

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

Office Use Only

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

Rhode Island Democratic State Committee

ADDRESS (number and street)

P.O. Box 6004

☐Check if different  
than previously  
reported. (ACC)

Providence

RI

02940

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00136200

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2010

through

04

30

2010

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

Electronically Filed by Jeffrey Padwa

Date

05

20

2010

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)

A. Form/Schedule : **F3XA**

The loan on Schedule C has no interest rate and no determined due date.

Transaction ID :

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 17

Write or Type Committee Name  
Rhode Island Democratic State Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	38161.84
(b) Cash on Hand at Beginning of Reporting Period .....	33767.49	
(c) Total Receipts (from Line 19) .....	8754.22	52639.68
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	42521.71	90801.52
7. Total Disbursements (from Line 31) .....	10096.15	58375.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	32425.56	32425.56
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	5254.47	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Rhode Island Democratic State Committee

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	2500.00	4500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2500.00	4500.00
12. Transfers From Affiliated/Other Party Committees .....	3220.00	27974.67
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	3034.22	20165.01
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	3034.22	20165.01
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	8754.22	52639.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5720.00	32474.67

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	787.08	3397.51	
(ii) Non-Federal Share.....	4460.07	19456.50	
(b) Other Federal Operating Expenditures.....	3285.12	13308.96	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	8532.27	36162.97	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	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) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	1563.88	22212.99	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	1563.88	22212.99	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10096.15	58375.96	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5636.08	38919.46	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	2500.00	4500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2500.00	4500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4072.20	16706.47
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4072.20	16706.47

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

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

FOR LINE NUMBER: PAGE 7 / 17

(check only one)

☐ 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

**A.**

Full Name (Last, First, Middle Initial)  
ZENECA INC. POLITICAL ACTION COMMITTEE

Mailing Address c/o Zeneca Inc.  
1800 Concord Pike, PO Box 15437

City State Zip Code  
Wilmington DE 19850

FEC ID number of contributing  
federal political committee.

**C** C00279455

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11C.16488

Amount of Each Receipt this Period

2500.00

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

2500.00

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

2500.00

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

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

FOR LINE NUMBER: PAGE 8 / 17

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

A.

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 South Capitol St. SE

City

Washington

State

DC

Zip Code

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 ▼

27880.00

Date of Receipt

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

Transaction ID: SA12.16512

Amount of Each Receipt this Period

3220.00

In-kind - Voter file acce-  
ss

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

3220.00

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

3220.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 17

<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

**A.**

Full Name (Last, First, Middle Initial)

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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.16513

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3220.00

**B.**

Full Name (Last, First, Middle Initial)

E-Online Data

Mailing Address 280 Fore Street

City  
Portland

State  
ME

Zip Code  
04101

Purpose of Disbursement  
Credit card fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.16497

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.07

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

3250.07

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

3250.07

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 17

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

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NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

**A.** Full Name (Last, First, Middle Initial)  
Department of Employment & Training

Mailing Address One Capitol Hill

City Providence State RI Zip Code 02908

Purpose of Disbursement  
State unemployment taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB30B.16498

Date of Disbursement

04 / 08 / 2010

Amount of Each Disbursement this Period

870.75

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

Mailing Address One Capitol Hill

City Providence State RI Zip Code 02908

Purpose of Disbursement  
State Withholding Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB30B.16499

Date of Disbursement

04 / 08 / 2010

Amount of Each Disbursement this Period

87.13

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

Mailing Address PO Box 660351

City Dallas State TX Zip Code 75266

Purpose of Disbursement  
Payroll tax deposit

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB30B.16500

Date of Disbursement

04 / 09 / 2010

Amount of Each Disbursement this Period

606.00

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

1563.88

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

1563.88

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

PAGE 11 / 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

Transaction ID: SC/9.5183

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Licht 88 Committee

Mailing Address 350 Cole Avenue

City Providence

State RI

ZIP Code 02906

Election:

- ☐
- Primary
- 
- ☐
- General
- 
- ☐
- Other (specify) ▼

Original Amount of Loan

5249.87

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5249.87

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

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

% (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

5249.87

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

5249.87

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

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

PAGE 12 / 17

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SHELDON II WHITEHOUSE

Nature of Debt (Purpose):  
Coordinated expenditures  
overage

Mailing Address 32 ELMGROVE AVENUE

City	State	ZIP Code
PROVIDENCE	RI	02906

Outstanding Balance Beginning This Period

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

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 / 17  
 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
0	4		3	0		2	0	1	0

TOTAL AMOUNT TRANSFERRED

3034.22

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

3034.22

Transaction ID: H3.16506

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

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

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

a) .....

