

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** 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 09 01 2006 through 09 30 2006

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

Type or Print Name of Treasurer John McConnell, Jr.

Signature of Treasurer Electronically Filed by John McConnell, Jr. Date 04 03 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Rhode Island Democratic State Committee

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		110469.32
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	327124.33									
(c) Total Receipts (from Line 19)	510050.64	1922403.69								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	837174.97	2032873.01								
7. Total Disbursements (from Line 31)	280413.08	1476111.12								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	556761.89	556761.89								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	5249.87									
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**

Write or Type Committee Name
Rhode Island Democratic State Committee

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	111150.00	279200.00
(i) Itemized (use Schedule A)	1900.00	2225.00
(ii) Unitemized	113050.00	281425.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	18300.00	58500.00
(c) Other Political Committees (such as PACs)	131350.00	339925.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	378165.44	1472311.82
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)	535.20	11327.72
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)	0.00	98839.15
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	98839.15
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	510050.64	1922403.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	510050.64	1823564.54

DETAILED SUMMARY PAGE

of Disbursements

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.....	6320.32	34160.35
(ii) Non-Federal Share.....	9645.22	106919.37
(b) Other Federal Operating Expenditures.....	50533.15	201764.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	66498.69	342844.43
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 Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	28945.32	96250.37
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	600.00
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	184969.07	1036416.32
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	184969.07	1036416.32
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	280413.08	1476111.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	270767.86	1369191.75

DETAILED SUMMARY PAGE
of Disbursements

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)	131350.00	339925.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	131350.00	339925.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	56853.47	235925.06
37. Offsets to Operating Expenditures (from Line 15, page 3)	535.20	11327.72
38. Net Operating Expenditures (subtract Line 37 from Line 36)	56318.27	224597.34

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 132
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ann Mudge Backer

Mailing Address 480 Park Avenue

City State Zip Code
New York NY 10022

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

Name of Employer Retired Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 14 / 2006

Transaction ID: SA11A1.8951

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
William Backer

Mailing Address 7181 Smitten Farm Lane

City State Zip Code
The Plains VA 20198

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

Name of Employer Self-employed Occupation
Author

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 14 / 2006

Transaction ID: SA11A1.8952

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Sylvia Blake

Mailing Address 2211 King Place NW

City State Zip Code
Washington DC 20007

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

Name of Employer Homemaker Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 16 / 2006

Transaction ID: SA11A1.8958

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional)	▶	20000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Cheryl Bock		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 210 Tomahawk Trail		Transaction ID: SA11A1.8965	
City Cranston	State RI	Amount of Each Receipt this Period 100.00	
Zip Code 02921			
FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Milton Bronstein		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 34 Bennington Road		Transaction ID: SA11A1.8981	
City Cranston	State RI	Amount of Each Receipt this Period 300.00	
Zip Code 02920			
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) C. Stephen Campo		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 6145 Post Road		Transaction ID: SA11A1.9145	
City North Kingstown	State RI	Amount of Each Receipt this Period 3750.00	
Zip Code 02852			
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed	Occupation Real estate	In-kind -office space	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00		

SUBTOTAL of Receipts This Page (optional) ▶	4150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Sybil D'Origny

Mailing Address 10 Rue De L'universite

City Paris State ZZ Zip Code 75007

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

Name of Employer Homemaker Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	6

Transaction ID: SA11A1.8972

Amount of Each Receipt this Period
1000.00

B. 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**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.9147

Amount of Each Receipt this Period
1776.50

RI Party Victory Fund Uni-temized

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Elizabeth Dennigan

Mailing Address 37 Horsford Avenue

City Rumford State RI Zip Code 02916

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

Name of Employer Self-employed Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	6

Transaction ID: SA11A1.8991

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
John Fish

Mailing Address 77 Corey Lane

City Milton State MA Zip Code 02186

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

Name of Employer Suffolk Construction Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2006

Transaction ID: SA11A1.8971

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Charles Fradin

Mailing Address PO Box 1427

City Coventry State RI Zip Code 02816

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

Name of Employer Copley Distributors Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2006

Transaction ID: SA11A1.8987

Amount of Each Receipt this Period
10000.00

C. Full Name (Last, First, Middle Initial)
E Davisson Hardman, Jr.

Mailing Address 11 St Claire Avenue

City Old Greenwich State CT Zip Code 06879

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

Name of Employer Morgan Stanley Occupation Investment Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2006

Transaction ID: SA11A1.8949

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	16000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 132
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Belinda Kielland

Mailing Address 191 Carroll Avenue

City State Zip Code
Newport RI 02840

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: SA11A1.8946

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
Robert Lindsay

Mailing Address 322 Duck Pond Road

City State Zip Code
Locust Valley NY 11560

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

Name of Employer Occupation
Goldberg, Lindsay & Company Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2006

Transaction ID: SA11A1.8950

Amount of Each Receipt this Period
10000.00

C. Full Name (Last, First, Middle Initial)
Donald Listwin

Mailing Address 3480 Woodside Road

City State Zip Code
Woodside CA 94062

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

Name of Employer Occupation
Canary Foundation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
4200.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2006

Transaction ID: SA11A1.8944

Amount of Each Receipt this Period
4200.00

SUBTOTAL of Receipts This Page (optional)	▶	17200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 132
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Christopher Long		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 8529 W Oak Place		Transaction ID: SA11A1.8947	
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Washington Resource Associates	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Susan Mardian		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 4132 S. Rainbow Blvd		Transaction ID: SA11A1.8964	
City State Zip Code Las Vegas NV 89103	Amount of Each Receipt this Period 1600.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed	Occupation Real estate developer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00		

Full Name (Last, First, Middle Initial) C. Donald Morris		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 10624 S. Eastern Avenue		Transaction ID: SA11A1.8948	
City State Zip Code Henderwson NV 89052	Amount of Each Receipt this Period 10000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

SUBTOTAL of Receipts This Page (optional) ▶	12600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 132
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Elena Pastore		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 353 Blackstone Blvd		Transaction ID: SA11A1.8993	
City Providence	State RI	Amount of Each Receipt this Period 1000.00	
Zip Code 02906		FEC ID number of contributing federal political committee. C	
Name of Employer Retired	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Hon. Claiborne Pell		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 45 Ledge Rd		Transaction ID: SA11A1.8996	
City Newport	State RI	Amount of Each Receipt this Period 1000.00	
Zip Code 02840		FEC ID number of contributing federal political committee. C	
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Thomas Quinn		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 557 7th Street, NW		Transaction ID: SA11A1.8956	
City Washington	State DC	Amount of Each Receipt this Period 1000.00	
Zip Code 20004		FEC ID number of contributing federal political committee. C	
Name of Employer Self-employed	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Laura Love Rose		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 25 Penrose Avenue		Transaction ID: SA11A1.8945	
City Providence	State RI	Amount of Each Receipt this Period 2500.00	
Zip Code 02906			
FEC ID number of contributing federal political committee. C			
Name of Employer Field & Rose	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Anthony Rossi		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2006	
Mailing Address 355 Larchwood Drive		Transaction ID: SA11A1.8957	
City Warwick	State RI	Amount of Each Receipt this Period 10000.00	
Zip Code 02886			
FEC ID number of contributing federal political committee. C			
Name of Employer Money America Mortgage	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) C. Wendy Rossi		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 355 Larchwood Drive		Transaction ID: SA11A1.8986	
City Warwick	State RI	Amount of Each Receipt this Period 10000.00	
Zip Code 02886			
FEC ID number of contributing federal political committee. C			
Name of Employer Money America	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

SUBTOTAL of Receipts This Page (optional) ▶	22500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Avery Seavey

Mailing Address 3 Park Avenue

City State Zip Code
New York NY 10016

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

Name of Employer Occupation
The Seavey Organization Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2006

Transaction ID: SA11A1.8983

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Merrill Sherman

Mailing Address 24 Channing Avenue

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
Bank Rhode Island President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2006

Transaction ID: SA11A1.8970

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
The Mohegan Tribe

Mailing Address 5 Crow Hill Road

City State Zip Code
Uncaville CT 06382

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: SA11A1.8994

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	12500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 132
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Vincent Turco

Mailing Address 77 Main Street

City State Zip Code
Wakefield RI 02879

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

Name of Employer Self-employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2006

Transaction ID: SA11A1.9129

Amount of Each Receipt this Period
1200.00

In-kind - office space

B. Full Name (Last, First, Middle Initial)
UNITEMIZED CONTRIBUTIONS

Mailing Address 430 S CAPITOL ST SE

City State Zip Code
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: SA11A1.9148

Amount of Each Receipt this Period
3297.00

Dollars for Democrats

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	111150.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 132
	(check only one)	
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Cranston Democratic City Committee

Mailing Address 14 Garfield Avenue

City	State	Zip Code
Cranston	RI	02920

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

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

Transaction ID: SA11C.8999

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Don Torres for Mayor

Mailing Address 31 Airport Road

City	State	Zip Code
Warwick	RI	02889

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11C.9132

Amount of Each Receipt this Period
1000.00

In-kind - office space

C. Full Name (Last, First, Middle Initial)
Friends of Al Gemma

Mailing Address 310 Natick Road

City	State	Zip Code
Warwick	RI	02886

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	6

Transaction ID: SA11C.8984

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 132
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Friends of Donald Grebien		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 101 Vine Street		Transaction ID: SA11C.8998
City State Zip Code Pawtucket RI 02861	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) B. Friends of William J. Murphy		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address 390 Wakefield Street		Transaction ID: SA11C.8985
City State Zip Code West Warwick RI 02893	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ironworkers Political Action League		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 1750 New York Avenue NW		Transaction ID: SA11C.8968
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C C00027359		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5100.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 132
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
NARRAGANSETT BAY PAC

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

FEC ID number of contributing federal political committee. **C** C00403592

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: SA11C.8969

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Paiva-Weed for Senate

Mailing Address 43 Thurston Avenue

City Newport State RI Zip Code 02840

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11C.9000

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE

Mailing Address 1750 New York Avenue NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: SA11C.8943

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	18300.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2006

Transaction ID: SA12.8962

Amount of Each Receipt this Period
25000.00

B. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 South Capitol St. SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2006

Transaction ID: SA12.8963

Amount of Each Receipt this Period
25000.00

C. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City State Zip Code
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1252999.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 07 / 2006

Transaction ID: SA12.8942

Amount of Each Receipt this Period
162500.00

SUBTOTAL of Receipts This Page (optional)	212500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Democratic Senatorial Campaign Committee		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 120 Maryland Avenue NE		Transaction ID: SA12.8953
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 3165.44	
FEC ID number of contributing federal political committee. C C00042366		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1256164.44	

Full Name (Last, First, Middle Initial) B. Democratic Senatorial Campaign Committee		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 120 Maryland Avenue NE		Transaction ID: SA12.8955
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 162500.00	
FEC ID number of contributing federal political committee. C C00042366		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1418664.44	

SUBTOTAL of Receipts This Page (optional)	165665.44
TOTAL This Period (last page this line number only)	378165.44

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Friends of Patrick Lynch

Mailing Address 320 Newport Avenue

City State Zip Code
Rumford RI 02916

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	6

Transaction ID: SA15.8960

Amount of Each Receipt this Period
235.20

Reimburse telephone usage

B. Full Name (Last, First, Middle Initial)
Friends of Patrick Lynch

Mailing Address 320 Newport Avenue

City State Zip Code
Rumford RI 02916

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	6

Transaction ID: SA15.8961

Amount of Each Receipt this Period
300.00

Office rent

SUBTOTAL of Receipts This Page (optional)	▶	535.20
TOTAL This Period (last page this line number only)	▶	535.20

**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)

<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. Acorn-OPG Graphics		Transaction ID: SB21B.8860	
Mailing Address 117 Broadway		Date of Disbursement 09 / 18 / 2006	
City Providence	State RI	Zip Code 02903	Amount of Each Disbursement this Period 144.45
Purpose of Disbursement Office printing		Category/ Type	
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) B. Advantage Payroll		Transaction ID: SB21B.8672	
Mailing Address 90 Jefferson Boulevard		Date of Disbursement 09 / 15 / 2006	
City Warwick	State RI	Zip Code 02888	Amount of Each Disbursement this Period 103.75
Purpose of Disbursement Payroll service		Category/ Type	
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) C. Advantage Payroll		Transaction ID: SB21B.8673	
Mailing Address 90 Jefferson Boulevard		Date of Disbursement 09 / 29 / 2006	
City Warwick	State RI	Zip Code 02888	Amount of Each Disbursement this Period 130.55
Purpose of Disbursement Payroll service		Category/ Type	
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional)	378.75
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. American Express		Transaction ID: SB21B.8878 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 300 South Riverside Plaza		Amount of Each Disbursement this Period 2960.70
City Chicago State IL Zip Code 60606	Category/ Type	
Purpose of Disbursement Credit Card Payment		
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) ▼	

