

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) 413 Knight Street
 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 04 01 2006 through 04 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 Marc Tondreau

Signature of Treasurer Electronically Filed by Marc Tondreau Date 12 19 2006

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**

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 |
| 0 | 4 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| 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 | | 68539.92 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 41275.47 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 14300.00 | 54349.03 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 55575.47 | 122888.95 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 23947.31 | 91260.79 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 31628.16 | 31628.16 | | | | | | | | |
| 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 |
| 0 | 4 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| 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 | 0.00 | 2750.00 |
| (i) Itemized (use Schedule A) | 0.00 | 5761.60 |
| (ii) Unitemized | 0.00 | 8511.60 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 5000.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 13511.60 |
| (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 | 14300.00 | 32300.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 8537.43 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 8537.43 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 14300.00 | 54349.03 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 14300.00 | 45811.60 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 1693.07 | 6951.93 |
| (ii) Non-Federal Share..... | 4309.70 | 24792.59 |
| (b) Other Federal Operating Expenditures..... | 17944.54 | 37581.74 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 23947.31 | 69326.26 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 21934.53 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 21934.53 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 23947.31 | 91260.79 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 19637.61 | 66468.20 |

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 | 13511.60 |
| 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 | 13511.60 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 19637.61 | 44533.67 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 19637.61 | 44533.67 |

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

| | | | | |
|--|------------------------------|------------------------------|--|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 6 / 24 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Republican Natl Committee

Mailing Address 310 First Street, SE

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

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

| | |
|---|--------------------------------------|
| Name of Employer | Occupation |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 32300.00 |

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 1 | 0 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA12.4934

Amount of Each Receipt this Period

| |
|----------|
| 14300.00 |
|----------|

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 14300.00 |
| TOTAL This Period (last page this line number only) | ▶ | 14300.00 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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 Republican State Central Committee

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Best Buy | | Transaction ID: SB21B.4949 Date of Disbursement MM / DD / YYYY 04 / 24 / 2006 |
| Mailing Address Bald Hill Rd. | | Amount of Each Disbursement this Period 1265.90 |
| City Warwick State RI Zip Code 02886 | 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) ▼ | Category/Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Cingular Wireless | | Transaction ID: SB21B.4909 Date of Disbursement MM / DD / YYYY 04 / 10 / 2006 |
| Mailing Address PO Box 17587 | | Amount of Each Disbursement this Period 90.00 |
| City Baltimore State MD Zip Code 21297-1587 | Purpose of Disbursement Cell phone 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 001 |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Cingular Wireless | | Transaction ID: SB21B.4940 Date of Disbursement MM / DD / YYYY 04 / 10 / 2006 |
| Mailing Address PO Box 17587 | | Amount of Each Disbursement this Period 150.64 |
| City Baltimore State MD Zip Code 21297-1587 | Purpose of Disbursement Cell phone 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) ▶ | 1506.54 |
| 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 |

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 Republican State Central Committee

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Cingular Wireless | | Transaction ID: SB21B.4945 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 |
| Mailing Address PO Box 17587 | | Amount of Each Disbursement this Period 268.84 |
| City Baltimore State MD Zip Code 21297-1587 | Purpose of Disbursement Cell phone 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 001 |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Jacques Dextrateur, II | | Transaction ID: SB21B.4915 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6 |
| Mailing Address 107 Midget Ave. | | Amount of Each Disbursement this Period 442.73 |
| City Warwick State RI Zip Code 02886 | Purpose of Disbursement Payroll 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 001 |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Jacques Dextrateur, II | | Transaction ID: SB21B.4936 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6 |
| Mailing Address 107 Midget Ave. | | Amount of Each Disbursement this Period 15.00 |
| City Warwick State RI Zip Code 02886 | Purpose of Disbursement Payroll 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 001 |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 726.57 |
| 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 |

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 Republican State Central Committee

