

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

Office Use Only

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

12FE4M5

Rhode Island Democratic State Committee

ADDRESS (number and street) ▼

P.O. Box 6004

☐ Check if different than previously reported. (ACC)

Providence

RI

02940

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00136200

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

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 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 Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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 Y Y

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  
07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
07 / 31 / 2013

	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;">2013</span>		9394.31
(b) Cash on Hand at Beginning of Reporting Period.....	7270.67	
(c) Total Receipts (from Line 19) .....	11145.27	113541.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	18415.94	122935.47
7. Total Disbursements (from Line 31) .....	10581.93	115101.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7834.01	7834.01
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) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

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 M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2013

To:

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2013

**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

100.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

5100.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

12524.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5) ..... ▶

0.00

17624.00

## 12. Transfers From Affiliated/Other

Party Committees.....

8220.00

52540.00

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

0.00

0.00

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

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

3469.77

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

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

500.72

942.13

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

(a) Non-Federal Account

(from Schedule H3).....

2424.55

38965.26

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

0.00

0.00

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

2424.55

38965.26

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

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

11145.27

113541.16

## 20. Total Federal Receipts

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

8720.72

74575.90

**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 .....	777.25	10957.75
(ii) Non-Federal Share.....	2923.96	36251.03
(b) Other Federal Operating Expenditures .....	6880.72	61634.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	10581.93	108843.31
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 .....	0.00	6258.15
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	6258.15
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10581.93	115101.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7657.97	78850.43

# **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	17624.00
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	17624.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	7657.97	72592.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3469.77
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	7657.97	69122.51

: 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 tahn 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 ▼

49320.00

Date of Receipt

**07** / **11** / **2013**

**Transaction ID : SA12.21320**

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 ▼

52540.00

Date of Receipt

**07** / **31** / **2013**

**Transaction ID : SA12.21342**

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 ▼

942.13

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2013

Transaction ID : SA17.21321

Amount of Each Receipt this Period

500.72

Proceeds from License of Voter File

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

500.72

500.72



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

Mailing Address PO Box 1057

City Providence      State RI      Zip Code 02901

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2013
**Transaction ID : SB21B.21330**

Amount of Each Disbursement this Period

1861.56

Full Name (Last, First, Middle Initial)

**B. Jonathan Boucher**

Mailing Address 23 Perkins Street

City Warwick      State RI      Zip Code 02886

Purpose of Disbursement  
Net wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2013
**Transaction ID : SB21B.21331**

Amount of Each Disbursement this Period

1217.30

Full Name (Last, First, Middle Initial)

**C. Democratic National Committee**

Mailing Address 430 South Capitol St. SE

City Washington      State DC      Zip Code 20003

Purpose of Disbursement  
In-kind - Voter file access

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2013
**Transaction ID : SB21B.21343**

Amount of Each Disbursement this Period

3220.00

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

6298.86

**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

<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. Division of Taxation**

Mailing Address One Capitol Hill

City	State	Zip Code
Providence	RI	02908

Purpose of Disbursement  
State Payroll taxes

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Transaction ID : SB21B.21332

Amount of Each Disbursement this Period

67.86
-------

Full Name (Last, First, Middle Initial)

**B. United States Treasury**

Mailing Address PO Box 660351

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement  
Federal Withholding tax deposit

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2013

Transaction ID : SB21B.21333

Amount of Each Disbursement this Period

489.00
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

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

Purpose of Disbursement

Candidate Name

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

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

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

556.86
6855.72

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

PAGE 11 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 12 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 H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 13 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  
 07 / 05 / 2013

## TOTAL AMOUNT TRANSFERRED

2272.08

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

2272.08

Transaction ID : H3.21340

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

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

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

a) .....

b) .....

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

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

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

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

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

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

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

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

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

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

PAGE 14 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
07	/	26	/	2013

TOTAL AMOUNT TRANSFERRED

152.47

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

152.47

Transaction ID : H3.21341

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) .....

2424.55

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).....

