	7										
	State: District:												
							-				4000) E1	\neg
L	SUBTOTAL of Disbursements This Page (optional)				<u> </u>				_	7	4838	۱ ل.ر	_
۱,	OTAL This Period (last page this line number only)												
ι'	(and page and mile namber only)						- 1			7			

S ľ

SCHEDULE B (FEC Form 3X)		FOR LINE	OR LINE NUMBER: PAGE 10 OF 19						
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	e(s) (check only one)							
	Detailed Summary Page	X 21b 27	22	23 24 25 26 28b 28c 29 30b					
	<u> </u>		28a						
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
Rhode Island Democratic State C	ommittee								
Full Name (Last, First, Middle Initial)									
A. Ann Gooding			Date of D	isbursement					
Mailing Address 265 Narragansett Bay Avenue	Mailing Address 265 Narragansett Bay Avenue								
City	State Zip Code		Transas	tion ID : SB21B.23762					
Warwick	RI 02889		Halisac	11011 ID . 3B2 1B.23702					
Purpose of Disbursement Net Wages			Amount of	f Each Disbursement this Period					
Candidate Name		Category/ Type		1192.37					
Office Sought: House Disburse	ement For:	Туре		, , , , , , , , , , , , , , , , , , , ,					
Senate	Primary General								
President	Other (specify) ▼								
State: District:	-								
Full Name (Last, First, Middle Initial)									
B. Anne Pease			Date of D	isbursement					
Mailing Address 75 Signal Way			05	15 2015					
City	State Zip Code		Transac	tion ID : SB21B.23763					
East Greenwich Purpose of Disbursement	RI 02818	T							
Net Wages			Amount of	f Each Disbursement this Period					
Candidate Name		Category/ Type		987.62					
Office Sought: House Disburse	ement For:	, ,,							
Senate	Primary General								
President	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial) C. United States Treasury			Date of D	isbursement					
or Office States Treasury			M M	/ D D / Y Y Y Y					
Mailing Address PO Box 660351			05	15 2015					
City	State Zip Code		Transac	tion ID : SB21B.23764					
Dallas Purpose of Disbursement	TX 75266	l							
Federal Payroll Tax Deposit			Amount of	f Each Disbursement this Period					
Candidate Name		Category/ Type	7 anodni o	483.97					
Office Sought: House Disburse	ement For:	.,,,,							
Senate	Primary General								
President	Other (specify) ▼								
State: District:									
SUBTOTAL of Disbursements This Page (optional)				2663.96					
			-						
TOTAL This Period (last page this line number onl	/)			7502.47					

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 11 OF 19
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 23 24 25 26
		27	28a 28b 28c 29 X 30
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)	The ariu address of arry politica	ar committee to	Solicit Continuations from Such Committee.
Rhode Island Democratic State Co	mmittoo		
/ Knode Island Democratic State Co	mmuee		
Full Name (Last, First, Middle Initial)			
A. BrushFire Strategies			Date of Disbursement
Mailing Address 3000 K Street NW			05 13 2015
Mailing Address 5000 K Street NVV			03 13 2013
City	State Zip Code		Transposition ID + SP20P 22765
Washington	DC 20007		Transaction ID : SB30B.23765
Purpose of Disbursement Generic GOTV Telepholne Calls			Amount of Each Disbursement this Period
Candidate Name			Amount of Each dispursement this Period
ourdidate Name		Category/ Type	2000.00
Office Sought: House Disburse	ment For:	1,700	, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			5
3.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
Maining Address			
City	State Zip Code		
Durage of Dishursement			
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		0.1	Amount of Each Biodusement this Feriod
		Category/ Type	
Office Sought: House Disburse	ment For:		
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
J.			
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		
	· ·		
Purnosa of Dishursament			
Purpose of Disbursement			Amount of Each Disbursament this Pariod
Purpose of Disbursement Candidate Name		Catagony	Amount of Each Disbursement this Period
·	·	Category/ Type	Amount of Each Disbursement this Period
Candidate Name	ment For:	Category/ Type	Amount of Each Disbursement this Period
Candidate Name	Primary General	Category/ Type	Amount of Each Disbursement this Period
Candidate Name Office Sought: House Disburse Senate President		Category/ Type	Amount of Each Disbursement this Period
Candidate Name Office Sought: House Disburse Senate	Primary General	Category/ Type	Amount of Each Disbursement this Period
Candidate Name Office Sought: House Senate President State: District:	Primary General Other (specify) ▼	Туре	
Candidate Name Office Sought: House Disburse Senate President	Primary General Other (specify) ▼	Туре	Amount of Each Disbursement this Period

SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 12 OF 19
FOR LINE 13 OF FORM 3X

	Detailed Sulfilliary Fage
AME OF COMMITTEE (In Full)	Transaction ID : SC/9.5183
Rhode Island Democratic State Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Licht 88 Committee	Primary
	General
Mailing Address 350 Cole Avenue	Other (specify) ▼
City Providence State RI	ZIP Code ₀₂₉₀₆
Original Amount of Loan Cumulativ	e Payment To Date Balance Outstanding at Close of This Period
5249.87	0.00 5249.87
TERMS	
Date Incurred	Date Due Interest Rate Secured:
12 / 31 / 1988	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan So	urce
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
maining / tour 500	Оссираноп
	Amount
City State ZIP Cod	e Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Сострано
	Amount
City State ZIP Cod	e Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Addross	Occupation
Mailing Address	Occupation
	Amount
City State ZIP Cod	e Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
-	
	Amount
City State ZIP Cod	e Guaranteed Outstanding:
	Outstanding.
UBTOTALS This Period This Page (optional)	5249.87
OTALS This Pariod (last page in this line only)	5249.87
OTALS This Period (last page in this line only)	02-10.01
arry outstanding balance only to LINE 3, Schedule D, fo	or this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 13
FOR LINE NUMBER: (check only one)

X 9

OF 19

		1 1 2			
NAME OF COMMITTEE (In Full) Rhode Island Democratic State Co	mmittee				
A. Full Name (Last, First, Middle Initial) of Det SHELDON II WHITEHOUSE	Nature of Debt (Purpose): Coordinated expenditures overage				
Mailing Address PO BOX 40280					
City State PROVIDENCE	Zip Code RI 02940				
Outstanding Balance Beginning This Period 4.60		Transaction ID : SD9.14176			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	4.60			
B. Full Name (Last, First, Middle Initial) of Debt	tor or Creditor	Nature of Debt (Purpose):			
Mailing Address	Mailing Address				
City State	Zip Code				
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
C. Full Name (Last, First, Middle Initial) of Del	otor or Creditor	Nature of Debt (Purpose):			
Mailing Address					
City	State Zip Code				
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
1) SUBTOTALS This Period This Page (optional)		4.60			
2) TOTALS This Period (last page this line numb	per only)	4.60			
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	5249.87			
4) ADD 2) and 3) and carry forward to appropria	te line of Summary Page (last page only)	5254.47			

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

19

14 OF

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Generic GOTV Phone Calls **BrushFire Strategies** Mailing Address 3000 K Street NW City State Zip Code Washington 20007 Transaction ID: SD10.23509 Outstanding Balance Beginning This Period 26381.33 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2000.00 24381.33 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 24381.33 1) SUBTOTALS This Period This Page (optional)..... 24381.33 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 24381.33 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

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

PAGE	15	C	F	19	
FOR	LINE	18a	OF	FORM	зх

	DF COMMITTEE (In Full) land Democratic State Committee			
NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANS	FERRED
RID	emocratic Non-federal Account	05	, ,	2146.10
BRE	AKDOWN OF TRANSFER RECEIVED			
i)	Total Administrative			2146.10
			Transaction ID : H3.23770	
ii)	Generic Voter Drive			
iii)	Exempt Activities		7	
iv)	Direct Fundraising (List Activity or Event Idea	ntifier)		
	a)			
	b)			
	c) Total Amount Transferred For Direct Fundra	ising	7	
v)	Direct Candidate Support (List Activity or Ev	ent Identifier)		
	a)			
	b)			
	c) Total Amount Transferred For Direct Candid	ate Support		
vi)	Public Communications Referring Only to I	Party (Made by PAC)	7 1 7	
	TOTALS FC	R BREAKDOWN OF TRANSFER RECEIV	/ED	
OTAL	This Period (Administrative)		2146.10	
OTAL	This Period (Generic Voter Drive)		0.00	
OTAL	This Period (Exempt Activities)		0.00	
OTAL	This Period (Direct Fundraising)		0.00	
OTAL	This Period (Direct Candidate Support)		0.00	
OTAL	This Period (Public Communications Referring	Only to Party)		0.00
OTAL	This Period (Total Amount Transferred)		7 7	2146.10

