FEC FORM 3X	ANI	PORT OF RE D DISBURS ther Than An Author	EMENTS	ee	Office Use Only	/
1. NAME OF COMMITTEE (in fi		EC MAILING LABEL PE OR PRINT ₩	Example:If typing over the lines	, type		
Rhode Island Reput	blican State Centr	ral Committee				
ADDRESS (number and	street)	1 Post Road				
Check if differ than previousl reported. (AC	y War	↓ ↓ ↓ ↓ ↓ ↓ ↓ wick ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓]-[]
2. FEC IDENTIFICAT	ION NUMBER	♥ CITY	A	STATE	ZIPC	ODE 萬
C00078196		3. IS RE		NEW N) OR	AMENDED (A)	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) lid-Year on-election	Due On: Mar 2	0 (M3)	12C) s	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12G) in the State Runoff (30R) in the State	Special (30S)
Type or Print Name of T Signature of Treasurer	reasurer <u>Ma</u> Electronically F	0 1 2 0 0 7 nd to the best of my know rc Tondreau iled by Marc Tondreau r incomplete information	-	true, correct and co	01 12	2 0 0 8 J.S.C 437g.
Office Use Only					FEC FO (Rev. 12/2	

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8.

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 ММ D D YW м м D D 0 1 01 2007 0_1 31 2007 Report Covering the Period: From: To: **COLUMN A** COLUMN B **This Period** Calendar Year-to-Date (a) Cash on Hand 2007 120132.49 January 1 (b) Cash on Hand at 120132.49 Begining of Reporting Period 8771.58 8771.58 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 128904.07 128904.07 6(a) and 6(c) for Column B) 6623.28 6623.28 7. Total Disbursements (from Line 31) Cash on Hand at Close of **Reporting Period** 122280.79 122280.79 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed то the committee (Itemize all on

0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed BΥ the committee (Itemize all on 20011.92 Schedule C and/or Schedule D)

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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name Rhode Island Republican State Central Committee 0^D1 3^D1 01 D 0 1 Μ 2007 D 2007 Report Covering the Period: From: To: **COLUMN A** COLUMN B I. Receipts **Total This Period** 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 (iii) TOTAL (add 0.00 0.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 0.00 0.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 2696.58 2696.58 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 6075.00 6075.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 8771.58 8771.58 12, 13, 14, 15, 16, 17, and 18(c))

8771.58

8771.58

20. Total Federal Receipts (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. 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
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
3. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
4. Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
8. 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
9. Other Disbursements	0.00	0.00
 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
1. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6623.28	6623.28
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6471.70	6471.70

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 5
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

FE6AN026

	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 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persor dress of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Rhode Island Republican State Centra	I Committee	9	
Α.	Full Name (Last, First, Middle Initial) Chafee-Rhode Island Victory Committee			Date of Receipt
	Mailing Address 228 S. Washington Str Suite 115	eet		0 1 / D D / Y Y Y Y 0 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA12.6174
	Alexandria	VA	22314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		0423293	2696.58
	Name of Employer	Occupatio	n	 Final disbursement
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2696.58	

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 11a 11b 11c 12 13 14 X 15 16 17
	Any information copied from such Reports and S 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 Centra	I Committee	
A.	Full Name (Last, First, Middle Initial) Robert DiLeonardo		Date of Receipt
	Mailing Address 2348 Post Road		M M / D D / Y Y Y Y 01 31 2007
	City	State Zip Code	Transaction ID: SA15.6172
	Warwick	RI 02886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1875.00
	Name of Employer Self	Occupation Real Estate Management	 Security deposit refund
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1875.00]
В.	Full Name (Last, First, Middle Initial) Majority Communications		Date of Receipt
	Mailing Address 274 Marconi Blvd. Suite 260		M M / D D / Y Y Y Y 01 31 2007
	City	State Zip Code	Transaction ID: SA15.6173
	Columbus	OH 43215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		3000.00 Reimbursement of advertis-
	Name of Employer	Occupation	ing charges
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3000.00]
С.	Full Name (Last, First, Middle Initial) T-Mobile		Date of Receipt
	Mailing Address P. O. Box 742596		M M / D D / Y Y Y Y 01 31 2007
	City	State Zip Code	Transaction ID: SA15.6171
	Cincinnati	OH 45274	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1200.00
	Name of Employer	Occupation	Rebate - phones
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) 🔻	1200.00	
	SUBTOTAL of Receipts This Page (optional)		6075.00
	TOTAL This Period (last page this line number		6075.00