Full Name (Last, First, Middle Initial) B. Shell.com		Transaction ID: SB21B.8878.0 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address PO Box 2463		Amount of Each Disbursement this Period 2960.70
City Houston State TX Zip Code 77252	Category/ Type	
Purpose of Disbursement Gas cards		
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) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB21B.8872 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 300 South Riverside Plaza		Amount of Each Disbursement this Period 2175.31
City Chicago State IL Zip Code 60606	Category/ Type	
Purpose of Disbursement Credit card payment		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5136.01
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 24 / 132

<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. Dell Catalog Sales		Transaction ID: SB21B.8872.0 Date of Disbursement MM / DD / YYYY 09 / 28 / 2006
Mailing Address One Dell Way		Amount of Each Disbursement this Period 2175.31 [MEMO ITEM]
City Round Rock	State TX	
Zip Code 78682		
Purpose of Disbursement Computer equipment Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB21B.8874 Date of Disbursement MM / DD / YYYY 09 / 28 / 2006
Mailing Address 300 South Riverside Plaza		Amount of Each Disbursement this Period 1201.20 [MEMO ITEM]
City Chicago	State IL	
Zip Code 60606		
Purpose of Disbursement Credit Card payment Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C. Shell.com		Transaction ID: SB21B.8874.0 Date of Disbursement MM / DD / YYYY 09 / 28 / 2006
Mailing Address PO Box 2463		Amount of Each Disbursement this Period 1201.20 [MEMO ITEM]
City Houston	State TX	
Zip Code 77252		
Purpose of Disbursement Gas cards Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	1201.20
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Benny's		Transaction ID: SB21B.8674 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 66 Branch Avenue		Amount of Each Disbursement this Period 11.75	
City Providence State RI Zip Code 02904	Purpose of Disbursement Office supplies Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) B. Benny's		Transaction ID: SB21B.8676 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 66 Branch Avenue		Amount of Each Disbursement this Period 61.95	
City Providence State RI Zip Code 02904	Purpose of Disbursement Office supplies Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. Benny's		Transaction ID: SB21B.8675 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 66 Branch Avenue		Amount of Each Disbursement this Period 160.18	
City Providence State RI Zip Code 02904	Purpose of Disbursement Office supplies Candidate Name	Category/ Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	233.88
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

<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. Gabriel Bluestone		Transaction ID: SB21B.8876 Date of Disbursement 09 / 22 / 2006
Mailing Address 86 South Angell Street		Amount of Each Disbursement this Period 424.00
City Providence State RI Zip Code 02906	Purpose of Disbursement Reimbursement equipment purchase	
Candidate Name		Category/Type
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) ▼	

Full Name (Last, First, Middle Initial) B. Pay Pal Inc		Transaction ID: SB21B.8876.0 Date of Disbursement 09 / 22 / 2006
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 424.00
City San Jose State CA Zip Code 95131	Purpose of Disbursement Computer equipment	
Candidate Name		Category/Type
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) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Gabriel Bluestone		Transaction ID: SB21B.8875 Date of Disbursement 09 / 23 / 2006
Mailing Address 86 South Angell Street		Amount of Each Disbursement this Period 62.19
City Providence State RI Zip Code 02906	Purpose of Disbursement Reimburse office supplies	
Candidate Name		Category/Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	486.19
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Pay Pal Inc		Transaction ID: SB21B.8875.0 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2006	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 62.19	
City San Jose State CA Zip Code 95131	Purpose of Disbursement Office supplies Candidate Name	Category/Type	
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) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Busbank.com		Transaction ID: SB21B.9043 Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 200 W Adams Street		Amount of Each Disbursement this Period 715.00	
City Chicago State IL Zip Code 60606	Purpose of Disbursement Bus rental Candidate Name	Category/Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. Stephen Campo		Transaction ID: SB21B.9146 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 6145 Post Road		Amount of Each Disbursement this Period 3750.00	
City North Kingstown State RI Zip Code 02852	Purpose of Disbursement In-kind -office space Candidate Name	Category/Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4465.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Citizens Bank		Transaction ID: SB21B.8678 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee Candidate Name Category/Type		
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) ▼		

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: SB21B.8677 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 12.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee Candidate Name Category/Type		
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) ▼		

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: SB21B.8679 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 18.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Wire fee Candidate Name Category/Type		
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	48.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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

Full Name (Last, First, Middle Initial) A. Citizens Bank		Transaction ID: SB21B.8680 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 12.00
City Providence State RI Zip Code 02903		
Purpose of Disbursement Wire fee Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: SB21B.8681 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 12.00
City Providence State RI Zip Code 02903		
Purpose of Disbursement Wire fee Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Complete Campaigns.com		Transaction ID: SB21B.8856 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 6
Mailing Address 610 Gateway Center Way		Amount of Each Disbursement this Period 550.00
City San Diego State CA Zip Code 92102		
Purpose of Disbursement Software Candidate Name	Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	574.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

<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. Computer Telephone, Inc.		Transaction ID: SB21B.8682	
Mailing Address 60 Alhambra Road		Date of Disbursement 09 / 06 / 2006	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 642.00
Purpose of Disbursement Telephone system		Category/ Type	
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) B. Computer Telephone, Inc.		Transaction ID: SB21B.8857	
Mailing Address 60 Alhambra Road		Date of Disbursement 09 / 17 / 2006	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 118.00
Purpose of Disbursement Telephone repairs		Category/ Type	
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) C. Cox Communications		Transaction ID: SB21B.8864	
Mailing Address P.O. Box 39		Date of Disbursement 09 / 27 / 2006	
City Newark	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 3795.61
Purpose of Disbursement Telephone & modem service		Category/ Type	
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional)	4555.61
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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. Crimson Imaging Supplies, LLC		Transaction ID: SB21B.8850 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 4011 Pacific Coast Highway		Amount of Each Disbursement this Period 535.96
City Torrance State CA Zip Code 90505	Purpose of Disbursement Office supplies Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Melodie DeMulling		Transaction ID: SB21B.8855 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 13981 121st Avenue		Amount of Each Disbursement this Period 53.42
City Dayton State MN Zip Code 55327	Purpose of Disbursement Reimburse office supplies Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: SB21B.8855.0 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 6
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 6.41
City Providence State RI Zip Code 02906	Purpose of Disbursement Office supplies Candidate Name Category/Type	
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) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	589.38
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

<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. Staples		Transaction ID: SB21B.8855.3 Date of Disbursement MM / DD / YYYY 09 / 12 / 2006
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 20.29 [MEMO ITEM]
City Providence State RI Zip Code 02906		
Purpose of Disbursement Office supplies Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Don Torres for Mayor		Transaction ID: SB21B.9133 Date of Disbursement MM / DD / YYYY 09 / 22 / 2006
Mailing Address 31 Airport Road		Amount of Each Disbursement this Period 1000.00
City Warwick State RI Zip Code 02889		
Purpose of Disbursement In-kind - office space Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Dr A C Cleaning		Transaction ID: SB21B.8683 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006
Mailing Address 41 Goldsmith Avenue		Amount of Each Disbursement this Period 200.00
City East Providence State RI Zip Code 02914		
Purpose of Disbursement Office maintenance Candidate Name	Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

<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. Lacy Dwyer		Transaction ID: SB21B.8858 Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2006	
Mailing Address 47 Wyndham Hill		Amount of Each Disbursement this Period 153.51	
City Middletown State RI Zip Code 02842	Purpose of Disbursement Reimburse office supplies Candidate Name	Category/Type	
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) ▼		

Full Name (Last, First, Middle Initial) B. FedexKinkos		Transaction ID: SB21B.8867 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 308.64	
City Providence State RI Zip Code 02906	Purpose of Disbursement Copying charges Candidate Name	Category/Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. FedexKinkos		Transaction ID: SB21B.8868 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 165.73	
City Providence State RI Zip Code 02906	Purpose of Disbursement Copying charges Candidate Name	Category/Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	627.88
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

<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. FedexKinkos		Transaction ID: SB21B.8869 Date of Disbursement 09 / 08 / 2006	
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 199.92	
City Providence State RI Zip Code 02906	Purpose of Disbursement Copying Charges	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) B. Gary Fernandes		Transaction ID: SB21B.9016 Date of Disbursement 09 / 28 / 2006	
Mailing Address 45 South Main Street		Amount of Each Disbursement this Period 900.00	
City Woonsocket State RI Zip Code 02895	Purpose of Disbursement Field office rent	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. Regina Fiorentini		Transaction ID: SB21B.8877 Date of Disbursement 09 / 21 / 2006	
Mailing Address 36 Macon Avenue		Amount of Each Disbursement this Period 19.98	
City Haverhill State MA Zip Code 01830	Purpose of Disbursement Reimburse office refreshments	Category/ Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1119.90
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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. Anna Gustina		Transaction ID: SB21B.8861 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 111 University Avenue		Amount of Each Disbursement this Period 344.00
City Buffalo State NY Zip Code 14214	Category/ Type	
Purpose of Disbursement Reimburse office equipment 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) ▼	

Full Name (Last, First, Middle Initial) B. Pay Pal Inc		Transaction ID: SB21B.8861.0 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 344.00
City San Jose State CA Zip Code 95131	Category/ Type	
Purpose of Disbursement Computer equipment 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) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Kelly Harlow		Transaction ID: SB21B.8873 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 3906 West Oak Drive		Amount of Each Disbursement this Period 129.06
City Columbia State MO Zip Code 65302	Category/ Type	
Purpose of Disbursement Reimburse office supplies 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	473.06
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. Nicole Hilmer-Heartt		Transaction ID: SB21B.8854 Date of Disbursement 09 / 13 / 2006	
Mailing Address 5 East Street		Amount of Each Disbursement this Period 19.99	
City Providence State RI Zip Code 02906	Purpose of Disbursement Reimburse office supplies	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) B. Manuel Jimenez		Transaction ID: SB21B.9051 Date of Disbursement 09 / 27 / 2006	
Mailing Address 1099 Broad Street		Amount of Each Disbursement this Period 700.00	
City Providence State RI Zip Code 02905	Purpose of Disbursement Field office rent	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. Steven LaForm		Transaction ID: SB21B.8684 Date of Disbursement 09 / 03 / 2006	
Mailing Address 28 Broadway		Amount of Each Disbursement this Period 1000.00	
City Newport State RI Zip Code 02840	Purpose of Disbursement Outreach office rent	Category/ Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1719.99
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

<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. Lexisnexis		Transaction ID: SB21B.8685 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address PO Box 7247-7090		Amount of Each Disbursement this Period 150.00
City Philadelphia State PA Zip Code 19170	Purpose of Disbursement Subscription Candidate Name Category/Type	
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) ▼

Full Name (Last, First, Middle Initial) B. Matthew Lydon		Transaction ID: SB21B.8853 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 73 Fremont		Amount of Each Disbursement this Period 90.00
City Providence State RI Zip Code 02906	Purpose of Disbursement Reimburse tolls Candidate Name Category/Type	
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) ▼

Full Name (Last, First, Middle Initial) C. National Grid		Transaction ID: SB21B.8686 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address Processing Center		Amount of Each Disbursement this Period 1636.94
City Woburn State MA Zip Code 01807	Purpose of Disbursement Electricity Candidate Name Category/Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1876.94
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. National Grid		Transaction ID: SB21B.8699 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address Processing Center		Amount of Each Disbursement this Period 1530.90
City Woburn State MA Zip Code 01807	Purpose of Disbursement Electricity 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. New England Gas		Transaction ID: SB21B.8700 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 6
Mailing Address PO Box 17528		Amount of Each Disbursement this Period 17.21
City Baltimore State MD Zip Code 21297	Purpose of Disbursement Utility 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. North Main Street Shell		Transaction ID: SB21B.8870 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 691 North Main Street		Amount of Each Disbursement this Period 50.00
City Providence State RI Zip Code 02904	Purpose of Disbursement Gas cards 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	1598.11
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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. Pay Pal Inc		Transaction ID: SB21B.8687	
Mailing Address 2211 North First Street		Date of Disbursement MM / DD / YYYY 09 / 05 / 2006	
City San Jose	State CA	Zip Code 95131	Amount of Each Disbursement this Period <input type="text" value="63.33"/>
Purpose of Disbursement Credit card fees		<input type="text"/>	Category/ Type
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) B. Pay Pal Inc		Transaction ID: SB21B.8688	
Mailing Address 2211 North First Street		Date of Disbursement MM / DD / YYYY 09 / 15 / 2006	
City San Jose	State CA	Zip Code 95131	Amount of Each Disbursement this Period <input type="text" value="3.20"/>
Purpose of Disbursement Credit card fees		<input type="text"/>	Category/ Type
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) C. Pay Pal Inc		Transaction ID: SB21B.8695	
Mailing Address 2211 North First Street		Date of Disbursement MM / DD / YYYY 09 / 19 / 2006	
City San Jose	State CA	Zip Code 95131	Amount of Each Disbursement this Period <input type="text" value="46.03"/>
Purpose of Disbursement Credit card fees		<input type="text"/>	Category/ Type
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="112.56"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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. Perkins Coie		Transaction ID: SB21B.8689 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 1201 Third Avenue		Amount of Each Disbursement this Period 775.38
City Seattle State WA Zip Code 98101	Purpose of Disbursement Legal services	
Candidate Name		Category/Type
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) ▼	