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 16 OF FOR LINE 21a OF FORM 3X

	Full Name (Last, First, Middle Initial)	Transactio	n ID : H4.23745		Allocated Activity or Event:
	Staples				Administrative Fundraising Exen
	Mailing Address 551 North Main Street				Voter Drive Direct Candidate Supp
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Providence	RI	02906		- Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: Office Supplies				60402.01
	Activity or Event Identifier:				
	Administrative			Category/ Type	Date 05 07 2015
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	16.47		7	42.36	58.83
	Full Name (Last, First, Middle Initial)	Transaction	n ID : H4.23746		Allocated Activity or Event:
	30 Kennedy Partners				Administrative Fundraising Exen
	Mailing Address 30 Kennedy Plaza				Voter Drive Direct Candidate Supp
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Providence	RI	02903		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: Office Rent				61002.01
	Activity or Event Identifier: Administrative			Category/ Type	Date 05 13 2015
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	168.00		7 7	432.00	600.00
	Full Name (Last, First, Middle Initial) National Grid	Transactio	n ID : H4.23747		Allocated Activity or Event: Administrative Fundraising Exen
	Mailing Address Processing Center				Voter Drive Direct Candidate Supp
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Woburn	MA	01807		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: Electricity				61140.99
	Activity or Event Identifier: Administrative			Category/ Type	Date 05 / 13 / 2015
	FEDERAL SHARE	+	NONFEDERAL	. SHARE	= TOTAL AMOUNT
	38.91		7 7	100.07	138.98
	IDTOTAL of Allegated Foderal and NonFad	aral Activity Th	io Dogo		
5U	BTOTAL of Allocated Federal and NonFede FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	223.38			574.43	797.81
	220.00			J. TTO	191.01
۔	TAL This Period (last page for each line or	. 1. 2/5	1- 01/ \^	a Name of the Control	t- 04/-\/"\\

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	17	· C	F	19	
FOR	LINE	21a	OF	FORM	ЗХ

NAME OF COMMITTEE (In Full)