	E B (FEC Form 3X)		separate schedule(s)			NE NUMBER: PAGE 8 / 18 only one)			8			
	DISBURSEMENTS	for each category Detailed Summary	of the / Page		21b 27	22 28a		23 28b	24 28		25 29	20 X 30
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	COMMITTEE (In Full)											
Rhode Isla	and Republican State Centr	al Committee										
Full Name (Mary Diar	Last, First, Middle Initial) nond							on ID:	SB30 ement	B.61	77	
Mailing Add	lress 801 S. Pitt St. # 432					0 [™] 1	М	[′] ^D 0	^D 4	Y	žoò	7 ^Y
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TOTAL This F	Period (last page this line numbe	r only)			►							
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FEC Schedule B (Form 3X) (Revised 02/2003)

ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 23 24 25 2			B (FEC Form 3	-	Use separate schedule(s) (check			NE NUMBER: PAGE 9 / 18 only one)			8						
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East Providence RI 02915 Purpose of Disbursement 001 Payroll taxes 001 Candidate Name 001 Candidate Name Disbursement For: Office Sought: House President Other (specify) State: District:	Mailing	Address	501 Wampanoa	ag Trail							М	/ D.	12		Ź	2 0 Ò 7	7 ^Y
Payroll taxes 001 Candidate Name 001 Cartegory/ Type Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼		Providenc	ce							Amou	unt c	f Each	h C	isburse	emer	nt this I	Period
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼			rsement					001		L.						758.3	39
Senate Primary General President Other (specify) ▼	Candid	late Name						-	-								
		Sought:	Senate President		Primary												
SUBTOTAL of Disbursements This Page (optional)	State:		District:												-		
	SUBTOT	AL of Dist	oursements This Page	(optional)					•	<u> </u>					2	345.6	6
TOTAL This Period (last page this line number only)				• •													

FEC Schedule B (Form 3X) (Revised 02/2003)

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		R LINE		R:			PAGE 10/18				
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a		23 28b		24 28c	\square	25 29	20 X 30
	y Information copied from such Reports and Statem for commercial purposes, other than using the name												3
	NAME OF COMMITTEE (In Full)	ic and address of any pointer			00 10 30		ibut		011 30		Unin	intee	
\rangle	Rhode Island Republican State Central Co	ommittee											
<u> </u>	Full Name (Last, First, Middle Initial) Paychex					Trans Date		on ID isburs			618	3	
	Mailing Address 501 Wampanoag Trail					0 ^M 1	М	/ 0	19	/ Y	ž	o ò 7	7 ^Y
	City East Providence	State Zip Code RI 02915				Amou	int o	f Each	ı Disb	oursei	-	-	Period
	Purpose of Disbursement Payroll taxes			00		L.						758.3	39
	Candidate Name		C	ateg Typ	-								
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	I										
	Full Name (Last, First, Middle Initial)					–			0.00		<u></u>		
	Paychex						of D	isburs	emen				
	Mailing Address 501 Wampanoag Trail					0 1	М	/ D	2 ^D	/ Y	ž	0 ð 7	7 ^Y
	City East Providence	State Zip Code RI 02915				Amou	int o	f Each	n Disb	ursei		-	Period
	Purpose of Disbursement Payroll taxes			00	1	L.						758.3	39
	Candidate Name		C	ateg Typ									
	Senate President	ement For: Primary General Other (specify)	1										
	State: District: Full Name (Last, First, Middle Initial)					T			0.00		010		
	Paychex						of D	isburs	emen			-	X
	Mailing Address 501 Wampanoag Trail					0 ^M 1	М	/ D;	31	/	ź	0 ò 7	7
	City East Providence	State Zip Code RI 02915				Amou	int o	f Each	n Disb	ursei	ment	-	Period
	Purpose of Disbursement Payroll taxes			00	1	L.						43.5	o1
	Candidate Name		Category/ Type										
	Senate President	ement For: Primary General Other (specify) V	•										
	State: District:											-	
s	UBTOTAL of Disbursements This Page (optional)				•	Ļ					15	560.2	29
т	OTAL This Period (last page this line number only))			►			-			63	86.4	3
	41/000						~ •			-			

FEC Schedule B (Form 3X) (Revised 02/2003)

