

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 Republican State Central Committee

ADDRESS (number and street) 3351 Post Road
 Check if different than previously reported. (ACC)
Warwick RI 02886

2. **FEC IDENTIFICATION NUMBER** C00078196
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 11 01 2007 through 11 30 2007

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 Marc Tondreau

Signature of Treasurer Electronically Filed by Marc Tondreau Date 01 20 2008

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Rhode Island Republican State Central Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| | 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>7</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 7 | | 120132.49 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 7 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 50339.77 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 1109.42 | 23862.62 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 51449.19 | 143995.11 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 1733.46 | 94279.38 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 49715.73 | 49715.73 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 20011.92 | | | | | | | | | |

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 Republican State Central Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| 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 | 0.00 | 0.00 |
| (i) Itemized (use Schedule A) | 0.00 | 0.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ▶ | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶ | 0.00 | 0.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 5393.16 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 12397.36 |
| 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) | 1109.42 | 6072.10 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 1109.42 | 6072.10 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 1109.42 | 23862.62 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 0.00 | 17790.52 |

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..... | 1040.08 | 7953.88 |
| (ii) Non-Federal Share..... | 693.38 | 14177.99 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 946.16 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 1733.46 | 23078.03 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 62000.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 9201.35 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 9201.35 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 1733.46 | 94279.38 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1040.08 | 80101.39 |

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) | 0.00 | 0.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0.00 | 0.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 1040.08 | 8900.04 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 12397.36 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1040.08 | -3497.32 |

SCHEDULE C (FEC Form 3X)

LOANS

| | |
|---|---------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 6 / 13 FOR LINE 13 OF FORM 3X |
|---|---------------------------------------|

NAME OF COMMITTEE (In Full)
Rhode Island Republican State Central Committee

Transaction ID: SC/10.4439

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Carcieri for Governor | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address P. O. Box 20415 | |
| City Cranston State RI ZIP Code 02920 | |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 3500.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 3500.00 |
|------------------------------------|------------------------------------|--|

TERMS

| | | | |
|----------------------------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 03 D D 24 Y Y Y Y 2003 | | % (apr) | <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="3500.00"/> |
| TOTALS This Period (last page in this line only) ▶ | <input style="width: 100%;" type="text" value=".00"/> |

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

SCHEDULE C (FEC Form 3X)

LOANS

| | |
|---|---------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 7 / 13 FOR LINE 13 OF FORM 3X |
|---|---------------------------------------|

NAME OF COMMITTEE (In Full)
Rhode Island Republican State Central Committee

Transaction ID: SC/10.4441

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Carcieri for Governor | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address P. O. Box 20415 | |
| City Cranston State RI ZIP Code 02920 | |

| | | |
|---|---|---|
| Original Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div> | Cumulative Payment To Date <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Balance Outstanding at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div> |
|---|---|---|

TERMS

| | | | |
|--|---|--|---|
| Date Incurred <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 6</div> <div style="border: 1px solid black; padding: 2px;">D D 1 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 3</div> </div> | Date Due <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | Interest Rate <div style="border: 1px solid black; width: 100%; height: 20px;"></div> % (apr) | Secured: <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: <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |

| | |
|---|--|
| SUBTOTALS This Period This Page (optional) | <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div> |
| TOTALS This Period (last page in this line only) | <div style="border: 1px solid black; padding: 2px; text-align: right;">8500.00</div> |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Rhode Island Republican State Central Committee

| | | | |
|---|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Solutions | | | Nature of Debt (Purpose): Direct Mail Back Debt |
| Mailing Address 228 South Washington Street | | | |
| City Alexandria | State VA | ZIP Code 22314 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1500.00"/> | | Transaction ID: SD10.4144 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1500.00"/> | |

| | | | |
|--|-------------|-------------------|---------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Timothy Costa | | | Nature of Debt (Purpose): Back Pay |
| Mailing Address 84 Enfield Avenue | | | |
| City Providence | State RI | ZIP Code 02908 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="2500.00"/> | | Transaction ID: SD10.4146 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="2500.00"/> | |

| | | | |
|--|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hasley Properties | | | Nature of Debt (Purpose): Rent Back Debt |
| Mailing Address 18 Burnside Street | | | |
| City Bristol | State RI | ZIP Code 02809 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1587.39"/> | | Transaction ID: SD10.4148 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1587.39"/> | |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="5587.39"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Rhode Island Republican State Central Committee

| | | | |
|---|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor JLM Consulting | | | Nature of Debt (Purpose): Travel Back Debt |
| Mailing Address Info Requested | | | |
| City Alexandria | State VA | ZIP Code 22314 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1000.00"/> | | Transaction ID: SD10.4150 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1000.00"/> | |