Transaction ID:

b) .....

Transaction ID:

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

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

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

3034.22

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) .....

3034.22

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

 PAGE 14 / 17  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Pui O

Mailing Address

249 Roosevelt Avenue

City	State	Zip Code
Pawtucket	RI	02860

Purpose of Disbursement:  
April rent and utilitiesCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

18406.86

Date 

M	M
0	4

 / 

D	D
0	8

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.16486

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

120.00

680.00

800.00

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

Cox Communications

Mailing Address

P.O. Box 39

City	State	Zip Code
Newark	NJ	07101

Purpose of Disbursement:  
Monthly modem and cableCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

18563.86

Date 

M	M
0	4

 / 

D	D
0	8

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.16489

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

23.55

133.45

157.00

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

Susann Della Rosa

Mailing Address

60 Don Avenue

City	State	Zip Code
Rumford	RI	02916

Purpose of Disbursement:  
Accounting Services-non employeeCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

19813.86

Date 

M	M
0	4

 / 

D	D
0	8

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.16490

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

187.50

1062.50

1250.00

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

331.05

1875.95

2207.00

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

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

 PAGE 15 / 17  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address

P.O. Box 30069

City	State	Zip Code
Hartford	CT	06150

 Purpose of Disbursement:  
Copier Lease
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

20259.86

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	8	/	2	0	1	0

Transaction ID: H4.16492

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

66.90

379.10

446.00

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

Mailing Address

P.O. Box 30069

City	State	Zip Code
Hartford	CT	06150

 Purpose of Disbursement:  
Copier maintenance fees
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

20309.65

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	8	/	2	0	1	0

Transaction ID: H4.16493

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

7.47

42.32

49.79

**C. Full Name (Last, First, Middle Initial)**  
Blue Cross Blue Shield of Rhode Island

Mailing Address

PO Box 1057

City	State	Zip Code
Providence	RI	02901

 Purpose of Disbursement:  
Health Insurance
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

20962.43

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	0

Transaction ID: H4.16491

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

97.92

554.86

652.78

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

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

172.29

976.28

1148.57

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

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

 PAGE 16 / 17  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Verizon

Mailing Address

P.O. Box 1100

City	State	Zip Code
Albany	NY	12250

Purpose of Disbursement:  
Telephone serviceCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

21203.51

Date 

M	M
0	4

 / 

D	D
2	9

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.16494

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

36.16

204.92

241.08

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

A T &amp; T Universal Card

Mailing Address

PO Box 8214

City	State	Zip Code
So. Hackensack	NJ	07606

Purpose of Disbursement:  
Credit Card PaymentCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

21354.61

Date 

M	M
0	4

 / 

D	D
2	9

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.16501

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

22.67

128.43

151.10

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

Staples

Mailing Address

551 North Main Street

City	State	Zip Code
Providence	RI	02906

Purpose of Disbursement:  
Office suppliesCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
0	4

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.16502

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

9.47

53.63

63.10

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

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

58.83

333.35

392.18

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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT



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

PAGE 17 / 17

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

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

Mailing Address  
 Turnkey Station

City State Zip Code  
 Providence RI 02940

Purpose of Disbursement:  
 Office postage

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date MM / DD / YYYY 04 / 20 / 2010

Transaction ID: H4.16503

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

13.20

74.80

88.00

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

Mailing Address  
 1190 North Main Street

City State Zip Code  
 Providence RI 02904

Purpose of Disbursement:  
 Catering Committee Meeting

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

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

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

22854.01

Date MM / DD / YYYY 04 / 30 / 2010

Transaction ID: H4.16504

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

224.91

1274.49

1499.40

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

224.91

1274.49

1499.40

**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

787.08

4460.07

5247.15