١.	Full Name (Last, First, Middle Initial)	Transactio	n ID : H4.23748		Allocate	d Activity or Event:	
	CitiBusiness Card				X Ad	ministrative Fundraising	Exemp
	Mailing Address PO Box 182564					ter Drive Direct Candidate S	
	City	State	Zip Code		D Pu	blic Comm (ref to party only) by F	AC
	Columbus	ОН	43210		Alloca	ated Activity or Event Year-To-Date	,
	Purpose of Disbursement: Credit Card Payment					61195.98	
	Activity or Event Identifier: Administrative			Category/ Type	Date	05 13 2015	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	=	TOTAL AMOUNT	
	15.40		7 7	39.59	l C	54.99	
 3.	Full Name (Last, First, Middle Initial)	Transaction	n ID : H4.23756		Allocate	ed Activity or Event:	
	Clear						Exemp
	Mailing Address Dept CH 14365					ter Drive Direct Candidate S	- 1
	City	State	Zip Code		Pu	blic Comm (ref to party only) by F	ΆC
	Palatine	IL	60065	I	Alloca	ated Activity or Event Year-To-Date	:
	Purpose of Disbursement: Internet Access					0.00	
	Activity or Event Identifier: Administrative			Category/ Type	Data	04 25 2015	Y
	[MEMO ITEM]			, , , , , , , , , , , , , , , , , , ,	Date		
	FEDERAL SHARE	+	NONFEDERAL	SHARE		TOTAL AMOUNT	
		1 1 1 1			1 1 1	54.00	٠.
	15.40		, , ,	39.59	L	54.99	
) .	Full Name (Last, First, Middle Initial) Susann Della Rosa	Transactio	n ID : H4.23749	39.59		d Activity or Event:	
) .	Full Name (Last, First, Middle Initial)	Transactio	n ID : H4.23749	39.59	X Ad	d Activity or Event:	Exemp
; .	Full Name (Last, First, Middle Initial) Susann Della Rosa Mailing Address 60 Don Avenue City	State	n ID : H4.23749 Zip Code	39.59	X Ad	d Activity or Event: ministrative Fundraising	Exemp
> .	Full Name (Last, First, Middle Initial) Susann Della Rosa Mailing Address 60 Don Avenue City Rumford			39.59	X Ad	d Activity or Event: ministrative Fundraising Iter Drive Direct Candidate S	Exemp Suppor
· ·	Full Name (Last, First, Middle Initial) Susann Della Rosa Mailing Address 60 Don Avenue City	State	Zip Code	39.59	X Ad	d Activity or Event: ministrative Fundraising I ter Drive Direct Candidate S blic Comm (ref to party only) by F	Exemp Suppor
··	Full Name (Last, First, Middle Initial) Susann Della Rosa Mailing Address 60 Don Avenue City Rumford Purpose of Disbursement:	State	Zip Code	Category/ Type	X Ad	d Activity or Event: ministrative Fundraising Iter Drive Direct Candidate State Comm (ref to party only) by Fated Activity or Event Year-To-Date	Exemp
	Full Name (Last, First, Middle Initial) Susann Della Rosa Mailing Address 60 Don Avenue City Rumford Purpose of Disbursement: Accounting Services (Non-Employee) Activity or Event Identifier: Administrative	State RI	Zip Code 02916	Category/ Type	Vo Pu Alloca	d Activity or Event: ministrative Fundraising ter Drive Direct Candidate State Activity or Event Year-To-Date 62745.98	Exemp
>-	Full Name (Last, First, Middle Initial) Susann Della Rosa Mailing Address 60 Don Avenue City Rumford Purpose of Disbursement: Accounting Services (Non-Employee) Activity or Event Identifier: Administrative	State	Zip Code	Category/ Type	Vo Pu Alloca	d Activity or Event: ministrative Fundraising Eter Drive Direct Candidate State Activity or Event Year-To-Date 62745.98	Exemp
>.	Full Name (Last, First, Middle Initial) Susann Della Rosa Mailing Address 60 Don Avenue City Rumford Purpose of Disbursement: Accounting Services (Non-Employee) Activity or Event Identifier: Administrative	State RI	Zip Code 02916	Category/ Type SHARE	Vo Pu Alloca	d Activity or Event: ministrative Fundraising Eter Drive Direct Candidate State Activity or Event Year-To-Date 62745.98 M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Exemp
	Full Name (Last, First, Middle Initial) Susann Della Rosa Mailing Address 60 Don Avenue City Rumford Purpose of Disbursement: Accounting Services (Non-Employee) Activity or Event Identifier: Administrative	State RI	Zip Code 02916 NONFEDERAL	Category/ Type SHARE	Vo Pu Alloca	d Activity or Event: ministrative Fundraising Eter Drive Direct Candidate State Activity or Event Year-To-Date 62745.98 M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Exemp
	Full Name (Last, First, Middle Initial) Susann Della Rosa Mailing Address 60 Don Avenue City Rumford Purpose of Disbursement: Accounting Services (Non-Employee) Activity or Event Identifier: Administrative FEDERAL SHARE 434.00	State RI +	Zip Code 02916 NONFEDERAL	Category/ Type SHARE 1116.00	Date	d Activity or Event: ministrative Fundraising Eter Drive Direct Candidate State Drive Direct Candidate State Activity or Event Year-To-Date 62745.98 TOTAL AMOUNT 1550.00	Exemp
SL	Full Name (Last, First, Middle Initial) Susann Della Rosa Mailing Address 60 Don Avenue City Rumford Purpose of Disbursement: Accounting Services (Non-Employee) Activity or Event Identifier: Administrative FEDERAL SHARE 434.00 JBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE	State RI + ral Activity Th	Zip Code 02916 NONFEDERAL iis Page NONFEDERAL	Category/ Type SHARE 1116.00 SHARE 1155.59	Date =	d Activity or Event: ministrative Fundraising ter Drive Direct Candidate Stated Activity or Event Year-To-Date 62745.98 TOTAL AMOUNT TOTAL AMOUNT 1604.9	Exemp

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	18	OF	19	
FOR LI	NE 2	1a OF	FORM	зх

NAME OF COMMITTEE (In Full)