| | | | |
|---|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kentish Guards | | | Nature of Debt (Purpose): Event Exp Back Debt |
| Mailing Address Main Street | | | |
| City East Greenwich | State RI | ZIP Code 02818 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="226.00"/> | | Transaction ID: SD10.4152 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="226.00"/> | |

| | | | |
|---|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Richard Kizarian | | | Nature of Debt (Purpose): Event Exp Photography Back Debt |
| Mailing Address 337 Sastram Street | | | |
| City Providence | State RI | ZIP Code 02908 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="600.00"/> | | Transaction ID: SD10.4160 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="600.00"/> | |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="1826.00"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Rhode Island Republican State Central Committee

| | | | |
|---|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Providence Marriot | | | Nature of Debt (Purpose): Event Exp Election 2000 |
| Mailing Address Orms Street | | | |
| City Providence | State RI | ZIP Code 02903 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 1198.53 | | Transaction ID: SD10.4154 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1198.53 | |

| | | | |
|---|-------------|-------------------|---------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hon Joan Quick | | | Nature of Debt (Purpose): Back Pay |
| Mailing Address 16-G Mullen Hill Road | | | |
| City Little Compton | State RI | ZIP Code 02837 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 2575.00 | | Transaction ID: SD10.4156 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2575.00 | |

| | | | |
|--|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ralph Stuart Band | | | Nature of Debt (Purpose): Event Exp Back Debt |
| Mailing Address 3 Regency Plaza | | | |
| City Providence | State RI | ZIP Code 02903 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 325.00 | | Transaction ID: SD10.4158 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 325.00 | |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | 4098.53 |
| 2) TOTALS This Period (last page this line number only)..... | 11511.92 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 8500.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 20011.92 |

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

NAME OF COMMITTEE (In Full)
 Rhode Island Republican State Central Committee

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|----------------------------------|--|--------------------------|
| RI Republican State Central Comm | M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7 | 1109.42 |

BREAKDOWN OF TRANSFER RECEIVED

| | | |
|---|---------|-------------------------|
| i) Total Administrative | 1109.42 | Transaction ID: H3.6350 |
| ii) Generic Voter Drive | | Transaction ID: |
| iii) Exempt Activities | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | | |
| v) Direct Candidate Support (List of Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred For Direct Candidate Support | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | |
| | | Transaction ID: |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|---------|
| TOTAL This Period (Administrative) | 1109.42 |
| TOTAL This Period (Generic Voter Drive) | 0.00 |
| TOTAL This Period (Exempt Activities) | 0.00 |
| TOTAL This Period (Direct Fundraising) | 0.00 |
| TOTAL This Period (Direct Candidate Support) | 0.00 |
| TOTAL This Period (Public Communications Referring Only to Party) | 0.00 |
| TOTAL This Period (Total Amount Transferred) | 1109.42 |

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

NAME OF COMMITTEE (In Full)
Rhode Island Republican State Central 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 9 J. P. Murphy Hwy. | | | Allocated Activity or Event Year-To-Date _____ 2072.69 | |
| City State Zip Code Newark NJ 02893 | Category/ Type 001 | | Date M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7 | |
| Purpose of Disbursement: _____ | | | Transaction ID: H4.6346 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 193.37 | | 128.91 | | 322.28 |

| | | | | |
|--|--------------------------|--|---|--|
| B. 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 9 J. P. Murphy Hwy. | | | Allocated Activity or Event Year-To-Date _____ 20964.87 | |
| City State Zip Code Newark NJ 02893 | Category/ Type 001 | | Date M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7 | |
| Purpose of Disbursement: _____ | | | Transaction ID: H4.6347 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 146.51 | | 97.67 | | 244.18 |

| | | | | |
|--|--------------------------|--|---|--|
| C. Full Name (Last, First, Middle Initial) Robert S. Morris | | | 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 72 Sagamore Road | | | Allocated Activity or Event Year-To-Date _____ 21764.87 | |
| City State Zip Code Cranston RI 02920 | Category/ Type 001 | | Date M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7 | |
| Purpose of Disbursement: Rent | | | Transaction ID: H4.6348 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 480.00 | | 320.00 | | 800.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 819.88 | | 546.58 | | 1366.46 |

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 Republican State Central Committee

A. Full Name (Last, First, Middle Initial)
Beacon Mutual Insurance

Mailing Address
P. O. Box 33195

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Hartford | CT | 06150 |

001

Purpose of Disbursement:
Insurance

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

22131.87

Activity or Event Identifier:
Administrative

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 6 | / | 2 | 0 | 7 | |

Transaction ID: H4.6349

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 220.20 | | 146.80 | | 367.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 220.20 | | 146.80 | | 367.00 |

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

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| 1040.08 | 693.38 | 1733.46 |