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Jacques Dextrateur, II | | Transaction ID: SB21B.4916 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6 |
| Mailing Address 107 Midget Ave. | | Amount of Each Disbursement this Period 442.73 |
| City Warwick State RI Zip Code 02886 | Purpose of Disbursement Payroll 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Jacques Dextrateur, II | | Transaction ID: SB21B.4917 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6 |
| Mailing Address 107 Midget Ave. | | Amount of Each Disbursement this Period 442.73 |
| City Warwick State RI Zip Code 02886 | Purpose of Disbursement Payroll 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Jacques Dextrateur, II | | Transaction ID: SB21B.4918 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6 |
| Mailing Address 107 Midget Ave. | | Amount of Each Disbursement this Period 442.73 |
| City Warwick State RI Zip Code 02886 | Purpose of Disbursement Payroll 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) ▶ | 1328.19 |
| 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)

PAGE 10 / 24

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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 Republican State Central Committee

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Mary Diamond | | Transaction ID: SB21B.4920 Date of Disbursement MM / DD / YYYY 04 / 06 / 2006 |
| Mailing Address 801 S. Pitt St. # 432 | | Amount of Each Disbursement this Period 772.16 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Payroll 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) ▼ |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mary Diamond | | Transaction ID: SB21B.4939 Date of Disbursement MM / DD / YYYY 04 / 10 / 2006 |
| Mailing Address 801 S. Pitt St. # 432 | | Amount of Each Disbursement this Period 865.00 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Payroll 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) ▼ |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mary Diamond | | Transaction ID: SB21B.4921 Date of Disbursement MM / DD / YYYY 04 / 13 / 2006 |
| Mailing Address 801 S. Pitt St. # 432 | | Amount of Each Disbursement this Period 772.16 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Payroll 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) ▶ | 2409.32 |
| 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 |

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 Republican State Central Committee

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Mary Diamond | | Transaction ID: SB21B.4922 Date of Disbursement MM / DD / YYYY 04 / 20 / 2006 |
| Mailing Address 801 S. Pitt St. # 432 | | Amount of Each Disbursement this Period 821.95 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Payroll 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) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mary Diamond | | Transaction ID: SB21B.4923 Date of Disbursement MM / DD / YYYY 04 / 27 / 2006 |
| Mailing Address 801 S. Pitt St. # 432 | | Amount of Each Disbursement this Period 821.95 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Payroll 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) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Robert DiLeonardo | | Transaction ID: SB21B.4930 Date of Disbursement MM / DD / YYYY 04 / 10 / 2006 |
| Mailing Address 2348 Post Road | | Amount of Each Disbursement this Period 4000.00 |
| City Warwick State RI Zip Code 02886 | Purpose of Disbursement Rent 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) ▶ | 5643.90 |
| 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 |

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 Republican State Central Committee

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Paychex | | Transaction ID: SB21B.4924 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6 |
| Mailing Address 501 Wampanoag Trail | | Amount of Each Disbursement this Period 1386.10 |
| City East Providence State RI Zip Code 02915 | | |
| Purpose of Disbursement Payroll Taxes | | 001 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. Paychex | | Transaction ID: SB21B.4925 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 |
| Mailing Address 501 Wampanoag Trail | | Amount of Each Disbursement this Period 1319.85 |
| City East Providence State RI Zip Code 02915 | | |
| Purpose of Disbursement Payroll Taxes | | 001 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. Paychex | | Transaction ID: SB21B.4926 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6 |
| Mailing Address 501 Wampanoag Trail | | Amount of Each Disbursement this Period 1312.22 |
| City East Providence State RI Zip Code 02915 | | |
| Purpose of Disbursement Payroll Taxes | | 001 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) ▶ | 4018.17 |
| 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 13 / 24

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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 Republican State Central Committee

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Paychex | | Transaction ID: SB21B.4927 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6 |
| Mailing Address 501 Wampanoag Trail | | Amount of Each Disbursement this Period 1411.43 |
| City East Providence State RI Zip Code 02915 | | |
| Purpose of Disbursement Payroll Taxes | Category/ Type 001 | |
| 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. Sheraton Hotel | | Transaction ID: SB21B.4953 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 |
| Mailing Address Bradley International Airport | | Amount of Each Disbursement this Period 425.60 |
| City Windsor Lock State CT Zip Code 06096 | | |
| Purpose of Disbursement Travel Expenses | Category/ Type 002 | |
| 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) ►

