

**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 | 5 |

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

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

 To:

| | |
|---|---|
| M | M |
| 0 | 5 |

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

| | | | |
|---|---|---|---|
| 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 | 31628.16 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 30682.25 | 85031.28 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 62310.41 | 153571.20 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 26905.87 | 118166.66 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 35404.54 | 35404.54 | | | | | | | | |
| 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 | 5 |

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

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

 To:

| | |
|---|---|
| M | M |
| 0 | 5 |

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

| | | | |
|---|---|---|---|
| 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) | 2750.00 | 8511.60 |
| (ii) Unitemized | 2750.00 | 11261.60 |
| (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 | 16261.60 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 12300.00 | 44600.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 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) | 15632.25 | 24169.68 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 15632.25 | 24169.68 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 30682.25 | 85031.28 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 15050.00 | 60861.60 |

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..... | 2290.58 | 9242.51 |
| (ii) Non-Federal Share..... | 8917.89 | 33710.48 |
| (b) Other Federal Operating Expenditures..... | 15697.40 | 53279.14 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 26905.87 | 96232.13 |
| 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)).. | 26905.87 | 118166.66 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 17987.98 | 84456.18 |

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) | 2750.00 | 16261.60 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2750.00 | 16261.60 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 17987.98 | 62521.65 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 17987.98 | 62521.65 |

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

| | | | | |
|--|------------------------------|------------------------------|--|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 6 / 27 | |
| | (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 ▼ 44600.00 |

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 0 | 9 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA12.5023

Amount of Each Receipt this Period

| |
|----------|
| 12300.00 |
|----------|

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 12300.00 |
| TOTAL This Period (last page this line number only) | ▶ | 12300.00 |

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 |

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Best Buy | | Transaction ID: SB21B.5002 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 |
| Mailing Address Bald Hill Rd. | | Amount of Each Disbursement this Period 618.42 |
| 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 001 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Cingular Wireless | | Transaction ID: SB21B.4999 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6 |
| Mailing Address PO Box 17587 | | Amount of Each Disbursement this Period 195.36 |
| 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.4974 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 17587 | | Amount of Each Disbursement this Period 85.00 |
| 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 |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 898.78 |
| 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 |

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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Cingular Wireless | | Transaction ID: SB21B.4975 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 |
| Mailing Address PO Box 17587 | | Amount of Each Disbursement this Period 83.71 |
| 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. Communications Unlimited | | Transaction ID: SB21B.4977 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 |
| Mailing Address 3194 Post Rd. | | Amount of Each Disbursement this Period 629.58 |
| City Warwick State RI Zip Code 02886 | Purpose of Disbursement Consulting fees 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. Cox Communications | | Transaction ID: SB21B.4978 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6 |
| Mailing Address P. O. Box 39 9 J. P. Murphy Hwy. | | Amount of Each Disbursement this Period 159.99 |
| City Newark State NJ Zip Code 02893 | Purpose of Disbursement Telephone 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) ▶ | 873.28 |
| 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 |

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

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. Cox Communications | | Transaction ID: SB21B.4979 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 |
| Mailing Address P. O. Box 39 9 J. P. Murphy Hwy. | | Amount of Each Disbursement this Period 1096.30 |
| City Newark State NJ Zip Code 02893 | 001 Category/ Type | |
| Purpose of Disbursement Telephone 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. Jacques Dextrateur, II | | Transaction ID: SB21B.4980 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6 |
| Mailing Address 107 Midget Ave. | | Amount of Each Disbursement this Period 442.73 |
| City Warwick State RI Zip Code 02886 | 001 Category/ Type | |
| Purpose of Disbursement Payroll 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. Jacques Dextrateur, II | | Transaction ID: SB21B.4981 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6 |
| Mailing Address 107 Midget Ave. | | Amount of Each Disbursement this Period 442.73 |
| City Warwick State RI Zip Code 02886 | 001 Category/ Type | |
| Purpose of Disbursement Payroll 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) ▶ | 1981.76 |
| 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 |

