

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

Office Use Only

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

12FE4M5

Rhode Island Democratic State Committee

ADDRESS (number and street) ▼

P.O. Box 6004

☐ Check if different than previously reported. (ACC)

Providence

RI

02940

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00136200

3. IS THIS  
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  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
05 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2015

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

Type or Print Name of Treasurer Jeffrey Padwa

Signature of Treasurer

Jeffrey Padwa

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 20 2015

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Rhode Island Democratic State Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	5254.47	
10. Debts and Obligations Owed <b>BY</b> 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)

Page 3

Write or Type Committee Name

Rhode Island Democratic State Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
05 01 2015

To:

M M / D D / Y Y Y Y Y  
05 31 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

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

## (a) Individuals/Persons Other

Than Political Committees

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

0.00

5000.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

5000.00

(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

## 12. Transfers From Affiliated/Other

Party Committees.....

8220.00

39239.37

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

1953.69

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

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

488.36

2145.29

## 18. 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

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

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

10854.46

112717.97

## 20. Total Federal Receipts

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

8708.36

50338.35

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	1849.37	18868.07
(ii) Non-Federal Share.....	4755.58	48080.06
(b) Other Federal Operating Expenditures .....	7502.47	43766.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14107.42	110714.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	2000.00	11295.40
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	2000.00	11295.40
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16107.42	122009.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11351.84	73929.77

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

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

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:

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 19

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

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

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. Democratic National Committee**

Mailing Address 430 South Capitol St. SE

City  
Washington

State Zip Code  
DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35648.00

Date of Receipt

**05** / **23** / **2015**

**Transaction ID : SA12.23769**

Amount of Each Receipt this Period

5000.00

Transfer

Full Name (Last, First, Middle Initial)

## **B. Democratic National Committee**

Mailing Address 430 South Capitol St. SE

City  
Washington

State Zip Code  
DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

38868.00

Date of Receipt

**05** / **31** / **2015**

**Transaction ID : SA12.23771**

Amount of Each Receipt this Period

3220.00

In-kind - Voter File Access

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

8220.00

8220.00

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

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NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. VLM Cooperative Inc.**

Mailing Address PO Box 9

City Lexington State KY Zip Code 40588

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2145.29

Date of Receipt

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

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

488.36

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

488.36



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

# Rhode Island Democratic State Committee

### A. Blue Cross Blue Shield of Rhode Island

Date of Disbursement

Transaction ID : SB21B.23760

Amount of Each Disbursement this Period

Category/  
Type

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

State:  District:

1539.78

## B. Democratic National Committee

Date of Disbursement

MM / DD / YYYY

Mailing Address 430 South Capitol St. SE

City	State	Zip Code
Washington	DC	20003

Transaction ID : SB21B.23772

Purpose of Disbursement	In-kind - Voter File Access
-------------------------	-----------------------------

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

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

Disbursement For:

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

State:  District:

3220.00

### C. Division of Taxation

Date of Disbursement

Mailing Address One Capitol Hill

City	State	Zip Code
Providence	RI	02908

Transaction ID : SB21B.23761

Purpose of Disbursement	State Payroll Taxes

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

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

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

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

4838.51

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

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

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

PAGE 10 OF 19

☒ 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. Ann Gooding**

Mailing Address 265 Narragansett Bay Avenue

City Warwick State RI Zip Code 02889

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 15 2015

Transaction ID : SB21B.23762

Amount of Each Disbursement this Period

1192.37

Full Name (Last, First, Middle Initial)

**B. Anne Pease**

Mailing Address 75 Signal Way

City East Greenwich State RI Zip Code 02818

Purpose of Disbursement  
Net Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 15 2015

Transaction ID : SB21B.23763

Amount of Each Disbursement this Period

987.62

Full Name (Last, First, Middle Initial)

**C. United States Treasury**

Mailing Address PO Box 660351

City Dallas State TX Zip Code 75266

Purpose of Disbursement  
Federal Payroll Tax Deposit

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 15 2015

Transaction ID : SB21B.23764

Amount of Each Disbursement this Period

483.97

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

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

2663.96

7502.47

<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

# Rhode Island Democratic State Committee

Category/  
Type

2000.00

Category/  
Type

Disbursement For:

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

Category/  
Type

Disbursement For:

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

2000.00

2000.00

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

**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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/9.5183

Rhode Island Democratic State Committee

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

Licht 88 Committee

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 350 Cole Avenue

City Providence

State RI

ZIP Code 02906

Original Amount of Loan

5249.87

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5249.87

**TERMS**

Date Incurred

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

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

5249.87

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

5249.87

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

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

PAGE 13 OF 19

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

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

SHELDON II WHITEHOUSE

Nature of Debt (Purpose):

Coordinated expenditures overage

Mailing Address PO BOX 40280

City State

Zip Code

PROVIDENCE

RI

02940

Outstanding Balance Beginning This Period

4.60

Transaction ID : SD9.14176

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.60

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

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

4.60

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

4.60

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

5249.87

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

5254.47

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

PAGE 14 OF 19

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

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

BrushFire Strategies

Nature of Debt (Purpose):

Generic GOTV Phone Calls

Mailing Address 3000 K Street NW

City State

Zip Code

Washington

DC

20007

Outstanding Balance Beginning This Period

26381.33

Transaction ID : SD10.23509

Amount Incurred This Period

0.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

24381.33

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

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

24381.33

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

24381.33

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

0.00

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

24381.33

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

PAGE 15 OF 19

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	Y	Y
0	5			2	8					2	0
2015											

## TOTAL AMOUNT TRANSFERRED

2146.10

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

2146.10

Transaction ID : H3.23770

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

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

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

a) .....

b) .....