Image#	28930033101

SCHEDULE C (FEC Form 3X)				PAGE 11/18					
LOANS		Use separate sche for each category o Detailed Summary	f the	FOR LINE 13 OF FORM 3X					
NAME OF COMMITTEE (In Full)									
Rhode Island Republican State Central	Committee								
		-		ID: SC/10.4439					
LOAN SOURCE Full Name (Last, First,	Middle Initial)		Electio						
Carcieri for Governor				imary					
Mailing Address P. O. Box 20415				eneral ther (specify) ♥					
City Cranston	State RI ZIP Co	ode 02920							
Original Amount of Loan	Cumulative Payment T	o Date E	alance Outs	tanding at Close of This Period					
3500.00		0.00		3500.00					
TERMS									
Date Incurred	Date Due	Inter	rest Rate	Secured:					
M M D D Y				% (apr) Yes X No					
List All Endorsers or Guarantors (if any) to	Loan Source								
Full Name (Last, First, Middle Initial)		Name of Employer							
Mailing Address		Occupation							
City Sta	te ZIP Code	Amount Guaranteed Outstanding:							
Full Name (Last, First, Middle Initial)		Name of Employer							
Mailing Address		Occupation							
		Amount							
City Sta	te ZIP Code	Guaranteed Outstanding:							
Full Name (Last, First, Middle Initial)		Name of Employer							
Mailing Address		Occupation							
		Amount	- i i						
City Sta	te ZIP Code	Guaranteed Outstanding:							
Full Name (Last, First, Middle Initial)		Name of Employer							
Mailing Address		Occupation							
		Amount							
City Sta	te ZIP Code	Guaranteed Outstanding:							
				3500.00					
SUBTOTALS This Period This Page (optiona	al)	₽		5500.00					
TOTALS This Period (last page in this line or	ıly)	►		.00					
Carry outstanding balance only to LINE 3, Sch	edule D, for this line. If no Sch	nedule D, carry forward to	appropriate	line of Summary.					

FEC Schedule C (Form 3X) (Revised 02/2003)

SCHEDULE C (FEC Form 3X)				PAGE 12/18	
LOANS		for each cate	Use separate schedule(s) for each category of the Detailed Summary Page		
NAME OF COMMITTEE (In Full)	rol Committoo				
Rhode Island Republican State Cent	rai Commuee		Transac	tion ID: SC/10.4441	
LOAN SOURCE Full Name (Last, Fir	st, Middle Initial)			ection:	
Carcieri for Governor				Primary	
				General Other (specify) ▼	
Mailing Address P. O. Box 20415				J Other (specify) ▼	
City Cranston	State RI ZIP	Code 02920			
Original Amount of Loan	Cumulative Paymen	t To Date	Balance C	Dutstanding at Close of This Period	
5000.0	0	0.00		5000.00	
TERMS Date Incurred	Date Due		Interest Rate	Secured:	
M M D D Y Y Y			merest nate		
06 10 2003				% (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initia	1)	Name of Employ	ver		
Mailing Address		Occupation			
		Amount			
City	State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initia	1)	Name of Employ	ver		
Mailing Address		Occupation			
		Amount			
City	State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initia	1)	Name of Employ	ver		
Mailing Address		Occupation			
		Amount			
City	State ZIP Code	Guaranteed			
Full Norse (Lest First Middle Isitis	Ű	Outstanding:			
Full Name (Last, First, Middle Initia	1)	Name of Employ	er		
Mailing Address		Occupation			
		Amount	0 0 0		
City	State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (opt	ional)	•		5000.00	
TOTALS This Period (last page in this line	e only)			8500.00	
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If no	Schedule D, carry forw	ard to appropr	iate line of Summary.	

FEC Schedule C (Form 3X) (Revised 02/2003)

	0 5 01/1				PAGE 13 / 18
		e separate			
		nedule(s) or each	FOR LINE NUMBER: (check only one) 9		
Excluding Loans				bered line)	X 10
NAME OF COMMITTE					
Rhode Island Repub	olican State Central Comm	nittee			
A. Full Name (Last Campaign Solution	, First, Middle Initial) of Debtor ons	or Creditor			ebt (Purpose): il Back Debt
Mailing Address 2	28 South Washington Stre	eet			
0.4	Chata	ZIP Code		-	
City Alexandria	State VA	22314			
Outstanding Bala	nce Beginning This Period			Tra	nsaction ID: SD10.4144
	1500.00				
Amount In	curred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			1500.00
	0.00	0.00			1500.00
B. Full Name (Last, Timothy Costa	, First, Middle Initial) of Debtor	or Creditor		Nature of D Back Pay	ebt (Purpose):
				Dack Tay	
Mailing Address 84	4 Enfield Avenue				
City	State	ZIP Code			
Providence	RI	02908			
Outstanding Bala	nce Beginning This Period			Tra	nsaction ID: SD10.4146
	2500.00				
Amount In	curred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			2500.00
C. Full Name (Last	, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
Hasley Properties				Rent Bac	
Mailing Address 1	8 Burnside Street				
City	State	ZIP Code			
Bristol	RI	02809			
Outstanding Bala	nce Beginning This Period			Tra	nsaction ID: SD10.4148
	1587.39				
Amount In	curred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			1587.39
1) SUBTOTALS This	Period This Page (optional)		. 1		5587.39
2) TOTALS This Perio	od (last page this line number o	only)			
3) TOTAL OUTSTAN		le C (last page only)			
4) AUU 2) and 3) and	a carry forward to appropriate li	ne of Summary Page (last page only	<i>(</i>)		