Α.	hode Island Democratic State (Full Name (Last, First, Middle Initial)		n ID : H4.23750		Allocate	ed Activity or	Event:	
Α.	United States Treasury	Transactio	1110 : 114.23730			dministrative		🗆 🗖 🗖
	Mailing Address PO Box 660351						Fundraisi	• — .
	FO BOX 000331				U Vo	oter Drive	Direct Ca	ndidate Suppor
	City	State	Zip Code		Pι	ublic Comm ((ref to party o	nly) by PAC
	Dallas	TX	75266	Ι	Alloc	ated Activity	or Event Yea	r-To-Date
	Purpose of Disbursement: Federal Tax Deposit							63414.64
	Activity or Event Identifier:			0.1				V V V
	Administrative			Category/ Type	Date	05	15	2015
	FEDERAL SHARE	+	NONFEDERAL	SHARE	=	TO	OTAL AMOUN	IT
	187.22		7	481.44				668.66
—— В.	Full Name (Last, First, Middle Initial)	Transaction	n ID : H4.23754		Allocate	ed Activity or	Event:	
	Anne Pease				\times	dministrative	Fundraisi	ng Exemp
	Mailing Address 75 Signal Way					oter Drive		ndidate Suppor
	City	State	Zip Code		☐ Pı	ublic Comm	(ref to party o	only) by PAC
	East Greenwich	RI	02818		Alloc	ated Activity	or Event Yea	r-To-Date
	Purpose of Disbursement: Net Wages						(64402.26
	Activity or Event Identifier: Administrative					,		
	Administrative			Category/		M = M /	19	2015
				Type	Date	05	19	2010
	FEDERAL SHARE	+	NONFEDERAL		Date =		OTAL AMOUN	
	FEDERAL SHARE 276.53	·] []	NONFEDERAL					
			NONFEDERAL	SHARE] [OTAL AMOUN	IT
 C.	276.53		7 7	SHARE	= Allocate	To ed Activity or	OTAL AMOUN	987.62
 C.	276.53 Full Name (Last, First, Middle Initial)		7 7	SHARE	= Allocate	TO	DTAL AMOUN Event: Fundraisi	987.62 ng Exempt
c.	276.53 Full Name (Last, First, Middle Initial) Cox Communications		7 7	SHARE	Allocate Acc	To ed Activity or dministrative oter Drive	Event: Fundraisi	987.62 ng Exempted Exempted Indidate Support
<u>c</u> .	Full Name (Last, First, Middle Initial) Cox Communications Mailing Address P.O. Box 39	Transactio	n ID : H4.23751	SHARE	Allocate Allocate Vo	ed Activity or dministrative oter Drive	Event: Fundraisin Direct Ca	987.62 ng Exempted E
 C.	Full Name (Last, First, Middle Initial) Cox Communications Mailing Address P.O. Box 39 City	Transactio	n ID : H4.23751 Zip Code	SHARE	Allocate Allocate Vo	ed Activity or dministrative oter Drive	Event: Fundraisin Direct Ca (ref to party o	987.62 ng Exempted E
c.	Full Name (Last, First, Middle Initial) Cox Communications Mailing Address P.O. Box 39 City Newark Purpose of Disbursement: Phones, Internet, Cable Activity or Event Identifier:	Transactio	n ID : H4.23751 Zip Code	711.09	Allocate Allocate Vo	ed Activity or dministrative oter Drive	Event: Fundraisin Direct Ca (ref to party o	987.62 ng Exemption in Exempti
C .	Full Name (Last, First, Middle Initial) Cox Communications Mailing Address P.O. Box 39 City Newark Purpose of Disbursement: Phones, Internet, Cable	Transactio	n ID : H4.23751 Zip Code	SHARE	Allocate Allocate Vo	ed Activity or dministrative oter Drive	Event: Fundraisin Direct Ca (ref to party o	987.62 ng Exempted E
c.	Full Name (Last, First, Middle Initial) Cox Communications Mailing Address P.O. Box 39 City Newark Purpose of Disbursement: Phones, Internet, Cable Activity or Event Identifier:	Transactio	n ID : H4.23751 Zip Code	SHARE 711.09 Category/ Type	Allocate Allocate According to the second	ed Activity or dministrative oter Drive ublic Comm (ated Activity	Event: Fundraisin Direct Ca (ref to party of or Event Yea)	987.62 ng Exempted indidate Support in part i