2424.55

**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>Cox Communications</b>		<b>Transaction ID : H4.21323</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: Cable Service				Allocated Activity or Event Year-To-Date 43575.62	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 07 / 09 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
14.29			53.76		68.05

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Division of Taxation</b>		<b>Transaction ID : H4.21325</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 One Capitol Hill					
City Providence	State RI	Zip Code 02908			
Purpose of Disbursement: State payroll taxes				Allocated Activity or Event Year-To-Date 43643.48	
Activity or Event Identifier: Administrative		Category/ Type		Date 07 / 09 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
14.25			53.61		67.86

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Secretary of State</b>		<b>Transaction ID : H4.21327</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 100 North Main Street					
City Providence	State RI	Zip Code 02903			
Purpose of Disbursement: Annual Corporation Fee				Allocated Activity or Event Year-To-Date 43663.48	
Activity or Event Identifier: Administrative		Category/ Type		Date 07 / 09 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
4.20			15.80		20.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.74		123.17		155.91

**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>Verizon</b>		<b>Transaction ID : H4.21329</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 1100					
City Albany	State NY	Zip Code 12250			
Purpose of Disbursement: Telephone Service				Allocated Activity or Event Year-To-Date 44031.31	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date <input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
77.25			290.58		367.83

<b>B. Full Name (Last, First, Middle Initial)</b> <b>151 Broadway Associates</b>		<b>Transaction ID : H4.21335</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 151 Broadway					
City Providence	State RI	Zip Code 02903			
Purpose of Disbursement: Rent and utilities				Allocated Activity or Event Year-To-Date 44681.31	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
136.50			513.50		650.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>CitiBusiness Card</b>		<b>Transaction ID : H4.21336</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 182564					
City Columbus	State OH	Zip Code 43210			
Purpose of Disbursement: Credit Card Payment				Allocated Activity or Event Year-To-Date 44781.65	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
21.07			79.27		100.34

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
234.82		883.35		1118.17

**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>Clear</b>		<b>Transaction ID : H4.21338</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Dept CH 14365					
City Palatine	State IL	Zip Code 60065			
Purpose of Disbursement: Internet connection				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]		Category/ Type		Date 06 / 21 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.07			79.27		100.34

<b>B. Full Name (Last, First, Middle Initial)</b> <b>A T &amp; T Universal Card</b>		<b>Transaction ID : H4.21337</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 8214					
City So. Hackensack	State NJ	Zip Code 07606			
Purpose of Disbursement: Credit Card Payment				Allocated Activity or Event Year-To-Date 44919.65	
Activity or Event Identifier: Administrative		Category/ Type		Date 07 / 09 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.98			109.02		138.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Postmaster</b>		<b>Transaction ID : H4.21339</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Turnkey Station					
City Providence	State RI	Zip Code 02940			
Purpose of Disbursement: Committee stamps				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 06 / 14 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.98			109.02		138.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.98		109.02		138.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**Rhode Island Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>United States Treasury</b>		<b>Transaction ID : H4.21328</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: Payroll tax deposit				Allocated Activity or Event Year-To-Date 45408.65	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 07 / 15 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
102.69			386.31		489.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Department of Employment &amp; Training</b>		<b>Transaction ID : H4.21324</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 One Capitol Hill					
City Providence	State RI	Zip Code 02908			
Purpose of Disbursement: State Unemployment Taxes				Allocated Activity or Event Year-To-Date 45784.48	
Activity or Event Identifier: Administrative		Category/ Type		Date 07 / 28 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
78.92			296.91		375.83

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Extra Space Storage</b>		<b>Transaction ID : H4.21326</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 1640 Hartford Avenue					
City Johnston	State RI	Zip Code 02919			
Purpose of Disbursement: Storage rental				Allocated Activity or Event Year-To-Date 45991.48	
Activity or Event Identifier: Administrative		Category/ Type		Date 07 / 28 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
43.47			163.53		207.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
225.08		846.75		1071.83

**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>Jonathan Boucher</b>			<b>Transaction ID : H4.21322</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 23 Perkins Street								
City Warwick		State RI		Zip Code 02886				
Purpose of Disbursement: Net wages				Category/ Type		Allocated Activity or Event Year-To-Date 47208.78		
Activity or Event Identifier: Administrative						Date <input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
<input type="text" value="255.63"/>				<input type="text" value="961.67"/>				<input type="text" value="1217.30"/>

<b>B. Full Name (Last, First, Middle Initial)</b>			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC					
Mailing Address								
City		State		Zip Code				
Purpose of Disbursement:				Category/ Type				
Activity or Event Identifier:								
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
<input type="text"/>				<input type="text"/>				<input type="text"/>

<b>C. Full Name (Last, First, Middle Initial)</b>			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC					
Mailing Address								
City		State		Zip Code				
Purpose of Disbursement:				Category/ Type				
Activity or Event Identifier:								
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
<input type="text"/>				<input type="text"/>				<input type="text"/>

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="255.63"/>		<input type="text" value="961.67"/>		<input type="text" value="1217.30"/>

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text" value="777.25"/>		<input type="text" value="2923.96"/>		<input type="text" value="3701.21"/>