FEC Schedule D (Form 3X) (Revised 02/2003)

				PAGE 14 / 18
		e separate nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS	JEBIS AND UBLIGATIONS		pr each	(check only one) 9
Excluding Loans		num	bered line)	X 10
NAME OF COMMITTEE (In Full)				
Rhode Island Republican State Central Comm	ittee			
A. Full Name (Last, First, Middle Initial) of Debtor c	or Creditor		Nature of D	ebt (Purpose):
JLM Consulting			Travel Ba	ck Debt
Mailing Address Info Requested				
City State	ZIP Code			
Alexandria VA	22314			
Outstanding Balance Beginning This Period			Tra	nsaction ID: SD10.4150
1000.00				
Amount Incurred This Period	Payment This Period		Outetandi	ng Balance at Close of This Period
			Outstand	
	0.00			1000.00
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			ebt (Purpose):
Kentish Guards			Event Exp	b Back Debt
Mailing Address Main Street				
City State East Greenwich RI	ZIP Code 02818			
Outstanding Balance Beginning This Period	02010		Tro	nsaction ID: SD10.4152
			11a	IISACIIONID. 0010.4102
226.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			226.00
C. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of D	ebt (Purpose):
Richard Kizarian			Event Exp	o Photography Back
Mailing Address 337 Sastram Street			DODI	
Maining Address 557 Sastram Street				
City State	ZIP Code			
Providence RI	02908			
Outstanding Balance Beginning This Period			Tra	nsaction ID: SD10.4160
600.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			600.00
	0.00			000.00
				1826.00
1) SUBTOTALS This Period This Page (optional)		•		
2) TOTALS This Period (last page this line number or	nly;)]		
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)]		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only	/)		

FEC Schedule D (Form 3X) (Revised 02/2003)

					PAGE 15 / 18
		separate			
		edule(s) or each	FOR LINE NUMBER: (check only one) 9		
				bered line)	
NAME OF COMMITTEE	E (In Full)				
Rhode Island Republ	ican State Central Comm	nittee			
A. Full Name (Last.	First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
Providence Marrio					D Election 2000
Mailing Address Or	rms Street				
City	State	ZIP Code			
Providence	RI	02903			
Outstanding Balan	ce Beginning This Period			Tra	nsaction ID: SD10.4154
	1198.53				
Amount Inc	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
				Outstand	
	0.00	0.00)		1198.53
B. Full Name (Last,	First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
Hon Joan Quick	. ,			Back Pay	
Mailing Address 16	-G Mullen Hill Road				
City	State	ZIP Code			
Little Compton	RI	02837			
Outstanding Balan	ce Beginning This Period			Tra	nsaction ID: SD10.4156
	2575.00				
		Dama di Thia Davia d		Quarteral	
Amount Inc	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00)		2575.00
		0			
Ralph Stuart Band	First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): o Back Debt
	4				
Mailing Address 3	Regency Plaza				
City	State	ZIP Code			
Providence	RI	02903			
Outstanding Balan	ce Beginning This Period			Tra	nsaction ID: SD10.4158
				IIa	
	325.00				
Amount Inc	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00	5		325.00
	Poriod This Page (optional)				4098.53
I) SUBTUTALS THIS	renou mis rage (optional)		·		
2) TOTALS This Period	d (last page this line number o	only))		11511.92
3) TOTAL OUTSTAND	ING LOANS from Schedu	le C (last page only)			8500.00
					20011.92
4) ADD 2) and 3) and	carry forward to appropriate I	ine of Summary Page (last page only	y) 🕨		20011.92

FEC Schedule D (Form 3X) (Revised 02/2003)

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):

Public Communications Referencing Party Only

Generic Voter Drive

Administrative

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

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					FOR LINE 21a OF FORM 3X
NAME OF COMMITTEE (In Full)					
Rhode Island Republican St	tate Central Co	ommittee			
A. Full Name (Last, First, Mic Paychex	ddle Initial)			Type of Allocated Activity	y: Fundraising 🔲 Exempt
Mailing Address 501 Wampanoag Trail				Voter Drive	Direct Candidate Support
City	State	Zip Code		Public Comm (ref to	o party only) by PAC
East Providence	RI	02915		Allocated Activity or E	vent Year-To-Date
Purpose of Disbursement:			Category/ Type		236.85
Activity or Event Identifier: Administrative			1 1900	Date 0 1 / 1 Transaction ID: H4.61	D / Y Y Y Y 2007
FEDERAL SH	ARE	+ 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
FOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share	e to 21(a)(i))
FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
85.27	151.58	236.85

FEC Schedule H4 (Form 3X) (Revised 12/2004)