

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2008 JAN 27 A 9 36

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <i>RI Republican State Central Committee</i>	2. FEC IDENTIFICATION NUMBER <i>C-00078196</i>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>551 South Main Street</i>	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE <i>Providence, RI 02903</i>	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <i>Nov 28, 2000</i> through <i>Dec 31, 2000</i>		
6. (a) Cash on Hand January 1, 19 ²⁰⁰⁰		\$ <i>5161.⁵¹</i>
(b) Cash on Hand at Beginning of Reporting Period	\$ <i>24,783.²⁰</i>	
(c) Total Receipts (from Line 19)	\$ <i>46,510.⁵⁶</i>	\$ <i>413,860.³⁴</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <i>70,293.⁷⁶</i>	\$ <i>419,021.⁸⁵</i>
7. Total Disbursements (from Line 30)	\$ <i>45,734.³⁶</i>	\$ <i>394,462.⁴⁵</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <i>24,559.⁴⁰</i>	\$ <i>24,559.⁴⁰</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <i>31,490.⁵⁶</i>	

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 <i>MARGARET C. COUGHLIN</i>	Date <i>1/15/01</i>
Signature of Treasurer <i>Margaret C. Coughlin</i>	

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

FEC FORM 3X
(revised 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE

RIE Republican State Central Committee

REPORT COVERING PERIOD

FROM *11-28-00* TO *12-31-00*

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		67,950. ⁰⁰	11(a)
ii. Unitemized		35,850. ⁰⁰	11(a)
iii. Total (add i and ii) >	- 0 -	103,800. ⁰⁰	11(a)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)		10,000. ⁰⁰	11(c)
d. Total Contributions (add a iii, b and c) >	- 0 -	113,800. ⁰⁰	11(d)
12. Transfers From Affiliated/Other Party Committees	35,328. ⁵⁶	221,928. ⁵⁶	12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	182. ⁰⁰	182. ⁰⁰	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity	10,000. ⁰⁰	77,949. ⁷⁸	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	45,510. ⁵⁶	413,860. ³⁴	19
20. Total Federal Receipts (subtract line 1B from line 19) >	35,510. ⁵⁶	335,910. ⁵⁶	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	4433. ⁶⁵	57,751. ³²	21(a)
ii. Non-Federal Share	5877. ¹⁵	78,962. ³⁶	21(a)
b. Other Federal Operating Expenditures	35,423. ⁵⁶	257,748. ⁷⁷	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	45,734. ³⁶	384,462. ⁴⁵	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >	- 0 -	- 0 -	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	45,734. ³⁶	394,462. ⁴⁵	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	39,857. ²¹	315,500. ⁰⁹	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	- 0 -	113,800. ⁰⁰	32
33. Total Contribution Refunds (from line 28d)	- 0 -	- 0 -	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	- 0 -	113,800. ⁰⁰	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	39,857. ²¹	315,500. ⁰⁹	35
36. Offsets to Operating Expenditures (from line 15)	182. ⁰⁰	182. ⁰⁰	36
37. Net Operating Expenditures (subtract line 36 from 35) >	39,675. ²¹	315,318. ⁰⁹	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 12

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)

R.I. Republican State Central Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Senator Chafee Committee 153 Vaughn Avenue Warwick, RI 02886	N/A	12/27/00	35,328. ⁵⁶
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Transfer of excess funds	Occupation: N/A	Aggregate Year-to-Date > \$ 35,328. ⁵⁶	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

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

35,328.⁵⁶

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
RI Republican State Central Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Pitney BOWES PO Box 5151 Norwalk, CT 06856</i>	<i>n/a</i>	<i>12/27/00</i>	<i>182.⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Refund:</i>	Occupation <i>n/a</i>	Aggregate Year-to-Date $\$$ <i>182.⁰⁰</i>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date $\$$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date $\$$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date $\$$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date $\$$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date $\$$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date $\$$	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	<i>182.⁰⁰</i>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
 > RI Republican State Central Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CARRIAGE INN 1065 Tower Hill Road N. Kingstown, RI 02852	Room Rental + Food Exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PARTY - Post Election	12/27/00	35,328.56
Fleet Bank 100 Westminister St. Providence, RI 02903	Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/00 11/30/00	39.00 6.50
Fleet Bank 100 Westminister Street Providence, RI 02903	Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/22/00 12/29/00	25.00 6.50
Town of East Greenwich 111 Peirce Road East Greenwich, RI 02818	Voter Disk Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/00	18.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only) 35,423.56