c.	Full Name (Last, First, Middle Initial) Cox Communications Mailing Address P.O. Box 39 City Newark Purpose of Disbursement: Phones, Internet, Cable Activity or Event Identifier: Administrative	State NJ	In ID: H4.23751 Zip Code 07101	SHARE 711.09 Category/ Type	Allocate Allocate According to the second	ed Activity or dministrative oter Drive ublic Comm (ated Activity	Event: Fundraisin Direct Ca (ref to party of or Event Yea)	987.62 ng Exempted Exempted Indidate Support Individual Exempted
c.	Full Name (Last, First, Middle Initial) Cox Communications Mailing Address P.O. Box 39 City Newark Purpose of Disbursement: Phones, Internet, Cable Activity or Event Identifier: Administrative	State NJ	In ID: H4.23751 Zip Code 07101	SHARE 711.09 Category/ Type SHARE	Allocate Allocate According to the second	ed Activity or dministrative oter Drive ublic Comm (ated Activity	Event: Fundraisin Direct Ca (ref to party of or Event Yea)	987.62 ng Exempted indidate Support in ly) by PAC r-To-Date 64622.03
	Full Name (Last, First, Middle Initial) Cox Communications Mailing Address P.O. Box 39 City Newark Purpose of Disbursement: Phones, Internet, Cable Activity or Event Identifier: Administrative FEDERAL SHARE 61.54	State NJ +	n ID : H4.23751 Zip Code 07101 NONFEDERAL	Category/ Type SHARE 158.23	Allocate Allocate According to the second	ed Activity or dministrative oter Drive ublic Comm (ated Activity	Event: Fundraisin Direct Ca (ref to party of or Event Year) 28 DTAL AMOUN	987.62 ng Exemporal Exemp
	Full Name (Last, First, Middle Initial) Cox Communications Mailing Address P.O. Box 39 City Newark Purpose of Disbursement: Phones, Internet, Cable Activity or Event Identifier: Administrative FEDERAL SHARE 61.54	State NJ +	n ID : H4.23751 Zip Code 07101 NONFEDERAL	Category/ Type SHARE 158.23	Allocate Allocate According to the second	ed Activity or dministrative oter Drive ublic Comm (ated Activity	Event: Fundraisin Direct Ca (ref to party of or Event Yea)	987.62 ng Exemporal Exemp
	Full Name (Last, First, Middle Initial) Cox Communications Mailing Address P.O. Box 39 City Newark Purpose of Disbursement: Phones, Internet, Cable Activity or Event Identifier: Administrative FEDERAL SHARE 61.54	State NJ +	n ID : H4.23751 Zip Code 07101 NONFEDERAL	Category/ Type SHARE 158.23	Allocate Allocate According to the pure service of the pure serv	ed Activity or dministrative oter Drive ublic Comm (ated Activity	Event: Fundraisin Direct Ca (ref to party of or Event Year) 28 DTAL AMOUN	987.62 ng Exemporal Exemp
	Full Name (Last, First, Middle Initial) Cox Communications Mailing Address P.O. Box 39 City Newark Purpose of Disbursement: Phones, Internet, Cable Activity or Event Identifier: Administrative FEDERAL SHARE 61.54 BTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	State NJ + ral Activity Th	n ID : H4.23751 Zip Code 07101 NONFEDERAL iis Page NONFEDERAL	Category/ Type SHARE 158.23 SHARE 1350.76 NonFederal sh	Allocate Alloc Pu Alloc Date	ed Activity or dministrative oter Drive ublic Comm (ated Activity	Event: Fundraisin Direct Ca (ref to party of or Event Year) 28 DTAL AMOUN	987.62 ng Exendidate Support