Full Name (Last, First, Middle Initial) B. Perkins Coie		Transaction ID: SB21B.8698 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 1201 Third Avenue		Amount of Each Disbursement this Period 750.00
City Seattle State WA Zip Code 98101	Purpose of Disbursement Legal services	
Candidate Name		Category/Type
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) ▼	

Full Name (Last, First, Middle Initial) C. Poland Spring		Transaction ID: SB21B.8694 Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2006
Mailing Address PO Box 856192		Amount of Each Disbursement this Period 172.24
City Louisville State KY Zip Code 40285	Purpose of Disbursement Office refreshments	
Candidate Name		Category/Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1697.62
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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. Postmaster		Transaction ID: SB21B.8879 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address Turnkey Station		Amount of Each Disbursement this Period 117.00
City Providence State RI Zip Code 02940	Category/ Type	
Purpose of Disbursement Postage		
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) ▼	

Full Name (Last, First, Middle Initial) B. Postmaster		Transaction ID: SB21B.8881 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address Turnkey Station		Amount of Each Disbursement this Period 195.00
City Providence State RI Zip Code 02940	Category/ Type	
Purpose of Disbursement Postage		
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) ▼	

Full Name (Last, First, Middle Initial) C. Postmaster		Transaction ID: SB21B.9030 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address Turnkey Station		Amount of Each Disbursement this Period 53.40
City Providence State RI Zip Code 02940	Category/ Type	
Purpose of Disbursement Postage		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	365.40
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Postmaster Full Name (Last, First, Middle Initial) Mailing Address Turnkey Station City Providence State RI Zip Code 02940 Purpose of Disbursement Postage 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) ▼		Transaction ID: SB21B.8865 Date of Disbursement: M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period: 123.15 Category/Type
--	--	---

B. Rent a Wreck Full Name (Last, First, Middle Initial) Mailing Address 1073 Douglas Avenue City Providence State RI Zip Code 02904 Purpose of Disbursement Staff transportation 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) ▼		Transaction ID: SB21B.9025 Date of Disbursement: M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period: 969.50 Category/Type
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C. Shein Management Full Name (Last, First, Middle Initial) Mailing Address 845 North Main Street City Providence State RI Zip Code 02904 Purpose of Disbursement Office rent 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) ▼		Transaction ID: SB21B.8690 Date of Disbursement: M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period: 2500.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	3592.65
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<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. Staples		Transaction ID: SB21B.8692	
Mailing Address 551 North Main Street		Date of Disbursement 09 / 13 / 2006	
City Providence	State RI	Zip Code 02906	Amount of Each Disbursement this Period 35.60
Purpose of Disbursement Office supplies		Category/ Type	
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: SB21B.8697	
Mailing Address 551 North Main Street		Date of Disbursement 09 / 21 / 2006	
City Providence	State RI	Zip Code 02906	Amount of Each Disbursement this Period 245.75
Purpose of Disbursement Office supplies		Category/ Type	
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: SB21B.8701	
Mailing Address 551 North Main Street		Date of Disbursement 09 / 23 / 2006	
City Providence	State RI	Zip Code 02906	Amount of Each Disbursement this Period 5.87
Purpose of Disbursement Office supplies		Category/ Type	
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional)	287.22
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: SB21B.8703 Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 177.20	
City Providence State RI Zip Code 02906	Purpose of Disbursement Office supplies	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: SB21B.8704 Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 551 North Main Street		Amount of Each Disbursement this Period 43.09	
City Providence State RI Zip Code 02906	Purpose of Disbursement Office supplies	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Stop & Shop		Transaction ID: SB21B.8691 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 333 West River		Amount of Each Disbursement this Period 47.25	
City Providence State RI Zip Code 02904	Purpose of Disbursement Refreshments	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	267.54
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Vincent Turco		Transaction ID: SB21B.9130 Date of Disbursement 09 / 24 / 2006	
Mailing Address 77 Main Street		Amount of Each Disbursement this Period 1200.00	
City Wakefield State RI Zip Code 02879	Purpose of Disbursement In-kind - office space	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Jhomphy Ventura		Transaction ID: SB21B.8702 Date of Disbursement 09 / 27 / 2006	
Mailing Address 32 Farragut Avenue		Amount of Each Disbursement this Period 281.50	
City Providence State RI Zip Code 02905	Purpose of Disbursement Reimburse cell phone expense	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB21B.8702.0 Date of Disbursement 09 / 27 / 2006	
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 281.50	
City Worcester State MA Zip Code 01615	Purpose of Disbursement Cell phone	Category/ Type	
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) ▼	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	1481.50
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: SB21B.8849	
Mailing Address P.O. 1		Date of Disbursement MM / DD / YYYY 09 / 06 / 2006	
City Worcester	State MA	Zip Code 01654	Amount of Each Disbursement this Period 411.59
Purpose of Disbursement Telephone service		Category/ Type	
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: SB21B.8859	
Mailing Address P.O. 1		Date of Disbursement MM / DD / YYYY 09 / 18 / 2006	
City Worcester	State MA	Zip Code 01654	Amount of Each Disbursement this Period 5600.00
Purpose of Disbursement Telephone deposit		Category/ Type	
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: SB21B.8863	
Mailing Address P.O. 1		Date of Disbursement MM / DD / YYYY 09 / 27 / 2006	
City Worcester	State MA	Zip Code 01654	Amount of Each Disbursement this Period 7400.00
Purpose of Disbursement Telephone deposit		Category/ Type	
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional)	13411.59
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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. W.B. Mason		Transaction ID: SB21B.8880 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 59 Centre Street		Amount of Each Disbursement this Period 304.74	
City Brockton	State MA	Zip Code 02303	Category/ Type
Purpose of Disbursement Office supplies			
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. W.B. Mason		Transaction ID: SB21B.8862 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 59 Centre Street		Amount of Each Disbursement this Period 688.27	
City Brockton	State MA	Zip Code 02303	Category/ Type
Purpose of Disbursement Office supplies			
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Louis Yip		Transaction ID: SB21B.9033 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 244 Main Street		Amount of Each Disbursement this Period 1500.00	
City Pawtucket	State RI	Zip Code 02860	Category/ Type
Purpose of Disbursement Field office rent			
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional)	2493.01
TOTAL This Period (last page this line number only)	49992.99

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Alicia Amdur		Transaction ID: SB30B.8761 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 792 McIntyre Avenue		Amount of Each Disbursement this Period 539.99
City Winter Prk State FL Zip Code 32709	Purpose of Disbursement Net wages 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:		

Full Name (Last, First, Middle Initial) B. Alicia Amdur		Transaction ID: SB30B.8762 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 792 McIntyre Avenue		Amount of Each Disbursement this Period 539.99
City Winter Prk State FL Zip Code 32709	Purpose of Disbursement Net wages 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:		

Full Name (Last, First, Middle Initial) C. AMS Communications Inc		Transaction ID: SB30B.9018 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 500 Sansome Street		Amount of Each Disbursement this Period 5850.00
City San Francisco State CA Zip Code 94111	Purpose of Disbursement Families Lit Printing/postage-exempt Candidate Name SHELDON II WHITEHOUSE Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI District: 00		

SUBTOTAL of Disbursements This Page (optional) ▶	6929.98
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Matthew Arnold		Transaction ID: SB30B.9092 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 83 Oaklawn Avenue		Amount of Each Disbursement this Period 303.36
City Cranston State RI Zip Code 02920	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Matthew Arnold		Transaction ID: SB30B.9097 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 83 Oaklawn Avenue		Amount of Each Disbursement this Period 574.39
City Cranston State RI Zip Code 02920	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Blue Cross Blue Shield of Rhode Island		Transaction ID: SB30B.9084 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO Box 1057		Amount of Each Disbursement this Period 7604.27
City Providence State RI Zip Code 02901	Purpose of Disbursement Health Insurance Candidate Name Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8482.02
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Gabriel Bluestone		Transaction ID: SB30B.8763 Date of Disbursement
Mailing Address 86 South Angell Street		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Providence	State RI	Zip Code 02906
Purpose of Disbursement Net wages	<input type="text" value="964.29"/>	
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:		

Full Name (Last, First, Middle Initial) B. Gabriel Bluestone		Transaction ID: SB30B.8765 Date of Disbursement
Mailing Address 86 South Angell Street		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City Providence	State RI	Zip Code 02906
Purpose of Disbursement Net wages	<input type="text" value="964.30"/>	
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:		

Full Name (Last, First, Middle Initial) C. Sarah Bogdan		Transaction ID: SB30B.8766 Date of Disbursement
Mailing Address 133 Sutton Street		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Providence	State RI	Zip Code 02903
Purpose of Disbursement Net wages	<input type="text" value="539.99"/>	
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:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2468.58"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Sarah Bogdan		Transaction ID: SB30B.8767 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 133 Sutton Street		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02903	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

Full Name (Last, First, Middle Initial) B. David Bonzagni		Transaction ID: SB30B.8768 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 74 South River Drive		Amount of Each Disbursement this Period 522.80
City Narragansett State RI Zip Code 02882	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

Full Name (Last, First, Middle Initial) C. David Bonzagni		Transaction ID: SB30B.8769 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 74 South River Drive		Amount of Each Disbursement this Period 522.80
City Narragansett State RI Zip Code 02882	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1585.59
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Angela Botticella		Transaction ID: SB30B.8770 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 18 Phillipsburg		Amount of Each Disbursement this Period 1142.25
City Irvine State CA Zip Code 92620	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

Full Name (Last, First, Middle Initial) B. Angela Botticella		Transaction ID: SB30B.8771 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 18 Phillipsburg		Amount of Each Disbursement this Period 1142.25
City Irvine State CA Zip Code 92620	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

Full Name (Last, First, Middle Initial) C. Brett Broesder		Transaction ID: SB30B.8772 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 1 Trenton Street		Amount of Each Disbursement this Period 557.19
City Providence State RI Zip Code 02906	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2841.69
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Brett Broesder		Transaction ID: SB30B.8773 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 1 Trenton Street		Amount of Each Disbursement this Period 557.19	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) B. Sean Brophy		Transaction ID: SB30B.8774 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 92 Melrose Street		Amount of Each Disbursement this Period 612.22	
City Providence State RI Zip Code 02907	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. Sean Brophy		Transaction ID: SB30B.8775 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 92 Melrose Street		Amount of Each Disbursement this Period 612.23	
City Providence State RI Zip Code 02907	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1781.64
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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

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

Full Name (Last, First, Middle Initial) A. Dylan Brown		Transaction ID: SB30B.9093 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 20 Avondale Road		Amount of Each Disbursement this Period 515.43	
City Westerly State RI Zip Code 02891	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) B. Dylan Brown		Transaction ID: SB30B.9098 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 20 Avondale Road		Amount of Each Disbursement this Period 539.99	
City Westerly State RI Zip Code 02891	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. Ismael Castro		Transaction ID: SB30B.9102 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 81 Comstock Avenue		Amount of Each Disbursement this Period 569.10	
City Providence State RI Zip Code 02907	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1624.52
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Eric Chapell		Transaction ID: SB30B.8776 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 10203 Geronimo		Amount of Each Disbursement this Period 522.80
City Casa Grande State AZ Zip Code 85222	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼		