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

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. Jacques Dextrateur, II | | Transaction ID: SB21B.4982 Date of Disbursement MM / DD / YYYY 05 / 18 / 2006 | |
| Mailing Address 107 Midget Ave. | | Amount of Each Disbursement this Period 442.73 | |
| City Warwick | State RI | Zip Code 02886 | |
| Purpose of Disbursement Payroll | | 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. Jacques Dextrateur, II | | Transaction ID: SB21B.4983 Date of Disbursement MM / DD / YYYY 05 / 25 / 2006 | |
| Mailing Address 107 Midget Ave. | | Amount of Each Disbursement this Period 442.73 | |
| City Warwick | State RI | Zip Code 02886 | |
| Purpose of Disbursement Payroll | | 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. Mary Diamond | | Transaction ID: SB21B.4993 Date of Disbursement MM / DD / YYYY 05 / 04 / 2006 | |
| Mailing Address 801 S. Pitt St. # 432 | | Amount of Each Disbursement this Period 455.33 | |
| City Alexandria | State VA | Zip Code 22314 | |
| Purpose of Disbursement Payroll | | 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) ▶ | 1340.79 |
| 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 |

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Robert DiLeonardo | | Transaction ID: SB21B.5019 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6 |
| Mailing Address 2348 Post Road | | Amount of Each Disbursement this Period 2000.00 |
| City Warwick State RI Zip Code 02886 | 001 Category/Type | |
| Purpose of Disbursement Rent | | |
| 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. Robert DiLeonardo | | Transaction ID: SB21B.5020 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 |
| Mailing Address 2348 Post Road | | Amount of Each Disbursement this Period 2000.00 |
| City Warwick State RI Zip Code 02886 | 001 Category/Type | |
| Purpose of Disbursement Rent | | |
| 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) C. Hampton Inn Suites | | Transaction ID: SB21B.4994 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6 |
| Mailing Address 2100 Post Road | | Amount of Each Disbursement this Period 354.00 |
| City Warwick State RI Zip Code 02886 | 002 Category/Type | |
| Purpose of Disbursement Lodging | | |
| 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) ▶ | 4354.00 |
| 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 |

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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Paychex | | Transaction ID: SB21B.5015 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6 |
| Mailing Address 501 Wampanoag Trail | | Amount of Each Disbursement this Period 1049.38 |
| City East Providence State RI Zip Code 02915 | | |
| Purpose of Disbursement Payroll Services | | 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.5016 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 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 Services | | 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.5017 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 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 Services | | 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) ▶ | 3872.24 |
| 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. Paychex | | Transaction ID: SB21B.5018 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 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 Services 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. Staples | | Transaction ID: SB21B.5028 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 | |
| Mailing Address 1276 Bald Hill Rd | | Amount of Each Disbursement this Period 202.60 | |
| City Warwick State RI Zip Code 02886 | Purpose of Disbursement Office Supplies 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) ►

1614.03

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

14934.88

SCHEDULE C (FEC Form 3X)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 14 / 27 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: center;">3500.00</div> | Cumulative Payment To Date <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div> | Balance Outstanding at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">3500.00</div> |
|--|--|--|

TERMS

| | | | |
|---|--|---|---|
| Date Incurred MM DD YYYY 03 24 2003 | Date Due <div style="border: 1px solid black; width: 100px; height: 20px;"></div> | Interest Rate <div style="border: 1px solid black; width: 100px; 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: 150px; 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: 150px; 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: 150px; 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: 150px; height: 20px;"></div> |

| | |
|---|--|
| SUBTOTALS This Period This Page (optional) | <div style="border: 1px solid black; padding: 5px; display: inline-block;">3500.00</div> |
| TOTALS This Period (last page in this line only) | <div style="border: 1px solid black; padding: 5px; display: inline-block;"></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 15 / 27 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 5000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 5000.00 |
|------------------------------------|------------------------------------|--|

TERMS

| | | | | | | | | | | | | | | | | | | | |
|--|----------|---------------|----------|--|---|---|----|--|---|---|---|---|------|--|--|--|--|--|---|
| Date Incurred | Date Due | Interest Rate | Secured: | | | | | | | | | | | | | | | | |
| <table style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">M</td></tr> <tr><td style="border: 1px solid black; padding: 2px;">06</td><td style="border: 1px solid black; padding: 2px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr><td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">D</td></tr> <tr><td style="border: 1px solid black; padding: 2px;">10</td><td style="border: 1px solid black; padding: 2px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td></tr> <tr><td style="border: 1px solid black; padding: 2px;">2003</td><td style="border: 1px solid black; padding: 2px;"></td><td style="border: 1px solid black; padding: 2px;"></td><td style="border: 1px solid black; padding: 2px;"></td></tr> </table> | M | M | 06 | | D | D | 10 | | Y | Y | Y | Y | 2003 | | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| M | M | | | | | | | | | | | | | | | | | | |
| 06 | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 2003 | | | | | | | | | | | | | | | | | | | |