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	19	, C)F	19	
FOR	LINE	21a	OF	FORM	зх

NAME OF COMMITTEE (In Full)

R	hode Island Democratic State	Committe	:e		
A.	Full Name (Last, First, Middle Initial)	Transactio	n ID : H4.23752		Allocated Activity or Event:
	Beacon Mutual Insurance				Administrative Fundraising Exempt
	Mailing Address One Beacon Centre				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Warwick	RI	02886	I	- Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: Workers Compensation Insurance				65677.03
	Activity or Event Identifier: Administrative			Category/ Type	Date 05 28 2015
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	295.40		, , ,	759.60	1055.00
<u>—</u> В.	Full Name (Last, First, Middle Initial)	Transaction	n ID : H4.23753		Allocated Activity or Event:
	Ann Gooding				Administrative Fundraising Exempt
	Mailing Address 265 Narragansett Bay Ave	nue			Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Warwick	RI	02889		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: Net Wages				66869.40
	Activity or Event Identifier: Administrative			Category/ Type	Date 05 29 2015
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	FEDERAL SHARE 333.86	+	NONFEDERAL	SHARE 858.51	= TOTAL AMOUNT 1192.37
<u>C.</u>			NONFEDERAL n ID: H4.23755		
<u>c.</u>	Full Name (Last, First, Middle Initial) Division of Taxation		7 7		1192.37
<u>c</u> .	Full Name (Last, First, Middle Initial) Division of Taxation Mailing Address One Capitol Hill		n ID : H4.23755		1192.37 Allocated Activity or Event:
c.	Full Name (Last, First, Middle Initial) Division of Taxation Mailing Address One Capitol Hill City	Transactio	n ID : H4.23755		Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
c.	Full Name (Last, First, Middle Initial) Division of Taxation Mailing Address One Capitol Hill City Providence Purpose of Disbursement:	Transactio	n ID : H4.23755		Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
<u> </u>	Full Name (Last, First, Middle Initial) Division of Taxation Mailing Address One Capitol Hill City Providence Purpose of Disbursement: State Payroll Taxes	Transactio	n ID : H4.23755		Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
C.	Full Name (Last, First, Middle Initial) Division of Taxation Mailing Address One Capitol Hill City Providence Purpose of Disbursement:	Transactio	n ID : H4.23755		Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
c.	Full Name (Last, First, Middle Initial) Division of Taxation Mailing Address One Capitol Hill City Providence Purpose of Disbursement: State Payroll Taxes Activity or Event Identifier:	Transactio	n ID : H4.23755	858.51 Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 66948.13
C.	Full Name (Last, First, Middle Initial) Division of Taxation Mailing Address One Capitol Hill City Providence Purpose of Disbursement: State Payroll Taxes Activity or Event Identifier: Administrative	State RI	In ID: H4.23755 Zip Code 02908	858.51 Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 66948.13 Date 05 29 2015
	Full Name (Last, First, Middle Initial) Division of Taxation Mailing Address One Capitol Hill City Providence Purpose of Disbursement: State Payroll Taxes Activity or Event Identifier: Administrative FEDERAL SHARE	State RI +	n ID : H4.23755 Zip Code 02908 NONFEDERAL	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 66948.13 Date 05 29 2015
	Full Name (Last, First, Middle Initial) Division of Taxation Mailing Address One Capitol Hill City Providence Purpose of Disbursement: State Payroll Taxes Activity or Event Identifier: Administrative	State RI +	n ID : H4.23755 Zip Code 02908 NONFEDERAL	Category/ Type SHARE 56.69	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 66948.13 Date 05 29 2015
	Full Name (Last, First, Middle Initial) Division of Taxation Mailing Address One Capitol Hill City Providence Purpose of Disbursement: State Payroll Taxes Activity or Event Identifier: Administrative FEDERAL SHARE 22.04	State RI +	n ID : H4.23755 Zip Code 02908 NONFEDERAL	Category/ Type SHARE 56.69	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 66948.13 Date 05 29 2015 TOTAL AMOUNT
SI	Full Name (Last, First, Middle Initial) Division of Taxation Mailing Address One Capitol Hill City Providence Purpose of Disbursement: State Payroll Taxes Activity or Event Identifier: Administrative FEDERAL SHARE 22.04 JBTOTAL of Allocated Federal and NonFederal SHARE	Transactio State RI + eral Activity Th	n ID : H4.23755 Zip Code 02908 NONFEDERAL iis Page NONFEDERAL	Category/ Type SHARE 56.69 SHARE 1674.80	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 66948.13 Date 05 29 2015 TOTAL AMOUNT 78.73
SI	Full Name (Last, First, Middle Initial) Division of Taxation Mailing Address One Capitol Hill City Providence Purpose of Disbursement: State Payroll Taxes Activity or Event Identifier: Administrative FEDERAL SHARE 22.04 JBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE 651.30 OTAL This Period (last page for each line or	Transactio State RI + eral Activity Th	NONFEDERAL NONFEDERAL are to 21(a)(i) and	Category/ Type SHARE 56.69 SHARE 1674.80	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 66948.13 TOTAL AMOUNT TOTAL AMOUNT 2326.10 are to 21(a)(ii))