Full Name (Last, First, Middle Initial) B. Eric Chapell		Transaction ID: SB30B.9085 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 10203 Geronimo		Amount of Each Disbursement this Period 195.04
City Casa Grande State AZ Zip Code 85222	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. Angela Chasebi		Transaction ID: SB30B.9094 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address PO Box 4470		Amount of Each Disbursement this Period 636.28
City Austintown State OH Zip Code 44515	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1354.12
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Angela Chasebi		Transaction ID: SB30B.9099 Date of Disbursement 09 / 29 / 2006	
Mailing Address PO Box 4470		Amount of Each Disbursement this Period 539.99	
City Austintown State OH Zip Code 44515	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: SB30B.9086 Date of Disbursement 09 / 06 / 2006	
Mailing Address One Citizens Plaza		Amount of Each Disbursement this Period 23584.25	
City Providence State RI Zip Code 02903	Purpose of Disbursement Payroll tax deposit August Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. Jacob Conarck		Transaction ID: SB30B.8777 Date of Disbursement 09 / 15 / 2006	
Mailing Address 7 Oxford Drive		Amount of Each Disbursement this Period 539.99	
City Port Jeff Station State NY Zip Code 11776	Purpose of Disbursement Net wages Candidate Name	Category/ Type 001	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	24664.23
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jacob Conarck		Transaction ID: SB30B.8778 Date of Disbursement 09 / 29 / 2006	
Mailing Address 7 Oxford Drive		Amount of Each Disbursement this Period 539.99	
City Port Jeff Station	State NY	Zip Code 11776	Category/ Type 001
Purpose of Disbursement Net wages		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Melodie DeMulling		Transaction ID: SB30B.8779 Date of Disbursement 09 / 15 / 2006	
Mailing Address 13981 121st Avenue		Amount of Each Disbursement this Period 1731.75	
City Dayton	State MN	Zip Code 55327	Category/ Type
Purpose of Disbursement Net wages		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Melodie DeMulling		Transaction ID: SB30B.8780 Date of Disbursement 09 / 29 / 2006	
Mailing Address 13981 121st Avenue		Amount of Each Disbursement this Period 1731.75	
City Dayton	State MN	Zip Code 55327	Category/ Type
Purpose of Disbursement Net wages		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4003.49
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jeffrey Dickson		Transaction ID: SB30B.8781 Date of Disbursement 09 / 15 / 2006	
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 522.80	
City No Providence State RI Zip Code 02911	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) B. Jeffrey Dickson		Transaction ID: SB30B.8782 Date of Disbursement 09 / 29 / 2006	
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 522.80	
City No Providence State RI Zip Code 02911	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. Division of Taxation		Transaction ID: SB30B.9087 Date of Disbursement 09 / 06 / 2006	
Mailing Address One Capitol Hill		Amount of Each Disbursement this Period 2821.27	
City Providence State RI Zip Code 02908	Purpose of Disbursement Payroll taxes August Candidate Name	Category/ Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3866.87
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Michael Dorsey		Transaction ID: SB30B.8783 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 2263.38	
City Providence State RI Zip Code 02909	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) B. Michael Dorsey		Transaction ID: SB30B.8784 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 2263.39	
City Providence State RI Zip Code 02909	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. Lacy Dwyer		Transaction ID: SB30B.8785 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 47 Wyndham Hill		Amount of Each Disbursement this Period 1170.57	
City Middletown State RI Zip Code 02842	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5697.34
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Lacy Dwyer		Transaction ID: SB30B.8786 Date of Disbursement 09 / 29 / 2006	
Mailing Address 47 Wyndham Hill			
City Middletown	State RI	Zip Code 02842	
Purpose of Disbursement Net wages		Amount of Each Disbursement this Period 1170.57	
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: _____			

Full Name (Last, First, Middle Initial) B. Jonathan Engel		Transaction ID: SB30B.8787 Date of Disbursement 09 / 15 / 2006	
Mailing Address 45 Junip Road			
City Belmont	State MA	Zip Code 02478	
Purpose of Disbursement Net wages		Amount of Each Disbursement this Period 539.99	
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: _____			

Full Name (Last, First, Middle Initial) C. Jonathan Engel		Transaction ID: SB30B.8788 Date of Disbursement 09 / 29 / 2006	
Mailing Address 45 Junip Road			
City Belmont	State MA	Zip Code 02478	
Purpose of Disbursement Net wages		Amount of Each Disbursement this Period 539.99	
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: _____			

SUBTOTAL of Disbursements This Page (optional) ▶	2250.55
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Brian Farnkoff		Transaction ID: SB30B.8789 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 43 Billings Street		Amount of Each Disbursement this Period 522.80	
City Boston State MA Zip Code 02132	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Brian Farnkoff		Transaction ID: SB30B.8790 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 43 Billings Street		Amount of Each Disbursement this Period 522.80	
City Boston State MA Zip Code 02132	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Parker Farrington		Transaction ID: SB30B.8791 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 37 Devon Road		Amount of Each Disbursement this Period 539.99	
City Chestnut Hill State MA Zip Code 02467	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1585.59
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Parker Farrington		Transaction ID: SB30B.8792 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 37 Devon Road		Amount of Each Disbursement this Period 539.99
City Chestnut Hill	State MA	
Zip Code 02467	Category/Type 006	
Purpose of Disbursement Net wages		
Candidate Name 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:		

Full Name (Last, First, Middle Initial) B. Financial Innovations		Transaction ID: SB30B.9141 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address One Weingeroff Boulevard		Amount of Each Disbursement this Period 593.17
City Cranston	State RI	
Zip Code 02910	Category/Type 006	
Purpose of Disbursement Lapel stickers - exempt		
Candidate Name SHELTON II WHITEHOUSE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 00		

Full Name (Last, First, Middle Initial) C. Financial Innovations		Transaction ID: SB30B.9142 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address One Weingeroff Boulevard		Amount of Each Disbursement this Period 11172.02
City Cranston	State RI	
Zip Code 02910	Category/Type 006	
Purpose of Disbursement Lawn signs, stickers- exempt		
Candidate Name SHELTON II WHITEHOUSE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 00		

SUBTOTAL of Disbursements This Page (optional) ▶	12305.18
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Regina Fiorentini		Transaction ID: SB30B.8793 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 36 Macon Avenue		Amount of Each Disbursement this Period 1170.57
City Haverhill State MA Zip Code 01830	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼		

Full Name (Last, First, Middle Initial) B. Regina Fiorentini		Transaction ID: SB30B.8794 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 36 Macon Avenue		Amount of Each Disbursement this Period 1170.57
City Haverhill State MA Zip Code 01830	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. Amanda Foster		Transaction ID: SB30B.8795 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 539.99
City North Providence State RI Zip Code 02911	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2881.13
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Amanda Foster		Transaction ID: SB30B.8796 Date of Disbursement 09 / 29 / 2006	
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 539.99	
City North Providence State RI Zip Code 02911	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) B. Timothy Fraser		Transaction ID: SB30B.8797 Date of Disbursement 09 / 15 / 2006	
Mailing Address 78 Fisher Street		Amount of Each Disbursement this Period 1170.57	
City Medway State MA Zip Code 02053	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. Timothy Fraser		Transaction ID: SB30B.8798 Date of Disbursement 09 / 29 / 2006	
Mailing Address 78 Fisher Street		Amount of Each Disbursement this Period 1170.57	
City Medway State MA Zip Code 02053	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2881.13
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jeffrey Gohringer		Transaction ID: SB30B.8799 Date of Disbursement 09 / 15 / 2006
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 539.99
City North Providence	State RI Zip Code 02911	
Purpose of Disbursement Net wages		
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) ▼	

Full Name (Last, First, Middle Initial) B. Jeffrey Gohringer		Transaction ID: SB30B.8800 Date of Disbursement 09 / 29 / 2006
Mailing Address 19 Byron Street		Amount of Each Disbursement this Period 539.99
City North Providence	State RI Zip Code 02911	
Purpose of Disbursement Net wages		
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) ▼	

Full Name (Last, First, Middle Initial) C. Anna Gustina		Transaction ID: SB30B.8801 Date of Disbursement 09 / 15 / 2006
Mailing Address 111 University Avenue		Amount of Each Disbursement this Period 1731.75
City Buffalo	State NY Zip Code 14214	
Purpose of Disbursement Net wages		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2811.73
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Anna Gustina		Transaction ID: SB30B.8802 Date of Disbursement 09 / 29 / 2006
Mailing Address 111 University Avenue		Amount of Each Disbursement this Period 1731.75
City Buffalo State NY Zip Code 14214	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼		

Full Name (Last, First, Middle Initial) B. Kelly Harlow		Transaction ID: SB30B.8803 Date of Disbursement 09 / 15 / 2006
Mailing Address 3906 West Oak Drive		Amount of Each Disbursement this Period 1170.57
City Columbia State MO Zip Code 65302	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. Kelly Harlow		Transaction ID: SB30B.8804 Date of Disbursement 09 / 29 / 2006
Mailing Address 3906 West Oak Drive		Amount of Each Disbursement this Period 1170.57
City Columbia State MO Zip Code 65302	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4072.89
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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

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

Full Name (Last, First, Middle Initial) A. Nicole Hilmer-Heartte		Transaction ID: SB30B.8805 Date of Disbursement 09 / 15 / 2006	
Mailing Address 5 East Street		Amount of Each Disbursement this Period 783.80	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) B. Nicole Hilmer-Heartte		Transaction ID: SB30B.8806 Date of Disbursement 09 / 29 / 2006	
Mailing Address 5 East Street		Amount of Each Disbursement this Period 783.80	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. Rose Jackson		Transaction ID: SB30B.8807 Date of Disbursement 09 / 15 / 2006	
Mailing Address 5750 Broadway Street		Amount of Each Disbursement this Period 522.80	
City Indianapolis State IN Zip Code 46220	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2090.40
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Rose Jackson		Transaction ID: SB30B.8808 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 5750 Broadway Street		Amount of Each Disbursement this Period 522.80	
City Indianapolis State IN Zip Code 46220	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Nicholas Jeffrey		Transaction ID: SB30B.8809 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 6 Holiday Court		Amount of Each Disbursement this Period 539.99	
City Lincoln State RI Zip Code 02865	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nicholas Jeffrey		Transaction ID: SB30B.8810 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 6 Holiday Court		Amount of Each Disbursement this Period 539.99	
City Lincoln State RI Zip Code 02865	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1602.78
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Patricia Kammerer		Transaction ID: SB30B.8811 Date of Disbursement 09 / 15 / 2006	
Mailing Address PO Box 1495		Amount of Each Disbursement this Period 809.57	
City Westerly	State RI	Zip Code 02891	Category/ Type
Purpose of Disbursement Net wages		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Patricia Kammerer		Transaction ID: SB30B.8812 Date of Disbursement 09 / 29 / 2006	
Mailing Address PO Box 1495		Amount of Each Disbursement this Period 1333.63	
City Westerly	State RI	Zip Code 02891	Category/ Type
Purpose of Disbursement Net wages		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Micheal Keane		Transaction ID: SB30B.8813 Date of Disbursement 09 / 15 / 2006	
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 1333.64	
City Providence	State RI	Zip Code 02909	Category/ Type
Purpose of Disbursement Net wages		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3476.84
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Micheal Keane		Transaction ID: SB30B.8814 Date of Disbursement 09 / 29 / 2006
Mailing Address 166 Valley Street		Amount of Each Disbursement this Period 1333.63
City Providence State RI Zip Code 02909	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Seth Larson		Transaction ID: SB30B.8815 Date of Disbursement 09 / 15 / 2006
Mailing Address 65 Plantation Drive		Amount of Each Disbursement this Period 522.80
City Saunderstown State RI Zip Code 02874	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Seth Larson		Transaction ID: SB30B.8816 Date of Disbursement 09 / 29 / 2006
Mailing Address 65 Plantation Drive		Amount of Each Disbursement this Period 522.80
City Saunderstown State RI Zip Code 02874	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2379.23
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Brett Lincoln		Transaction ID: SB30B.9106 Date of Disbursement MM / DD / YYYY 09 / 29 / 2006	
Mailing Address 28 Irving Road		Amount of Each Disbursement this Period 202.29	
City New Hartford State NY Zip Code 13413	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) B. Sara Lonardo		Transaction ID: SB30B.8817 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006	
Mailing Address 471 Douglas Avenue		Amount of Each Disbursement this Period 522.80	
City Providence State RI Zip Code 02908	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. Sara Lonardo		Transaction ID: SB30B.8818 Date of Disbursement MM / DD / YYYY 09 / 29 / 2006	
Mailing Address 471 Douglas Avenue		Amount of Each Disbursement this Period 522.80	
City Providence State RI Zip Code 02908	Purpose of Disbursement Net wages Candidate Name	Category/ Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1247.89
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Hamlet Lopez		Transaction ID: SB30B.9088 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 105 Comstock Street		Amount of Each Disbursement this Period 522.80	
City Providence State RI Zip Code 02907	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
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) ▼		

Full Name (Last, First, Middle Initial) B. Hamlet Lopez		Transaction ID: SB30B.9089 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 105 Comstock Street		Amount of Each Disbursement this Period 522.80	
City Providence State RI Zip Code 02907	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
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) ▼		