| 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="5000.00"/> |
| TOTALS This Period (last page in this line only) | <input style="width: 100%;" type="text" value="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 H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

| | | |
|---|---|--------------------------------------|
| NAME OF ACCOUNT R. I. REPUBLICAN STATE CENTRAL COMM | DATE OF RECEIPT M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6 | TOTAL AMOUNT TRANSFERRED 15632.25 |
|---|---|--------------------------------------|

| | | |
|--|--|-------------------------------------|
| BREAKDOWN OF TRANSFER RECEIVED | | |
| i) Total Administrative | | 15632.25 Transaction ID: H3.5912 |
| ii) Generic Voter Drive | | Transaction ID: |
| iii) Exempt Activities | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | | |
| v) Direct Candidate Support (List of Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred For Direct Candidate Support | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | Transaction ID: |

| | |
|---|----------|
| TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED | |
| TOTAL This Period (Administrative) | 15632.25 |
| TOTAL This Period (Generic Voter Drive) | 0.00 |
| TOTAL This Period (Exempt Activities) | 0.00 |
| TOTAL This Period (Direct Fundraising) | 0.00 |
| TOTAL This Period (Direct Candidate Support) | 0.00 |
| TOTAL This Period (Public Communications Referring Only to Party) | 0.00 |
| TOTAL This Period (Total Amount Transferred) | 15632.25 |

**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 32572.97 | |
| City East Greenwich | State RI | Zip Code 02818 | Date M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6 | |
| Purpose of Disbursement: Payroll | | | Transaction ID: H4.4965 | |
| 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 32672.97 | |
| City East Greenwich | State RI | Zip Code 02818 | Date M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 | |
| Purpose of Disbursement: Cell phone allowance | | | Transaction ID: H4.4969 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 79.00 | | 100.00 |

| | | | | |
|--|-------------|------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Cingular Wireless | | | 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 17587 | | | Allocated Activity or Event Year-To-Date 0.00 | |
| City Baltimore | State MD | Zip Code 21297-1587 | Date M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 | |
| Purpose of Disbursement: Cell Phone | | | Transaction ID: H4.5910 | |
| Activity or Event Identifier: Administrative [MEMO ITEM] | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 60.00 | | 40.00 | | 100.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 194.97 | | 733.48 | | 928.45 |

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)
CompUSA

Mailing Address
945 Bald Hill Rd.

| | | | |
|-----------------|-------------|-------------------|-----|
| City Warwick | State RI | Zip Code 02886 | 001 |
|-----------------|-------------|-------------------|-----|

Purpose of Disbursement:
Office supplies

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
32763.89

Date / /
Transaction ID: H4.4970

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 90.92 | | 90.92 |

B. Full Name (Last, First, Middle Initial)
Metro Park

Mailing Address

| | | | |
|------|-------|----------|-----|
| City | State | Zip Code | 002 |
|------|-------|----------|-----|

Purpose of Disbursement:
Parking

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
32776.89

Date / /
Transaction ID: H4.4972

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 7.80 | | 5.20 | | 13.00 |

C. Full Name (Last, First, Middle Initial)
Eastern Star Restaurant

Mailing Address

| | | | |
|------|-------|----------|-----|
| City | State | Zip Code | 002 |
|------|-------|----------|-----|

Purpose of Disbursement:
Meals

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
32809.89

Date / /
Transaction ID: H4.5032

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 6.93 | | 26.07 | | 33.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 14.73 | | 122.19 | | 136.92 |

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) United Lock | | | 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 32825.40 | | |
| City | State | Zip Code | Date | | |
| | | 001 | M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 | Transaction ID: H4.5034 | |
| Purpose of Disbursement: Office supplies | | | Category/ Type | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 15.51 | | 15.51 |

| | | | | | |
|--|-------|----------|---|-------------------------|--|
| B. Full Name (Last, First, Middle Initial) Dunkin Donuts - Newport | | | 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 7 Memorial Blvd. | | | Allocated Activity or Event Year-To-Date 32840.51 | | |
| City | State | Zip Code | Date | | |
| Newport | RI | 02840 | M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 | Transaction ID: H4.5035 | |
| Purpose of Disbursement: Meals | | | Category/ Type | | |
| Activity or Event Identifier: Administrative | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 15.11 | | 15.11 |

| | | | | | |
|---|-------|----------|---|-------------------------|--|
| C. Full Name (Last, First, Middle Initial) Home Depot | | | 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 Universal Blvd. | | | Allocated Activity or Event Year-To-Date 32855.43 | | |
| City | State | Zip Code | Date | | |
| Warwick | RI | 02886 | M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 | Transaction ID: H4.5036 | |
| Purpose of Disbursement: Office supplies | | | Category/ Type | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3.13 | | 11.79 | | 14.92 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3.13 | | 42.41 | | 45.54 |