1837.03

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

17469.72

SCHEDULE C (FEC Form 3X)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 14 / 24 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 MM DD YY 03 24 2003 | Date Due | Interest Rate | 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: <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"/> |
| 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

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:

- Primary
- General
- Other (specify) ▼

Mailing Address P. O. Box 20415

City Cranston State RI ZIP Code 02920

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 5000.00 | 0.00 | 5000.00 |

TERMS

Date Incurred: M M 06 D D 10 Y Y Y Y 2003
Date Due: _____ Interest Rate: _____ % (apr)
Secured: Yes No

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

| | |
|---|--------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: _____ |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: _____ |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: _____ |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: _____ |

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional) | 5000.00 |
| TOTALS This Period (last page in this line only) | 8500.00 |

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

SCHEDULE 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 State ZIP Code Alexandria VA 22314 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 1500.00 | Transaction ID: SD10.4144 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 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 State ZIP Code Providence RI 02908 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 2500.00 | Transaction ID: SD10.4146 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2500.00 |

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

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 1587.39 | Transaction ID: SD10.4148 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1587.39 |

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 5587.39 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTALS 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) | |

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 State ZIP Code Alexandria VA 22314 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 1000.00 | Transaction ID: SD10.4150 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 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 State ZIP Code East Greenwich RI 02818 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 226.00 | Transaction ID: SD10.4152 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 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 State ZIP Code Providence RI 02908 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 600.00 | Transaction ID: SD10.4160 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 600.00 |

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 1826.00 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTALS 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) | |

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 State ZIP Code Providence RI 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 State ZIP Code Little Compton RI 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 State ZIP Code Providence RI 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) TOTALS 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) | |

**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) Andrew Berg | | | 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 27 Winsor Ave. | | | Allocated Activity or Event Year-To-Date 26294.43 | |
| City Johnston | State RI | Zip Code 02919 | Date <input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2006"/> | |
| Purpose of Disbursement: Payroll | | | Transaction ID: H4.4894 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 116.06 | | 436.62 | | 552.68 |

| | | | | |
|---|-------------|-------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Charles Newton | | | 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 125 Bow St. | | | Allocated Activity or Event Year-To-Date 27122.88 | |
| City East Greenwich | State RI | Zip Code 02818 | Date <input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2006"/> | |
| Purpose of Disbursement: Payroll | | | Transaction ID: H4.4905 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 173.97 | | 654.48 | | 828.45 |

| | | | | |
|---|-------------|-------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Domino's Pizza | | | 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 2757 Post Rd. | | | Allocated Activity or Event Year-To-Date 27173.48 | |
| City Warwick | State RI | Zip Code 02886 | Date <input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2006"/> | |
| Purpose of Disbursement: Meals | | | Transaction ID: H4.4895 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 10.63 | | 39.97 | | 50.60 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 300.66 | | 1131.07 | | 1431.73 |

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) Uncle Tony's Pizza | | | 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 1455 Oaklawn Ave. | | | Allocated Activity or Event Year-To-Date 27198.59 | |
| City Cranston | State RI | Zip Code 02920 | Date MM / DD / YYYY 04 / 10 / 2006 | |
| Purpose of Disbursement: Meals | | | Transaction ID: H4.4897 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 5.27 | | 19.84 | | 25.11 |

| | | | | |
|---|-------------|-------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Geek Squad | | | 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 24 Universal Blvd. | | | Allocated Activity or Event Year-To-Date 27227.59 | |
| City Warwick | State RI | Zip Code 02886 | Date MM / DD / YYYY 04 / 10 / 2006 | |
| Purpose of Disbursement: Computer repair | | | Transaction ID: H4.4899 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 6.09 | | 22.91 | | 29.00 |

| | | | | |
|---|-------------|-------------------|---|--|
| C. Full Name (Last, First, Middle Initial) D'Angelo'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 80 Lambert Lind Hwy. | | | Allocated Activity or Event Year-To-Date 27239.43 | |
| City Warwick | State RI | Zip Code 02886 | Date MM / DD / YYYY 04 / 10 / 2006 | |
| Purpose of Disbursement: Meals | | | Transaction ID: H4.4901 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2.49 | | 9.35 | | 11.84 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 13.85 | | 52.10 | | 65.95 |