Full Name (Last, First, Middle Initial) C. Rudy Lopez		Transaction ID: SB30B.9107 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 1608 Senator Drive		Amount of Each Disbursement this Period 1392.74	
City East Chicago State IL Zip Code 46312	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2438.34
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Matthew Lydon		Transaction ID: SB30B.8819 Date of Disbursement 09 / 15 / 2006	
Mailing Address 73 Fremont		Amount of Each Disbursement this Period 1170.57	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Matthew Lydon		Transaction ID: SB30B.8820 Date of Disbursement 09 / 29 / 2006	
Mailing Address 73 Fremont		Amount of Each Disbursement this Period 1170.57	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lauren Mandelker		Transaction ID: SB30B.8821 Date of Disbursement 09 / 15 / 2006	
Mailing Address 299 Wickenden Street		Amount of Each Disbursement this Period 522.80	
City Providence State RI Zip Code 02903	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2863.94
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Lauren Mandelker		Transaction ID: SB30B.8822 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 299 Wickenden Street		Amount of Each Disbursement this Period 522.80
City Providence State RI Zip Code 02903	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

Full Name (Last, First, Middle Initial) B. Message Broadcast		Transaction ID: SB30B.9007 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 4685 MacArthur Court		Amount of Each Disbursement this Period 1717.80
City Newport Beach State CA Zip Code 92660	Category/ Type	
Purpose of Disbursement GOTV generic calls		
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) ▼	

Full Name (Last, First, Middle Initial) C. Brian Monteiro		Transaction ID: SB30B.8823 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 172 Leonard Avenue		Amount of Each Disbursement this Period 522.80
City East Providence State RI Zip Code 02914	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2763.40
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Brian Monteiro		Transaction ID: SB30B.8824 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 172 Leonard Avenue		Amount of Each Disbursement this Period 522.80
City East Providence State RI Zip Code 02914	Purpose of Disbursement Net wages 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:		

Full Name (Last, First, Middle Initial) B. Meredith Regine		Transaction ID: SB30B.9095 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 155 Purgatory Road		Amount of Each Disbursement this Period 200.25
City Middletown, State RI Zip Code 02842	Purpose of Disbursement Net wages 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:		

Full Name (Last, First, Middle Initial) C. Meredith Regine		Transaction ID: SB30B.9100 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 155 Purgatory Road		Amount of Each Disbursement this Period 505.60
City Middletown, State RI Zip Code 02842	Purpose of Disbursement Net wages 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:		

SUBTOTAL of Disbursements This Page (optional) ▶	1228.65
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. David Rosenthal		Transaction ID: SB30B.9096 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 69 Ocean View Road		Amount of Each Disbursement this Period 653.50
City Swampscott State MA Zip Code 01907		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. David Rosenthal		Transaction ID: SB30B.9101 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 69 Ocean View Road		Amount of Each Disbursement this Period 557.19
City Swampscott State MA Zip Code 01907		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Hollie Saunders		Transaction ID: SB30B.8825 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 29 Russell Avenue		Amount of Each Disbursement this Period 522.80
City East Providence State RI Zip Code 02914		
Purpose of Disbursement Net wages Candidate Name	Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1733.49
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Hollie Saunders		Transaction ID: SB30B.8826 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 29 Russell Avenue		Amount of Each Disbursement this Period 522.80
City East Providence	State RI	
Zip Code 02914		
Purpose of Disbursement Net wages		
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:		

Full Name (Last, First, Middle Initial) B. Ryan Sears		Transaction ID: SB30B.8827 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 2156 Palmetto Terrace		Amount of Each Disbursement this Period 522.80
City Fullerton	State CA	
Zip Code 92831		
Purpose of Disbursement Net wages		
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:		

Full Name (Last, First, Middle Initial) C. Ryan Sears		Transaction ID: SB30B.8828 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 2156 Palmetto Terrace		Amount of Each Disbursement this Period 522.80
City Fullerton	State CA	
Zip Code 92831		
Purpose of Disbursement Net wages		
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	1568.40
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jeremy Slaughter		Transaction ID: SB30B.8829 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 55 Pond Drive		Amount of Each Disbursement this Period 1098.26
City Fairmont	State WV Zip Code 26554	
Purpose of Disbursement Net wages	Category/ Type	
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. Jeremy Slaughter		Transaction ID: SB30B.8830 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 55 Pond Drive		Amount of Each Disbursement this Period 1098.26
City Fairmont	State WV Zip Code 26554	
Purpose of Disbursement Net wages	Category/ Type	
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C. Jenna Soendker		Transaction ID: SB30B.8831 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 12507 Hwy D		Amount of Each Disbursement this Period 783.80
City Napoleon	State MD Zip Code 64074	
Purpose of Disbursement Net wages	Category/ Type	
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	2980.32
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jenna Soendker		Transaction ID: SB30B.8832 Date of Disbursement 09 / 29 / 2006
Mailing Address 12507 Hwy D		Amount of Each Disbursement this Period 783.80
City Napoleon State MD Zip Code 64074	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼		

Full Name (Last, First, Middle Initial) B. Anisa Somani		Transaction ID: SB30B.8833 Date of Disbursement 09 / 15 / 2006
Mailing Address 24 South Court Street		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. Anisa Somani		Transaction ID: SB30B.8834 Date of Disbursement 09 / 29 / 2006
Mailing Address 24 South Court Street		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1863.78
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Prospero Suazo		Transaction ID: SB30B.8835 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 230 Roger Williams		Amount of Each Disbursement this Period 522.80
City Providence State RI Zip Code 02907	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

Full Name (Last, First, Middle Initial) B. Prospero Suazo		Transaction ID: SB30B.8836 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 230 Roger Williams		Amount of Each Disbursement this Period 522.80
City Providence State RI Zip Code 02907	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

Full Name (Last, First, Middle Initial) C. Anand Sudhakar		Transaction ID: SB30B.8837 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 93 East George Street		Amount of Each Disbursement this Period 612.22
City Providence State RI Zip Code 02906	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1657.82
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Anand Sudhakar		Transaction ID: SB30B.8838 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 93 East George Street		Amount of Each Disbursement this Period 612.23	
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Emily Sullivan		Transaction ID: SB30B.8839 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 580 Wickenden Street		Amount of Each Disbursement this Period 577.83	
City Providence State RI Zip Code 02903	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Emily Sullivan		Transaction ID: SB30B.13783 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 580 Wickenden Street		Amount of Each Disbursement this Period 577.84	
City Providence State RI Zip Code 02903	Purpose of Disbursement Net wages	Category/ Type	
Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1767.90
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. The Tyson Organization		Transaction ID: SB30B.9009 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 1000 Macon Street		Amount of Each Disbursement this Period 49955.08
City Forth Worth	State TX	
Zip Code 76102	Purpose of Disbursement Voter ID Generic Calls	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) B. Jeff Thibeau		Transaction ID: SB30B.8841 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 30 Rock Street		Amount of Each Disbursement this Period 505.60
City Bristol	State RI	
Zip Code 02809	Purpose of Disbursement Net wages	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) C. Jeff Thibeau		Transaction ID: SB30B.8842 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 30 Rock Street		Amount of Each Disbursement this Period 505.60
City Bristol	State RI	
Zip Code 02809	Purpose of Disbursement Net wages	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional) ▶	50966.28
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Christopher Torres		Transaction ID: SB30B.9090 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 75 Waterman Street		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02906	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

Full Name (Last, First, Middle Initial) B. Christopher Torres		Transaction ID: SB30B.9091 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 75 Waterman Street		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02906	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

Full Name (Last, First, Middle Initial) C. Ben Traverse		Transaction ID: SB30B.8843 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 32 Elmgrove Avenue		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02906	Category/ Type	
Purpose of Disbursement Net wages		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1619.97
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ben Traverse		Transaction ID: SB30B.8844 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 32 Elmgrove Avenue		Amount of Each Disbursement this Period 539.99
City Providence State RI Zip Code 02906	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Jhomphy Ventura		Transaction ID: SB30B.8845 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 32 Farragut Avenue		Amount of Each Disbursement this Period 958.48
City Providence State RI Zip Code 02905	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Jhomphy Ventura		Transaction ID: SB30B.8846 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 32 Farragut Avenue		Amount of Each Disbursement this Period 958.48
City Providence State RI Zip Code 02905	Purpose of Disbursement Net wages Candidate Name Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2456.95
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Voter Activation Network		Transaction ID: SB30B.13808
Mailing Address 54 Regent Street		Date of Disbursement MM / DD / YYYY 09 / 06 / 2006
City Cambridge	State MA	Amount of Each Disbursement this Period 2900.00
Zip Code 02140		
Purpose of Disbursement Voter file maintenance	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:	

Full Name (Last, First, Middle Initial) B. Megan Wilbur		Transaction ID: SB30B.8847
Mailing Address 299 Wickenden Street		Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
City Providence	State RI	Amount of Each Disbursement this Period 539.99
Zip Code 02903		
Purpose of Disbursement Net wages	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:	

Full Name (Last, First, Middle Initial) C. Megan Wilbur		Transaction ID: SB30B.8848
Mailing Address 299 Wickenden Street		Date of Disbursement MM / DD / YYYY 09 / 29 / 2006
City Providence	State RI	Amount of Each Disbursement this Period 539.99
Zip Code 02903		
Purpose of Disbursement Net wages	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:	

SUBTOTAL of Disbursements This Page (optional)	3979.98
TOTAL This Period (last page this line number only)	184774.63

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 86 / 132 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
Rhode Island Democratic State Committee

Transaction ID: SC/9.5183

LOAN SOURCE Full Name (Last, First, Middle Initial) Licht 88 Committee	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 350 Cole Avenue	
City Providence State RI ZIP Code 02906	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5249.87	0.00	5249.87

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 2 D D 3 1 Y Y Y Y 1 9 8 8			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%;" type="text" value="5249.87"/>
TOTALS This Period (last page in this line only) ▶	<input style="width: 100%;" type="text" value="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 F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Alicia Amdur	Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 792 McIntyre Avenue		
City Winter Prk	State FL	ZIP Code 32709
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶ 73326.34 Transaction ID: SF25.8705		Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Amount		269.58
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Alicia Amdur	Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 792 McIntyre Avenue		
City Winter Prk	State FL	ZIP Code 32709
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶ 86308.09 Transaction ID: SF25.8708		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Amount		269.58
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Matthew Arnold	Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 83 Oaklawn Avenue		
City Cranston	State RI	ZIP Code 02920
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶ 81223.05 Transaction ID: SF25.9072		Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Amount		151.45
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

SUBTOTAL of Expenditures This Page (optional) ▶	690.61
TOTAL This Period (last page this line number only) ▶	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Matthew Arnold		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 83 Oaklawn Avenue		Category/Type	
City Cranston	State RI	ZIP Code 02920	Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 286.75
Aggregate General Election Expenditure for this Candidate ▶ 94176.46		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9078			

Full Name (Last, First, Middle Initial) of Each Payee BJ's Wholesale Club		Purpose of Expenditure Supplies communi-ty dinner	<input type="checkbox"/>
Mailing Address 287 Washington Avenue		Category/Type	
City Attleboro	State MA	ZIP Code 02703	Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 78.13
Aggregate General Election Expenditure for this Candidate ▶ 83281.73		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9110			

Full Name (Last, First, Middle Initial) of Each Payee BJ's Wholesale Club		Purpose of Expenditure Community dinner supplies	<input type="checkbox"/>
Mailing Address 287 Washington Avenue		Category/Type	
City Attleboro	State MA	ZIP Code 02703	Date M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 106.33
Aggregate General Election Expenditure for this Candidate ▶ 85704.18		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9116			

SUBTOTAL of Expenditures This Page (optional)	471.21
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Blue Cross Blue Shield of Rhode Island		Purpose of Expenditure Health Insurance-voter persuasion		
Mailing Address PO Box 1057				
City Providence		State RI	ZIP Code 02901	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00
Aggregate General Election Expenditure for this Candidate ▶		85597.85		
		Transaction ID: SF25.9066		
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee Sarah Bogdan		Purpose of Expenditure Net wages - voter persuasion		
Mailing Address 133 Sutton Street				
City Providence		State RI	ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00
Aggregate General Election Expenditure for this Candidate ▶		73595.92		
		Transaction ID: SF25.8707		
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee Sarah Bogdan		Purpose of Expenditure Net wages - voter persuasion		
Mailing Address 133 Sutton Street				
City Providence		State RI	ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00
Aggregate General Election Expenditure for this Candidate ▶		86577.67		
		Transaction ID: SF25.8709		
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

SUBTOTAL of Expenditures This Page (optional)	2705.28
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee David Bonzagni		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 74 South River Drive		Category/Type	
City Narragansett	State RI	ZIP Code 02882	Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 73856.92		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8710			

Full Name (Last, First, Middle Initial) of Each Payee David Bonzagni		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 74 South River Drive		Category/Type	
City Narragansett	State RI	ZIP Code 02882	Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 86838.67		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8711			

Full Name (Last, First, Middle Initial) of Each Payee Brett Broesder		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 1 Trenton Street		Category/Type	
City Providence	State RI	ZIP Code 02906	Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 278.17
Aggregate General Election Expenditure for this Candidate ▶ 74135.09		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8712			

