

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 01 01 2007 through 01 31 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 12 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 |
| 0 | 1 |

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

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

 To:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| 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 | 120132.49 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 8771.58 | 8771.58 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 128904.07 | 128904.07 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 6623.28 | 6623.28 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 122280.79 | 122280.79 | | | | | | | | |
| 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 | 1 |

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

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

 To:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| 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 | 2696.58 | 2696.58 |
| 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) | 6075.00 | 6075.00 |
| 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 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 8771.58 | 8771.58 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 8771.58 | 8771.58 |

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..... | 85.27 | 85.27 |
| (ii) Non-Federal Share..... | 151.58 | 151.58 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 236.85 | 236.85 |
| 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 | 6386.43 | 6386.43 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 6386.43 | 6386.43 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 6623.28 | 6623.28 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 6471.70 | 6471.70 |

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))..... | 85.27 | 85.27 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 6075.00 | 6075.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | -5989.73 | -5989.73 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 18
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Chafee-Rhode Island Victory Committee

Mailing Address 228 S. Washington Street
Suite 115

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00423293

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2696.58

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 7

Transaction ID: SA12.6174

Amount of Each Receipt this Period
2696.58

Final disbursement

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2696.58 |
| TOTAL This Period (last page this line number only) | ▶ | 2696.58 |

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

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

FOR LINE NUMBER: PAGE 7 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert DiLeonardo
 Mailing Address 2348 Post Road
 City State Zip Code
 Warwick RI 02886
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 3 1 / 2 0 0 7
Transaction ID: SA15.6172
 Amount of Each Receipt this Period
 1875.00
 Security deposit refund
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Real Estate Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.00

B. Full Name (Last, First, Middle Initial)
Majority Communications
 Mailing Address 274 Marconi Blvd. Suite 260
 City State Zip Code
 Columbus OH 43215
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 3 1 / 2 0 0 7
Transaction ID: SA15.6173
 Amount of Each Receipt this Period
 3000.00
 Reimbursement of advertising charges
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

C. Full Name (Last, First, Middle Initial)
T-Mobile
 Mailing Address P. O. Box 742596
 City State Zip Code
 Cincinnati OH 45274
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 3 1 / 2 0 0 7
Transaction ID: SA15.6171
 Amount of Each Receipt this Period
 1200.00
 Rebate - phones
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

SUBTOTAL of Receipts This Page (optional) ► 6075.00
TOTAL This Period (last page this line number only) ► 6075.00

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

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Mary Diamond</p> <p>Mailing Address 801 S. Pitt St. # 432</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Salaries Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB30B.6177 Date of Disbursement 01 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 826.20</p> <p>001 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Mary Diamond</p> <p>Mailing Address 801 S. Pitt St. # 432</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Salaries Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB30B.6178 Date of Disbursement 01 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 827.14</p> <p>001 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Mary Diamond</p> <p>Mailing Address 801 S. Pitt St. # 432</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Salaries Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB30B.6179 Date of Disbursement 01 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 827.14</p> <p>001 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

2480.48

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Mary Diamond | Transaction ID: SB30B.6180 Date of Disbursement 01 / 25 / 2007 |
| | Mailing Address 801 S. Pitt St. # 432 | Amount of Each Disbursement this Period 827.14 |
| | City Alexandria State VA Zip Code 22314 | |
| | Purpose of Disbursement Salaries Candidate Name | 001 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Paychex | Transaction ID: SB30B.6188 Date of Disbursement 01 / 05 / 2007 |
| | Mailing Address 501 Wampanoag Trail | Amount of Each Disbursement this Period 760.13 |
| | City East Providence State RI Zip Code 02915 | |
| | Purpose of Disbursement Payroll taxes Candidate Name | 001 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Paychex | Transaction ID: SB30B.6182 Date of Disbursement 01 / 12 / 2007 |
| | Mailing Address 501 Wampanoag Trail | Amount of Each Disbursement this Period 758.39 |
| | City East Providence State RI Zip Code 02915 | |
| | Purpose of Disbursement Payroll taxes Candidate Name | 001 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 2345.66 |
| 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 / 18

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Paychex | Transaction ID: SB30B.6183 Date of Disbursement |
| | Mailing Address 501 Wampanoag Trail | <input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2007"/> |
| | City East Providence State RI Zip Code 02915 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Payroll taxes Candidate Name | <input type="text" value="758.39"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | <input type="text" value="001"/> Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Paychex | Transaction ID: SB30B.6184 Date of Disbursement |
| | Mailing Address 501 Wampanoag Trail | <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2007"/> |
| | City East Providence State RI Zip Code 02915 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Payroll taxes Candidate Name | <input type="text" value="758.39"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | <input type="text" value="001"/> Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Paychex | Transaction ID: SB30B.6185 Date of Disbursement |
| | Mailing Address 501 Wampanoag Trail | <input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2007"/> |
| | City East Providence State RI Zip Code 02915 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Payroll taxes Candidate Name | <input type="text" value="43.51"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | <input type="text" value="001"/> Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE C (FEC Form 3X)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 11 / 18 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 <div style="border: 1px solid black; padding: 2px; text-align: right;">3500.00</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;">3500.00</div> |
|---|---|---|

TERMS

| | | | |
|---|---|--|---|
| Date Incurred <div style="display: flex; justify-content: space-between;">M M 0 3D D 2 4Y Y Y Y 2 0 0 3</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;">3500.00</div> |
| TOTALS This Period (last page in this line only) | <div style="border: 1px solid black; padding: 2px; text-align: right;">.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 C (FEC Form 3X)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 12 / 18 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; text-align: right; padding: 2px;">5000.00</div> | Cumulative Payment To Date <div style="border: 1px solid black; text-align: right; padding: 2px;">0.00</div> | Balance Outstanding at Close of This Period <div style="border: 1px solid black; text-align: right; padding: 2px;">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;">5000.00</div> |
| TOTALS This Period (last page in this line only) | <div style="border: 1px solid black; padding: 2px;">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 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 Hasley 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) 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) | |

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 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 East Greenwich | State RI | ZIP Code 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 Providence | State RI | ZIP Code 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) 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) | ▶ | |

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 |

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

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

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- X Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

- Administrative Generic Voter Drive Public Communications Referencing Party Only

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

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

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- X Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

- Administrative Generic Voter Drive Public Communications Referencing Party 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)
Paychex

Mailing Address
501 Wampanoag Trail

| | | |
|-----------------|-------|----------|
| City | State | Zip Code |
| East Providence | RI | 02915 |

Purpose of Disbursement:

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

236.85

Date 01 / 10 / 2007

Transaction ID: H4.6186

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 85.27 | | 151.58 | | 236.85 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 85.27 | | 151.58 | | 236.85 |

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 |
| 85.27 | | 151.58 | | 236.85 |