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) Intown Parking | | | 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 | | | Allocated Activity or Event Year-To-Date 27248.43 | |
| City Providence | State RI | Zip Code 02904 | 002 | |
| Purpose of Disbursement: Travel Expenses | | | Category/ Type | |
| Activity or Event Identifier: Administrative | | | Date M M / D D / Y Y Y Y 04 / 10 / 2006 | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 5.40 | | 3.60 | | 9.00 |

| | | | | |
|--|-------------|-------------------|---|--|
| 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 PO Box 28007 | | | Allocated Activity or Event Year-To-Date 27370.49 | |
| City Lehigh Valley | State PA | Zip Code 18002 | 001 | |
| Purpose of Disbursement: Telephone | | | Category/ Type | |
| Activity or Event Identifier: Administrative | | | Date M M / D D / Y Y Y Y 04 / 10 / 2006 | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 25.63 | | 96.43 | | 122.06 |

| | | | | |
|---|-------------|-------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Charles Newton | | | 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 125 Bow St. | | | Allocated Activity or Event Year-To-Date 28198.94 | |
| City East Greenwich | State RI | Zip Code 02818 | 001 | |
| Purpose of Disbursement: Payroll | | | Category/ Type | |
| Activity or Event Identifier: Administrative | | | Date M M / D D / Y Y Y Y 04 / 13 / 2006 | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 173.97 | | 654.48 | | 828.45 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 205.00 | | 754.51 | | 959.51 |

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) Communications Unlimited | | | 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 3194 Post Rd. | | | Allocated Activity or Event Year-To-Date 28784.63 | |
| City Warwick | State RI | Zip Code 02886 | Date MM / DD / YYYY 04 / 14 / 2006 | |
| Purpose of Disbursement: Consulting Fee | | | Transaction ID: H4.4910 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 122.99 | | 462.70 | | 585.69 |

| | | | | |
|---|-------------|-------------------|---|--|
| 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 28987.62 | |
| City Newark | State NJ | Zip Code 02893 | Date MM / DD / YYYY 04 / 14 / 2006 | |
| Purpose of Disbursement: Telephone | | | Transaction ID: H4.4914 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 42.63 | | 160.36 | | 202.99 |

| | | | | |
|---|-------------|-------------------|---|--|
| 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 30087.62 | |
| City Cranston | State RI | Zip Code 02920 | Date MM / DD / YYYY 04 / 14 / 2006 | |
| Purpose of Disbursement: Rent | | | Transaction ID: H4.4931 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 660.00 | | 440.00 | | 1100.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 825.62 | | 1063.06 | | 1888.68 |

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) Charles Newton | | | 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 125 Bow St. | | | Allocated Activity or Event Year-To-Date 30916.07 | |
| City East Greenwich | State RI | Zip Code 02818 | Date MM / DD / YYYY 04 / 20 / 2006 | |
| Purpose of Disbursement: Payroll | | | Transaction ID: H4.4907 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 173.97 | | 654.48 | | 828.45 |

| | | | | |
|---|-------------|-------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Charles Newton | | | 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 125 Bow St. | | | Allocated Activity or Event Year-To-Date 31744.52 | |
| City East Greenwich | State RI | Zip Code 02818 | Date MM / DD / YYYY 04 / 27 / 2006 | |
| Purpose of Disbursement: Payroll | | | Transaction ID: H4.4908 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 173.97 | | 654.48 | | 828.45 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 347.94 | | 1308.96 | | 1656.90 |

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 |
| 1693.07 | | 4309.70 | | 6002.77 |

Image# 26980191100

Form/Schedule: **F3XA**
Transaction ID:

Amended May Monthly Report (04/01/2006 - 04/30/2006): 1) Disbursements have been modified to show descriptions and addresses on appropriate schedules.