SUBTOTAL of Expenditures This Page (optional)	800.17
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Brett Broesder		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 1 Trenton Street		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	Category/Type
City Providence	State RI	ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 278.17
Aggregate General Election Expenditure for this Candidate ▶		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
87116.84		Transaction ID: SF25.8713	

Full Name (Last, First, Middle Initial) of Each Payee Sean Brophy		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 92 Melrose Street		Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	Category/Type
City Providence	State RI	ZIP Code 02907	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 305.65
Aggregate General Election Expenditure for this Candidate ▶		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
74440.74		Transaction ID: SF25.8714	

Full Name (Last, First, Middle Initial) of Each Payee Sean Brophy		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 92 Melrose Street		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	Category/Type
City Providence	State RI	ZIP Code 02907	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 305.65
Aggregate General Election Expenditure for this Candidate ▶		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
87422.49		Transaction ID: SF25.8715	

SUBTOTAL of Expenditures This Page (optional)	889.47
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Dylan Brown		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 20 Avondale Road		Category/Type	
City Westerly	State RI	ZIP Code 02891	Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 257.32
Aggregate General Election Expenditure for this Candidate ▶ 81480.37		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9073			

Full Name (Last, First, Middle Initial) of Each Payee Dylan Brown		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 20 Avondale Road		Category/Type	
City Westerly	State RI	ZIP Code 02891	Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 96250.37		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.10020			

Full Name (Last, First, Middle Initial) of Each Payee Ismael Castro		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 81 Comstock Avenue		Category/Type	
City Providence	State RI	ZIP Code 02907	Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 284.12
Aggregate General Election Expenditure for this Candidate ▶ 95521.74		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9103			

SUBTOTAL of Expenditures This Page (optional)	811.02
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Eric Chapell		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 10203 Geronimo		Category/Type	
City Casa Grande	State AZ	ZIP Code 85222	Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 74701.74		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8716			

Full Name (Last, First, Middle Initial) of Each Payee Eric Chapell		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 10203 Geronimo		Category/Type	
City Casa Grande	State AZ	ZIP Code 85222	Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 97.36
Aggregate General Election Expenditure for this Candidate ▶ 93620.13		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9067			

Full Name (Last, First, Middle Initial) of Each Payee Angela Chasebi		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address PO Box 4470		Category/Type	
City Austintown	State OH	ZIP Code 44515	Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 317.65
Aggregate General Election Expenditure for this Candidate ▶ 81798.02		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9074			

SUBTOTAL of Expenditures This Page (optional)	676.01
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Angela Chasebi		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address PO Box 4470					
City Austintown		State OH	ZIP Code 44515		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		94446.04		Amount 269.58	
		Transaction ID: SF25.9079		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Citizens Bank		Purpose of Expenditure Payroll tax deposit-voter persuasion		Category/Type	
Mailing Address One Citizens Plaza					
City Providence		State RI	ZIP Code 02903		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		72489.37		Amount 5184.32	
		Transaction ID: SF25.9068		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jacob Conarck		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 7 Oxford Drive					
City Port Jeff Station		State NY	ZIP Code 11776		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		74971.32		Amount 269.58	
		Transaction ID: SF25.8717		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	5723.48
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004 City: Providence State: RI ZIP Code: 02940	
Full Name (Last, First, Middle Initial) of Each Payee Jacob Conarck		Purpose of Expenditure Net wages - voter persuasion Category/Type: <input type="text"/>	
Mailing Address 7 Oxford Drive City: Port Jeff Station State: NY ZIP Code: 11776		Date: 09 / 29 / 2006	
Name of Federal Candidate Supported: SHELDON II WHITEHOUSE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: RI District: 00		Amount: 269.58	
Aggregate General Election Expenditure for this Candidate: 87692.07 Transaction ID: SF25.8718		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Full Name (Last, First, Middle Initial) of Each Payee Cumberland Farms		Purpose of Expenditure Community dinner supplies Category/Type: <input type="text"/>	
Mailing Address 704 Main Street City: West Warwick State: RI ZIP Code: 02893		Date: 09 / 27 / 2006	
Name of Federal Candidate Supported: SHELDON II WHITEHOUSE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: RI District: 00		Amount: 22.32	
Aggregate General Election Expenditure for this Candidate: 85726.50 Transaction ID: SF25.9117		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Dickson		Purpose of Expenditure Net wages - voter persuasion Category/Type: <input type="text"/>	
Mailing Address 19 Byron Street City: No Providence State: RI ZIP Code: 02911		Date: 09 / 15 / 2006	
Name of Federal Candidate Supported: SHELDON II WHITEHOUSE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: RI District: 00		Amount: 261.00	
Aggregate General Election Expenditure for this Candidate: 75232.32 Transaction ID: SF25.8719		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
SUBTOTAL of Expenditures This Page (optional)		552.90	
TOTAL This Period (last page this line number only)			

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Dickson		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 19 Byron Street					
City No Providence		State RI	ZIP Code 02911		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00		
Aggregate General Election Expenditure for this Candidate ▶		87953.07			
		Transaction ID: SF25.8720			
Full Name (Last, First, Middle Initial) of Each Payee Division of Taxation		Purpose of Expenditure State payroll tax-voter persuasion		Category/Type	
Mailing Address One Capitol Hill					
City Providence		State RI	ZIP Code 02908		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00		
Aggregate General Election Expenditure for this Candidate ▶		73056.76			
		Transaction ID: SF25.9069			
Full Name (Last, First, Middle Initial) of Each Payee Jonathan Engel		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 45 Junip Road					
City Belmont		State MA	ZIP Code 02478		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00		
Aggregate General Election Expenditure for this Candidate ▶		75501.90			
		Transaction ID: SF25.8721			

SUBTOTAL of Expenditures This Page (optional)		1097.97
TOTAL This Period (last page this line number only)		

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Jonathan Engel		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 45 Junip Road		Category/Type	
City Belmont	State MA	ZIP Code 02478	Date M M / D D / Y Y Y Y 09 / 29 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 88222.65		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8722			

Full Name (Last, First, Middle Initial) of Each Payee Brian Farnkoff		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 43 Billings Street		Category/Type	
City Boston	State MA	ZIP Code 02132	Date M M / D D / Y Y Y Y 09 / 15 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 75762.90		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8723			

Full Name (Last, First, Middle Initial) of Each Payee Brian Farnkoff		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 43 Billings Street		Category/Type	
City Boston	State MA	ZIP Code 02132	Date M M / D D / Y Y Y Y 09 / 29 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 88483.65		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8724			

SUBTOTAL of Expenditures This Page (optional)	791.58
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Parker Farrington		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 37 Devon Road		Category/Type	
City Chestnut Hill	State MA	ZIP Code 02467	Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 76032.48		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8725			

Full Name (Last, First, Middle Initial) of Each Payee Parker Farrington		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 37 Devon Road		Category/Type	
City Chestnut Hill	State MA	ZIP Code 02467	Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 88753.23		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8726			

Full Name (Last, First, Middle Initial) of Each Payee Amanda Foster		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 19 Byron Street		Category/Type	
City North Providence	State RI	ZIP Code 02911	Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 76302.06		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8727			

SUBTOTAL of Expenditures This Page (optional)	808.74
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Amanda Foster		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 19 Byron Street					
City North Providence		State RI		ZIP Code 02911	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		89022.81		Date M M / D D / Y Y Y Y 09 / 29 / 2006	
		Transaction ID: SF25.8728		Amount 269.58	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Gohringer		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 19 Byron Street					
City North Providence		State RI		ZIP Code 02911	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		76571.64		Date M M / D D / Y Y Y Y 09 / 15 / 2006	
		Transaction ID: SF25.8729		Amount 269.58	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Gohringer		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 19 Byron Street					
City North Providence		State RI		ZIP Code 02911	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		89292.39		Date M M / D D / Y Y Y Y 09 / 29 / 2006	
		Transaction ID: SF25.8730		Amount 269.58	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)					

SUBTOTAL of Expenditures This Page (optional)		808.74
TOTAL This Period (last page this line number only)		

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Rose Jackson			Purpose of Expenditure Net wages-voter persuasion		
Mailing Address 5750 Broadway Street			Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6		
City Indianapolis	State IN	ZIP Code 46220			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00		
Aggregate General Election Expenditure for this Candidate ▶ 76832.64 Transaction ID: SF25.8731			<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Rose Jackson			Purpose of Expenditure Net wages-voter persuasion		
Mailing Address 5750 Broadway Street			Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6		
City Indianapolis	State IN	ZIP Code 46220			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00		
Aggregate General Election Expenditure for this Candidate ▶ 89553.39 Transaction ID: SF25.8732			<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Nicholas Jeffrey			Purpose of Expenditure Net wages-voter persuasion		
Mailing Address 6 Holiday Court			Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6		
City Lincoln	State RI	ZIP Code 02865			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58		
Aggregate General Election Expenditure for this Candidate ▶ 77102.22 Transaction ID: SF25.8733			<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

SUBTOTAL of Expenditures This Page (optional)	791.58
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Nicholas Jeffrey		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 6 Holiday Court		Category/Type	
City Lincoln	State RI	ZIP Code 02865	Date M M / D D / Y Y Y Y 09 / 29 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 89822.97		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8734			

Full Name (Last, First, Middle Initial) of Each Payee Seth Larson		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 65 Plantation Drive		Category/Type	
City Saunderstown	State RI	ZIP Code 02874	Date M M / D D / Y Y Y Y 09 / 15 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 77363.22		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8735			

Full Name (Last, First, Middle Initial) of Each Payee Seth Larson		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 65 Plantation Drive		Category/Type	
City Saunderstown	State RI	ZIP Code 02874	Date M M / D D / Y Y Y Y 09 / 29 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 90083.97		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8736			

SUBTOTAL of Expenditures This Page (optional)	791.58
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Brett Lincoln		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 28 Irving Road					
City New Hartford		State NY	ZIP Code 13413		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00		
Aggregate General Election Expenditure for this Candidate ▶		95622.72			
		Transaction ID: SF25.9104			
Full Name (Last, First, Middle Initial) of Each Payee Sara Lonardo		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 471 Douglas Avenue					
City Providence		State RI	ZIP Code 02908		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00		
Aggregate General Election Expenditure for this Candidate ▶		82746.25			
		Transaction ID: SF25.9120			
Full Name (Last, First, Middle Initial) of Each Payee Sara Lonardo		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 471 Douglas Avenue					
City Providence		State RI	ZIP Code 02908		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00		
Aggregate General Election Expenditure for this Candidate ▶		95980.79			
		Transaction ID: SF25.9121			

SUBTOTAL of Expenditures This Page (optional)		622.98
TOTAL This Period (last page this line number only)		

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Hamlet Lopez		Purpose of Expenditure Net wages -voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 105 Comstock Street			
City Providence	State RI	ZIP Code 02907	Date M M / D D / Y Y Y Y 09 / 15 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 82059.02		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9075			

Full Name (Last, First, Middle Initial) of Each Payee Hamlet Lopez		Purpose of Expenditure Net wages -voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 105 Comstock Street			
City Providence	State RI	ZIP Code 02907	Date M M / D D / Y Y Y Y 09 / 29 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 94707.04		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9080			

Full Name (Last, First, Middle Initial) of Each Payee Lauren Mandelker		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 299 Wickenden Street			
City Providence	State RI	ZIP Code 02903	Date M M / D D / Y Y Y Y 09 / 15 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 77624.22		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8737			

SUBTOTAL of Expenditures This Page (optional)	783.00
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Lauren Mandelker		Purpose of Expenditure Net wages-voter persuasion		Category/Type	
Mailing Address 299 Wickenden Street					
City Providence		State RI	ZIP Code 02903		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		90344.97			
		Transaction ID: SF25.8738			
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Message Broadcast		Purpose of Expenditure Broadcast service		Category/Type	
Mailing Address 4685 MacArthur Court					
City Newport Beach		State CA	ZIP Code 92660		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		83203.60			
		Transaction ID: SF25.9111			
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Brian Monteiro		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 172 Leonard Avenue					
City East Providence		State RI	ZIP Code 02914		
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI		District: 00	
Aggregate General Election Expenditure for this Candidate ▶		77885.22			
		Transaction ID: SF25.8739			
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	979.35
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee			<input type="checkbox"/> Check if 24-hour notice		
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee			
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004			
		City Providence		State RI	ZIP Code 02940
Full Name (Last, First, Middle Initial) of Each Payee Brian Monteiro			Purpose of Expenditure Net wages - voter persuasion		
Mailing Address 172 Leonard Avenue			Date MM / DD / YYYY 09 / 29 / 2006		
City East Providence		State RI	ZIP Code 02914		Category/Type
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 261.00	
Aggregate General Election Expenditure for this Candidate ▶ 90605.97			<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		
Transaction ID: SF25.8740					
Full Name (Last, First, Middle Initial) of Each Payee Josh Panger			Purpose of Expenditure Net wages-voter persuasion		
Mailing Address 7101 Zoar Avenue			Date MM / DD / YYYY 09 / 29 / 2006		
City Lubbock		State TX	ZIP Code 79424		Category/Type
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 97.07	
Aggregate General Election Expenditure for this Candidate ▶ 95719.79			<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		
Transaction ID: SF25.9105					
Full Name (Last, First, Middle Initial) of Each Payee Phoenix Sportsman's Club			Purpose of Expenditure Community dinner rental		
Mailing Address 715 Main Street			Date MM / DD / YYYY 09 / 26 / 2006		
City West Warwick		State RI	ZIP Code 02893		Category/Type
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 150.00	
Aggregate General Election Expenditure for this Candidate ▶ 83431.73			<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		
Transaction ID: SF25.9119					
SUBTOTAL of Expenditures This Page (optional)				508.07	
TOTAL This Period (last page this line number only)					