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Contributor (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
RI Republican Party				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor RI Republican Party - STATE Account - 591 South Main Street Providence, RI 02903	8041. ⁷⁹	0	0	8041. ⁷⁹
Nature of Debt (Purpose): allocated expenses				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Capital View Associates 400 Smith Street Providence, RI 02908	3500. ⁰⁰	0	0	3500. ⁰⁰
Nature of Debt (Purpose): Rent				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Halsey Properties 18 Burnside Street Bristol, RI 02809	1587. ³⁹	0	0	1587. ³⁹
Nature of Debt (Purpose): Rent + Utilities				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Norma Willis 1191 North Road Jamestown, RI 02835	4000. ⁰⁰	0	0	4000. ⁰⁰
Nature of Debt (Purpose): back pay				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor James E. Murphy, Jr 117 Uphire Circle Guthrieburg, MO 20878	1778. ⁸⁶	0	0	1778. ⁸⁶
Nature of Debt (Purpose): Travel expenses				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Richard Kirzarian 377 Jastram Street Providence, RI 02908	600. ⁰⁰	0	0	600. ⁰⁰
Nature of Debt (Purpose): photography				
1) SUBTOTALS This Period This Page (optional)				19,508. ⁰⁴
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<i>RI Republican Party</i>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Ralph Stuart Band 3 Regency Plaza Providence, RI 02903</i>	<i>325.⁰⁰</i>	<i>0</i>	<i>0</i>	<i>325.⁰⁰</i>
Nature of Debt (Purpose): <i>band</i>				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Direct Mail Services 1450 Automobile Blvd. St. Petersburg, Florida</i>	<i>4007.⁵²</i>	<i>0</i>	<i>0</i>	<i>4007.⁵²</i>
Nature of Debt (Purpose): <i>direct mail</i>				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Joan Quick 165 Mullen Hill Road Little Compton, RI 02837</i>	<i>7650.⁰⁰</i>	<i>0</i>	<i>0</i>	<i>7650.⁰⁰</i>
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	<i>11,982.⁵²</i>
2) TOTALS This Period (last page in this line only)	<i>31,490.⁵⁶</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<i>-0-</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<i>31,490.⁵⁶</i>

TRANSFERS FROM
NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE <i>RI Republican State Central Committee</i>	TOTAL AMOUNT TRANSFERRED
---	--------------------------

NAME OF ACCOUNT <i>RI Republican Party - STATE Account -</i>	DATE OF RECEIPT <i>12/27/00</i>	\$ <i>10,000.⁰⁰</i>
---	------------------------------------	--------------------------------

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive	<i>10,000.⁰⁰</i>			
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT	DATE OF RECEIPT	\$
-----------------	-----------------	----

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DGS	
SUBTOTAL THIS PAGE	<i>10,000</i>			<i>10,000.⁰⁰</i>
TOTAL THIS PERIOD	<i>10,000</i>			<i>10,000.⁰⁰</i>

NAME OF COMMITTEE
RI Republican State Central Committee

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
<i>America On-Line 23000 AOL WAY Dulles, TX 20166</i>	<i>Internet fee</i>	<i>11/30/00</i>	<i>26.95</i>	<i>11.59</i>	<i>15.36</i>
		<i>12/5/00</i>	<i>26.95</i>	<i>11.59</i>	<i>15.36</i>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <i>121,312.91</i> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
<i>Bernard A. Jackuony 100 Pegasus Drive E. Greenwich, RI 02818</i>	<i>Telephone reimbursement</i>	<i>12/27/00</i>	<i>1312.00</i>	<i>564.16</i>	<i>747.84</i>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <i>122,624.91</i> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
<i>Paychex 501 Wampanoag Trail E. Providence, RI 02915</i>	<i>Payroll Taxes</i>	<i>11/30/00</i>	<i>178.60</i>	<i>33.80</i>	<i>44.80</i>
		<i>12/25/00</i>	<i>1669.52</i>	<i>717.92</i>	<i>951.60</i>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <i>124,313.00</i> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
<i>Same As "C" above</i>	<i>Payroll Prep. Charges</i>	<i>12/11/00</i>	<i>22.50</i>	<i>9.68</i>	<i>12.82</i>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <i>124,395.59</i> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
<i>Tim Bonin 42 Sandy Glen Drive Holden, MA 01520</i>	<i>mileage Reim. Pay</i>	<i>12/20/00</i>	<i>1620.00</i>	<i>696.60</i>	<i>923.40</i>
		<i>12/27/00</i>	<i>2420.00</i>	<i>1040.60</i>	<i>1379.40</i>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <i>128,435.59</i> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
<i>Tim Costa 84 Enfield Avenue N. Providence, RI 02908</i>	<i>mileage reim. Net Pay</i>	<i>12/27/00</i>	<i>960.00</i>	<i>412.80</i>	<i>547.20</i>
		<i>12/27/00</i>	<i>2174.22</i>	<i>939.91</i>	<i>1234.31</i>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <i>131,569.81</i> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			<i>10,310.50</i>	<i>4433.65</i>	<i>5877.15</i>
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a and non-Fed. share to 21 a f) ...			<i>10,310.50</i>	<i>4433.65</i>	<i>5877.15</i>
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					<i>5877.15</i>

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>1-23-01</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i> PREPARER	<i>1-27-01</i> DATE PREPARED