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

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

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

2146.10

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).....

2146.10

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Staples</b>		<b>Transaction ID : H4.23745</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 551 North Main Street					
City Providence	State RI	Zip Code 02906			
Purpose of Disbursement: Office Supplies				Allocated Activity or Event Year-To-Date 60402.01	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date MM / DD / YYYY 05 / 07 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
16.47			42.36		58.83

<b>B. Full Name (Last, First, Middle Initial)</b> <b>30 Kennedy Partners</b>		<b>Transaction ID : H4.23746</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 30 Kennedy Plaza					
City Providence	State RI	Zip Code 02903			
Purpose of Disbursement: Office Rent				Allocated Activity or Event Year-To-Date 61002.01	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 05 / 13 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
168.00			432.00		600.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>National Grid</b>		<b>Transaction ID : H4.23747</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Processing Center					
City Woburn	State MA	Zip Code 01807			
Purpose of Disbursement: Electricity				Allocated Activity or Event Year-To-Date 61140.99	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 05 / 13 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
38.91			100.07		138.98

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
223.38		574.43		797.81

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT



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

PAGE 17 OF 19

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> <b>CitiBusiness Card</b>		<b>Transaction ID : H4.23748</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 182564					
City Columbus	State OH	Zip Code 43210			
Purpose of Disbursement: Credit Card Payment				Allocated Activity or Event Year-To-Date 61195.98	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 05 / 13 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
15.40			39.59		54.99

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Clear</b>		<b>Transaction ID : H4.23756</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Dept CH 14365					
City Palatine	State IL	Zip Code 60065			
Purpose of Disbursement: Internet Access				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative		Category/ Type		Date 04 / 25 / 2015	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
15.40			39.59		54.99

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Susann Della Rosa</b>		<b>Transaction ID : H4.23749</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 60 Don Avenue					
City Rumford	State RI	Zip Code 02916			
Purpose of Disbursement: Accounting Services (Non-Employee)				Allocated Activity or Event Year-To-Date 62745.98	
Activity or Event Identifier: Administrative		Category/ Type		Date 05 / 13 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
434.00			1116.00		1550.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
449.40		1155.59		1604.99

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>United States Treasury</b>		<b>Transaction ID : H4.23750</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 660351					
City Dallas	State TX	Zip Code 75266			
Purpose of Disbursement: Federal Tax Deposit				Allocated Activity or Event Year-To-Date 63414.64	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date MM / DD / YYYY 05 / 15 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
187.22			481.44		668.66

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Anne Pease</b>		<b>Transaction ID : H4.23754</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 75 Signal Way					
City East Greenwich	State RI	Zip Code 02818			
Purpose of Disbursement: Net Wages				Allocated Activity or Event Year-To-Date 64402.26	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 05 / 19 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
276.53			711.09		987.62

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Cox Communications</b>		<b>Transaction ID : H4.23751</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 39					
City Newark	State NJ	Zip Code 07101			
Purpose of Disbursement: Phones, Internet, Cable				Allocated Activity or Event Year-To-Date 64622.03	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 05 / 28 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
61.54			158.23		219.77

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
525.29		1350.76		1876.05

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

PAGE 19 OF 19

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Beacon Mutual Insurance</b>		<b>Transaction ID : H4.23752</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address One Beacon Centre					
City Warwick	State RI	Zip Code 02886			
Purpose of Disbursement: Workers Compensation Insurance				Allocated Activity or Event Year-To-Date 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

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Ann Gooding</b>		<b>Transaction ID : H4.23753</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 265 Narragansett Bay Avenue					
City Warwick	State RI	Zip Code 02889			
Purpose of Disbursement: Net Wages				Allocated Activity or Event Year-To-Date 66869.40	
Activity or Event Identifier: Administrative		Category/ Type		Date 05 / 29 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
333.86			858.51		1192.37

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Division of Taxation</b>		<b>Transaction ID : H4.23755</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address One Capitol Hill					
City Providence	State RI	Zip Code 02908			
Purpose of Disbursement: State Payroll Taxes				Allocated Activity or Event Year-To-Date 66948.13	
Activity or Event Identifier: Administrative		Category/ Type		Date 05 / 29 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.04			56.69		78.73

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
651.30		1674.80		2326.10

**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
1849.37	4755.58	6604.95