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Meredith Regine		Purpose of Expenditure Net wages - voter persuasion		
Mailing Address 155 Purgatory Road		Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6		
City Middletown,	State RI			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		82158.99		99.97
		Transaction ID: SF25.9076		

Full Name (Last, First, Middle Initial) of Each Payee Meredith Regine		Purpose of Expenditure Net wages - voter persuasion		
Mailing Address 155 Purgatory Road		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6		
City Middletown,	State RI			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		94959.45		252.41
		Transaction ID: SF25.9081		

Full Name (Last, First, Middle Initial) of Each Payee David Rosenthal		Purpose of Expenditure Net wages - voter persuasion		
Mailing Address 69 Ocean View Road		Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6		
City Swampscott	State MA			
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI	District: 00	
Aggregate General Election Expenditure for this Candidate ▶		82485.25		326.26
		Transaction ID: SF25.9077		

SUBTOTAL of Expenditures This Page (optional) ▶	678.64
TOTAL This Period (last page this line number only) ▶	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee David Rosenthal		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 69 Ocean View Road		Category/Type	
City Swampscott	State MA	ZIP Code 01907	Date M M / D D / Y Y Y Y 09 / 29 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 278.17
Aggregate General Election Expenditure for this Candidate ▶ 95237.62		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9082			

Full Name (Last, First, Middle Initial) of Each Payee Hollie Saunders		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 29 Russell Avenue		Category/Type	
City East Providence	State RI	ZIP Code 02914	Date M M / D D / Y Y Y Y 09 / 15 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 78146.22		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8741			

Full Name (Last, First, Middle Initial) of Each Payee Hollie Saunders		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 29 Russell Avenue		Category/Type	
City East Providence	State RI	ZIP Code 02914	Date M M / D D / Y Y Y Y 09 / 29 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 90866.97		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8742			

SUBTOTAL of Expenditures This Page (optional)	800.17
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Ryan Sears		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 2156 Palmetto Terrace		Category/Type	
City Fullerton	State CA	ZIP Code 92831	Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 78407.22		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8743			

Full Name (Last, First, Middle Initial) of Each Payee Ryan Sears		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 2156 Palmetto Terrace		Category/Type	
City Fullerton	State CA	ZIP Code 92831	Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 91127.97		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8744			

Full Name (Last, First, Middle Initial) of Each Payee Anisa Somani		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 24 South Court Street		Category/Type	
City Providence	State RI	ZIP Code 02906	Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 78676.80		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8745			

SUBTOTAL of Expenditures This Page (optional)	791.58
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004	
	City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Anisa Somani		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 24 South Court Street		Category/Type	
City Providence	State RI	ZIP Code 02906	Date M M / D D / Y Y Y Y 09 / 29 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶ 91397.55		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8746			

Full Name (Last, First, Middle Initial) of Each Payee Stop & Shop		Purpose of Expenditure Food community dinner	<input type="checkbox"/>
Mailing Address 333 West River		Category/Type	
City Providence	State RI	ZIP Code 02904	Date M M / D D / Y Y Y Y 09 / 28 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 34.21
Aggregate General Election Expenditure for this Candidate ▶ 86038.51		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.9109			

Full Name (Last, First, Middle Initial) of Each Payee Prospero Suazo		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 230 Roger Williams		Category/Type	
City Providence	State RI	ZIP Code 02907	Date M M / D D / Y Y Y Y 09 / 15 / 2006
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 78937.80		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8747			

SUBTOTAL of Expenditures This Page (optional)	564.79
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004		
	City Providence	State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Prospero Suazo		Purpose of Expenditure Net wages-voter persuasion	<input type="checkbox"/>
Mailing Address 230 Roger Williams		Category/Type	
City Providence	State RI	ZIP Code 02907	Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 261.00
Aggregate General Election Expenditure for this Candidate ▶ 91658.55		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8748			

Full Name (Last, First, Middle Initial) of Each Payee Anand Sudhakar		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 93 East George Street		Category/Type	
City Providence	State RI	ZIP Code 02906	Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 305.65
Aggregate General Election Expenditure for this Candidate ▶ 79243.45		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8749			

Full Name (Last, First, Middle Initial) of Each Payee Anand Sudhakar		Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/>
Mailing Address 93 East George Street		Category/Type	
City Providence	State RI	ZIP Code 02906	Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00	Amount 305.65
Aggregate General Election Expenditure for this Candidate ▶ 91964.20		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: SF25.8750			

SUBTOTAL of Expenditures This Page (optional)	872.30
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Emily Sullivan		Purpose of Expenditure Net wages -voter persuasion		Category/Type	
Mailing Address 580 Wickenden Street					
City Providence		State RI		ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		79531.93		Amount 288.48	
		Transaction ID: SF25.8751		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Emily Sullivan		Purpose of Expenditure Net wages -voter persuasion		Category/Type	
Mailing Address 580 Wickenden Street					
City Providence		State RI		ZIP Code 02903	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		92252.68		Amount 288.48	
		Transaction ID: SF25.8752		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jeff Thibeau		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 30 Rock Street					
City Bristol		State RI		ZIP Code 02809	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: RI District: 00	
Aggregate General Election Expenditure for this Candidate ▶		79784.34		Amount 252.41	
		Transaction ID: SF25.8753		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)		829.37
TOTAL This Period (last page this line number only)		

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address P.O. Box 6004	
	City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Jeff Thibeau	Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 30 Rock Street		
City Bristol	State RI	ZIP Code 02809
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	92505.09	
Transaction ID: SF25.8754		
Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	Amount 252.41	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Toppa's	Purpose of Expenditure Community dinner supplies	<input type="checkbox"/> Category/Type
Mailing Address 951 Aquidneck Avenue		
City Middletown	State RI	ZIP Code 02842
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	86004.30	
Transaction ID: SF25.9118		
Date M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6	Amount 277.80	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Christopher Torres	Purpose of Expenditure Net wages - voter persuasion	<input type="checkbox"/> Category/Type
Mailing Address 75 Waterman Street		
City Providence	State RI	ZIP Code 02906
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00
Aggregate General Election Expenditure for this Candidate ▶	81071.60	
Transaction ID: SF25.9070		
Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	Amount 269.58	
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

SUBTOTAL of Expenditures This Page (optional)	799.79
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Christopher Torres		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 75 Waterman Street					
City Providence		State RI		ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		
Aggregate General Election Expenditure for this Candidate ▶		93889.71			
		Transaction ID: SF25.9071			
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Ben Traverse		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 32 Elmgrove Avenue					
City Providence		State RI		ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		
Aggregate General Election Expenditure for this Candidate ▶		80053.92			
		Transaction ID: SF25.8755			
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Ben Traverse		Purpose of Expenditure Net wages - voter persuasion		Category/Type	
Mailing Address 32 Elmgrove Avenue					
City Providence		State RI		ZIP Code 02906	
Name of Federal Candidate Supported SHELDON II WHITEHOUSE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		
Aggregate General Election Expenditure for this Candidate ▶		92774.67			
		Transaction ID: SF25.8756			
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)		808.74
TOTAL This Period (last page this line number only)		

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
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(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Rhode Island Democratic State Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee		Mailing Address P.O. Box 6004	
		City Providence	State RI ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Jhomphy Ventura		Purpose of Expenditure Net wages - outr- each		
Mailing Address 32 Farragut Avenue				Category/Type
City Providence	State RI	ZIP Code 02905		Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 478.52
Aggregate General Election Expenditure for this Candidate ▶		80532.44		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
		Transaction ID: SF25.8757		

Full Name (Last, First, Middle Initial) of Each Payee Jhomphy Ventura		Purpose of Expenditure Net wages - outr- each		
Mailing Address 32 Farragut Avenue				Category/Type
City Providence	State RI	ZIP Code 02905		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 478.52
Aggregate General Election Expenditure for this Candidate ▶		93253.19		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
		Transaction ID: SF25.8758		

Full Name (Last, First, Middle Initial) of Each Payee Megan Wilbur		Purpose of Expenditure Net wages - voter persuasion		
Mailing Address 299 Wickenden Street				Category/Type
City Providence	State RI	ZIP Code 02903		Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00		Amount 269.58
Aggregate General Election Expenditure for this Candidate ▶		80802.02		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
		Transaction ID: SF25.8759		

SUBTOTAL of Expenditures This Page (optional)	▶	1226.62
TOTAL This Period (last page this line number only)	▶	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Rhode Island Democratic State Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: Democratic Senatorial Campaign Committee	Full Name of Subordinate Committee Rhode Island Democratic State Committee		
	Mailing Address P.O. Box 6004		
City Providence		State RI	ZIP Code 02940

Full Name (Last, First, Middle Initial) of Each Payee Megan Wilbur		Purpose of Expenditure Net wages - voter persuasion	Category/Type										
Mailing Address 299 Wickenden Street		Date <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9</td> <td></td> <td style="text-align: center;">2 9</td> <td></td> <td style="text-align: center;">2 0 0 6</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	0 9		2 9		2 0 0 6
M M	/			D D	/	Y Y Y Y							
0 9		2 9		2 0 0 6									
City Providence	State RI	ZIP Code 02903	Amount <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">269.58</div>										
Name of Federal Candidate Supported SHELDON II WHITEHOUSE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: RI District: 00											
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">93522.77</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)											
Transaction ID: SF25.8760													

SUBTOTAL of Expenditures This Page (optional)	<div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">269.58</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">28945.32</div>

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE 16 / 132

NAME OF COMMITTEE (In Full)

Rhode Island Democratic State Committee

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.
For PACs Only : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER

Hope Awards 2006 (10/16/2006)

ACTIVITY IS:

 Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

 New Revised Same as Previously Reported

FEDERAL %

90.00 %

NONFEDERAL %

10.00 %

Transaction ID:
H2.9002

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

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

A. Full Name (Last, First, Middle Initial) Cox Communications			Type of Allocated Activity: <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			Allocated Activity or Event Year-To-Date 125326.18		
City Newark	State NJ	Zip Code 07101	Date MM / DD / YYYY 09 / 07 / 2006		
Purpose of Disbursement: Monthly cable and modem fee			Transaction ID: H4.8661		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.52		167.48		212.00

B. Full Name (Last, First, Middle Initial) Timothy Grilo			Type of Allocated Activity: <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 481 Charles Street			Allocated Activity or Event Year-To-Date 125376.18		
City Providence	State RI	Zip Code 02904	Date MM / DD / YYYY 09 / 07 / 2006		
Purpose of Disbursement: Reimburse cell phone expense			Transaction ID: H4.8664		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.50		39.50		50.00

C. Full Name (Last, First, Middle Initial) Verizon Wireless			Type of Allocated Activity: <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 15023			Allocated Activity or Event Year-To-Date 0.00		
City Worcester	State MA	Zip Code 01615	Date MM / DD / YYYY 09 / 07 / 2006		
Purpose of Disbursement: Cell phone			Transaction ID: H4.13835		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.50		39.50		50.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.02		206.98		262.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) Timothy Grilo			Type of Allocated Activity: <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 481 Charles Street			Allocated Activity or Event Year-To-Date 125464.93		
City Providence	State RI	Zip Code 02904	Date <input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Reimburse office supplies			Transaction ID: H4.8665		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.64		70.11		88.75

B. Full Name (Last, First, Middle Initial) Staples			Type of Allocated Activity: <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			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02906	Date <input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Office supplies			Transaction ID: H4.13836		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.88		55.98		70.86

C. Full Name (Last, First, Middle Initial) K Mart			Type of Allocated Activity: <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 1130 Newport Avenue			Allocated Activity or Event Year-To-Date 0.00		
City S Attleboro	State MA	Zip Code 02703	Date <input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Office supplies			Transaction ID: H4.13837		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.31		12.43		15.74

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.64		70.11		88.75

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) Walgreen's			Type of Allocated Activity: <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 Broad Street			Allocated Activity or Event Year-To-Date 0.00		
City Pawtucket	State RI	Zip Code 02860	Date MM / DD / YYYY 08 / 14 / 2006		
Purpose of Disbursement: Office supplies			Transaction ID: H4.13839		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.45		1.68		2.13

B. Full Name (Last, First, Middle Initial) Pui O			Type of Allocated Activity: <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 249 Roosevelt Avenue			Allocated Activity or Event Year-To-Date 126064.93		
City Pawtucket	State RI	Zip Code 02860	Date MM / DD / YYYY 09 / 07 / 2006		
Purpose of Disbursement: September rent and electricity			Transaction ID: H4.8668		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.00		474.00		600.00

C. Full Name (Last, First, Middle Initial) I Party			Type of Allocated Activity: <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 1925 Pawtucket Avenue			Allocated Activity or Event Year-To-Date 126185.07		
City East Providence	State RI	Zip Code 02914	Date MM / DD / YYYY 09 / 11 / 2006		
Purpose of Disbursement: Primary night decorations			Transaction ID: H4.9032		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.23		94.91		120.14

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
151.23		568.91		720.14

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) Quality Rental			Type of Allocated Activity: <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 390 Walcott Street			Allocated Activity or Event Year-To-Date 126215.67		
City Pawtucket	State RI	Zip Code 02861	Date <input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Primary night equipment rental			Transaction ID: H4.9010		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.43		24.17		30.60

B. Full Name (Last, First, Middle Initial) ATR Treehouse			Type of Allocated Activity: <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 812 Charles Street			Allocated Activity or Event Year-To-Date 126513.70		
City Providence	State RI	Zip Code 02904	Date <input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Primary night equipment rental			Transaction ID: H4.9012		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.59		235.44		298.03

C. Full Name (Last, First, Middle Initial) EMC Insurance			Type of Allocated Activity: <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 7911			Allocated Activity or Event Year-To-Date 129130.70		
City Warwick	State RI	Zip Code 02887	Date <input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Property/Liability Insurance			Transaction ID: H4.8663		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
549.57		2067.43		2617.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
618.59		2327.04		2945.63

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) Ocean State Rental			Type of Allocated Activity: <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 530 Wellington Avenue			Allocated Activity or Event Year-To-Date 129830.70		
City	State	Zip Code	Date <input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>		
Cranston	RI	02910			
Purpose of Disbursement: Primary night equipment rental			Category/Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.9011		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
147.00		553.00		700.00

B. Full Name (Last, First, Middle Initial) Ikon Financial Services			Type of Allocated Activity: <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 41564			Allocated Activity or Event Year-To-Date 129994.41		
City	State	Zip Code	Date <input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>		
Philadelphia	PA	19101			
Purpose of Disbursement: Copier Lease			Category/Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.8666		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.38		129.33		163.71

C. Full Name (Last, First, Middle Initial) IKON Office Solutions			Type of Allocated Activity: <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 30069			Allocated Activity or Event Year-To-Date 130036.78		
City	State	Zip Code	Date <input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>		
Hartford	CT	06150			
Purpose of Disbursement: Copier Supplies			Category/Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.8667		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.90		33.47		42.37

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
190.28		715.80		906.08

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) VarTec Solutions			Type of Allocated Activity: <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 78228			Allocated Activity or Event Year-To-Date 130055.09		
City Phoenix	State AZ	Zip Code 85062	Date <input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Long distance service			Transaction ID: H4.8669		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.85		14.46		18.31

B. Full Name (Last, First, Middle Initial) Verizon			Type of Allocated Activity: <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. 1			Allocated Activity or Event Year-To-Date 130321.51		
City Worcester	State MA	Zip Code 01654	Date <input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Telephone service			Transaction ID: H4.8670		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.95		210.47		266.42

C. Full Name (Last, First, Middle Initial) W.B. Mason			Type of Allocated Activity: <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 59 Centre Street			Allocated Activity or Event Year-To-Date 130553.14		
City Brockton	State MA	Zip Code 02303	Date <input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Office supplies			Transaction ID: H4.8671		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.65		182.98		231.63

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
108.45		407.91		516.36

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) MBNA			Type of Allocated Activity: <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 15019			Allocated Activity or Event Year-To-Date 133281.08		
City Wilmington	State DE	Zip Code 19886	Date <input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Credit Card Payment			Transaction ID: H4.9044		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
572.91		2155.03		2727.94

B. Full Name (Last, First, Middle Initial) Red Bridge Tavern			Type of Allocated Activity: <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 22 Waterman Avenue			Allocated Activity or Event Year-To-Date 0.00		
City East Providence	State RI	Zip Code 02914	Date <input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Campaign meeting 8/10/06			Transaction ID: H4.9052		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
141.78		533.36		675.14

C. Full Name (Last, First, Middle Initial) Capriccio			Type of Allocated Activity: <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 2 Pine Street			Allocated Activity or Event Year-To-Date 0.00		
City Providence	State RI	Zip Code 02903	Date <input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Meeting 8/14/06			Transaction ID: H4.9053		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.51		69.59		88.10

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
572.91		2155.03		2727.94

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

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

Mailing Address
720 Michigan Avenue

City State Zip Code
Chicago IL 60605

Purpose of Disbursement:
DNC meeting meals

Category/
Type

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

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 09 / 21 / 2006

Transaction ID: H4.9054

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
24.40 + 91.78 = 116.18

B. Full Name (Last, First, Middle Initial)
Riva Ristorante

Mailing Address
700 E Grand Avenue

City State Zip Code
Chicago IL 60611

Purpose of Disbursement:
DNC meeting meals

Category/
Type

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

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 09 / 21 / 2006

Transaction ID: H4.9055

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
7.47 + 28.08 = 35.55

C. Full Name (Last, First, Middle Initial)
Chicago Hilton

Mailing Address
720 South Michigan Avenue

City State Zip Code
Chicago IL 60605

Purpose of Disbursement:
DNC meeting lodging

Category/
Type

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

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 09 / 21 / 2006

Transaction ID: H4.9056

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
145.33 + 546.68 = 692.01

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
0.00 + 0.00 = 0.00

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

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial)
Smith & Wollensky

Mailing Address
318 North State Street

City State Zip Code
Chicago IL 60605

Purpose of Disbursement:
DNC meeting meals

Category/
Type

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

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 09 / 21 / 2006

Transaction ID: H4.9057

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
166.91		627.88		794.79

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

Mailing Address
1303 North Main Street

City State Zip Code
Providence RI 02904

Purpose of Disbursement:
Meeting 8/24/06

Category/
Type

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

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 09 / 21 / 2006

Transaction ID: H4.9058

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.61		32.39		41.00

C. Full Name (Last, First, Middle Initial)
Hope Street Pizza

Mailing Address
772 Hope Street

City State Zip Code
Providence RI 02906

Purpose of Disbursement:
Meeting 8/25/06

Category/
Type

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

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 09 / 21 / 2006

Transaction ID: H4.9059

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.03		37.72		47.75

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
0.00	0.00	0.00

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

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

A. Full Name (Last, First, Middle Initial)
Bennigan's

Mailing Address
150 South Michigan Avenue

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement:
DNC meeting meals

Category/
Type

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

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 09 / 21 / 2006

Transaction ID: H4.9060

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.21		23.35		29.56

B. Full Name (Last, First, Middle Initial)
Parkside Rotisserie

Mailing Address
76 South Main Street

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:
Meeting 8/31/06

Category/
Type

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

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 09 / 21 / 2006

Transaction ID: H4.9061

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.70		141.80		179.50

C. Full Name (Last, First, Middle Initial)
Ground Round Restaurant

Mailing Address
2 George Street

City	State	Zip Code
Pawtucket	RI	02860

Purpose of Disbursement:
Meeting

Category/
Type

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

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 09 / 02 / 2006

Transaction ID: H4.9062

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.96		22.40		28.36

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) American Express			Type of Allocated Activity: <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 300 South Riverside Plaza			Allocated Activity or Event Year-To-Date 133653.95		
City	State	Zip Code	Category/Type		
Chicago	IL	60606			
Purpose of Disbursement: Credit Card Payment					
Activity or Event Identifier: Administrative			Date <input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2006"/> Transaction ID: H4.9045		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
78.25		294.62		372.87

B. Full Name (Last, First, Middle Initial) Citron Grill			Type of Allocated Activity: <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 Memorial Blvd			Allocated Activity or Event Year-To-Date 0.00		
City	State	Zip Code	Category/Type		
Providence	RI	02903			
Purpose of Disbursement: Meeting 8/23/06					
Activity or Event Identifier: Administrative [MEMO ITEM]			Date <input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2006"/> Transaction ID: H4.9046		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.83		63.29		80.12

C. Full Name (Last, First, Middle Initial) Cafe Nuovo			Type of Allocated Activity: <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 1 Citizens Plaza			Allocated Activity or Event Year-To-Date 0.00		
City	State	Zip Code	Category/Type		
Providence	RI	02903			
Purpose of Disbursement: Meeting 8/31/06					
Activity or Event Identifier: Administrative [MEMO ITEM]			Date <input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2006"/> Transaction ID: H4.9047		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.69		25.12		31.81

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
78.25		294.62		372.87

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial)
McCormick & Schmick

Mailing Address
11 Dorrance Street

City State Zip Code
Providence RI 02903

Purpose of Disbursement:
Meeting

Category/
Type

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

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 09 / 12 / 2006

Transaction ID: H4.9048

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.83		153.56		194.39

B. Full Name (Last, First, Middle Initial)
Old Canteen, Inc.

Mailing Address
120 Atwells Avenue

City State Zip Code
Providence RI 02903

Purpose of Disbursement:
Meeting

Category/
Type

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

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 09 / 14 / 2006

Transaction ID: H4.9049

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.90		52.65		66.55

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

Category/
Type

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

136778.95

Activity or Event Identifier:
Administrative

Date 09 / 27 / 2006

Transaction ID: H4.8662

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
656.25		2468.75		3125.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
656.25		2468.75		3125.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial)
Rhode Island Convention Center

Mailing Address
One Sabin Street

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement:
Catering deposit

Activity or Event Identifier:
Hope Awards 2006(10/16/2006)

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
2600.00

Date / /
Transaction ID: H4.9031

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2340.00		260.00		2600.00

B. Full Name (Last, First, Middle Initial)
American Speedy Printing

Mailing Address
635 Arnold Street

City	State	Zip Code
Coventry	RI	02816

Purpose of Disbursement:
Invitation printing

Activity or Event Identifier:
Hope Awards 2006(10/16/2006)

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
4121.07

Date / /
Transaction ID: H4.9013

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1368.97		152.10		1521.07

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

Mailing Address
Turnkey Station

City	State	Zip Code
Providence	RI	02940

Purpose of Disbursement:
Postage

Activity or Event Identifier:
Hope Awards 2006(10/16/2006)

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
4300.77

Date / /
Transaction ID: H4.9015

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
161.73		17.97		179.70

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3870.70		430.07		4300.77

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
6320.32	9645.22	15965.54

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

Transaction ID: **SL.9139**

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

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... <small>(Use Schedule L-A)</small>	5000.00	15000.00
b. Unitemized.....	0.00	0.00
c. Total.....	5000.00	15000.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... <small>(Add Lines 1c and 2)</small>	5000.00	15000.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT <small>(Use Schedule L-B)</small>		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	0.00	0.00
6. TOTAL DISBURSEMENTS..... <small>(Add Lines 4e and 5)</small>	0.00	0.00
7. BEGINNING CASH ON HAND..... <small>(for Column B, use cash as of January 1st)</small>	10000.00	0.00
8. RECEIPTS..... <small>(from Line 3)</small>	5000.00	15000.00
9. SUBTOTAL..... <small>(Add Lines 7 and 8)</small>	15000.00	15000.00
10. DISBURSEMENTS..... <small>(From Line 6)</small>	0.00	0.00
11. ENDING CASH ON HAND..... <small>(Subtract Line 10 From Line 9)</small>		15000.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER:
 (check only one) 1a 2

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. Terry Marek

Mailing Address 8325 St. Martins Lane

City Philadelphia State PA Zip Code 19118

Name of Employer or Principal Place of Business
 Intermission Gift Shop

Occupation
 Proprietor

Transaction ID: SASL1A.9140

Date of Receipt

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

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Account: 8659

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

Image# 27930459130

Form/Schedule: **F3XA**

Transaction ID:

The loan on schedule C has no interest rate and no determined due date. Schedule Memo A are distributed on a different schedule than transfers. Proceeds for the RI Victory Fund were transferred in during December. Transfers from the Democratic National Committee and the Democratic Senatorial Campaign Committee were expended in accordance with Federal Election Commission requirements. All exempt activities met the definition requirements and were paid for with permissible funds. All transfers were made within the 70 day window. Accounting services as reported on H4 are performed by a non-employee.

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

Transaction ID: **SA11A1.9148**