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) Radio Shack | | | 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 1800 Post Rd. | | | Allocated Activity or Event Year-To-Date 32881.07 | |
| City Warwick | State RI | Zip Code 02886 | Date <input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/> | |
| Purpose of Disbursement: Office Supplies | | | Transaction ID: H4.5038 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 5.38 | | 20.26 | | 25.64 |

| | | | | |
|---|-------------|-------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Best Buy | | | 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 Bald Hill Rd. | | | Allocated Activity or Event Year-To-Date 32934.55 | |
| City Warwick | State RI | Zip Code 02886 | Date <input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/> | |
| Purpose of Disbursement: Office supplies | | | Transaction ID: H4.5040 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 53.48 | | 53.48 |

| | | | | |
|--|-------|----------|---|--|
| C. Full Name (Last, First, Middle Initial) Benny'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 | | | Allocated Activity or Event Year-To-Date 32949.50 | |
| City | State | Zip Code | Date <input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/> | |
| Purpose of Disbursement: Office supplies | | | Transaction ID: H4.5041 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3.14 | | 11.81 | | 14.95 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 8.52 | | 85.55 | | 94.07 |

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) eFax.com | | | 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 | | |
| City | State | Zip Code | 33099.45 | | |
| | | 001 | Date MM / DD / YYYY | | |
| Purpose of Disbursement: Office supplies | | | 05 / 09 / 2006 | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: H4.5043 | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 149.95 | | 149.95 |

| | | | | | |
|--|-------|----------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Postmaster Providence | | | 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 | | |
| City | State | Zip Code | 33223.83 | | |
| Providence | RI | 02903 | Date MM / DD / YYYY | | |
| Purpose of Disbursement: Postage | | | 05 / 09 / 2006 | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: H4.5045 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 26.12 | | 98.26 | | 124.38 |

| | | | | | |
|---|-------|----------|---|--|--|
| 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 | | | Allocated Activity or Event Year-To-Date | | |
| City | State | Zip Code | 34052.28 | | |
| East Greenwich | RI | 02818 | Date MM / DD / YYYY | | |
| Purpose of Disbursement: Payroll | | | 05 / 11 / 2006 | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: H4.4966 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| 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 |
| 200.09 | | 902.69 | | 1102.78 |

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) 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 34297.21 | |
| City Lehigh Valley | State PA | Zip Code 18002 | Date <input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> | |
| Purpose of Disbursement: Telephone | | | Transaction ID: H4.5022 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 51.44 | | 193.49 | | 244.93 |

| | | | | |
|--|-------------|------------------------|---|--|
| B. Full Name (Last, First, Middle Initial) ABS Printing Inc. | | | 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 173 Washington St. | | | Allocated Activity or Event Year-To-Date 34795.30 | |
| City West Warwick | State RI | Zip Code 02893-5015 | Date <input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2006"/> | |
| Purpose of Disbursement: Copying | | | Transaction ID: H4.4964 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 104.60 | | 393.49 | | 498.09 |

| | | | | |
|---|-------------|-------------------|---|--|
| 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 35623.75 | |
| City East Greenwich | State RI | Zip Code 02818 | Date <input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2006"/> | |
| Purpose of Disbursement: Payroll | | | Transaction ID: H4.4967 | |
| 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 |
| 330.01 | | 1241.46 | | 1571.47 |

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 36452.20 | |
| City East Greenwich | State RI | Zip Code 02818 | Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6 | |
| Purpose of Disbursement: Payroll | | | Transaction ID: H4.4968 | |
| Activity or Event Identifier: Administrative | | | | |

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

| | | | | |
|--|-------------|-------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Johnston Consulting, Inc. | | | 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 139 Main St. | | | Allocated Activity or Event Year-To-Date 39185.03 | |
| City Montpelier | State VT | Zip Code 05602 | Date M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 | |
| Purpose of Disbursement: Consulting fees | | | Transaction ID: H4.4991 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 573.89 | | 2158.94 | | 2732.83 |

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|--|-------------|-------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Johnston Consulting, Inc. | | | 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 139 Main St. | | | Allocated Activity or Event Year-To-Date 42952.99 | |
| City Montpelier | State VT | Zip Code 05602 | Date M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 | |
| Purpose of Disbursement: Consulting Fees | | | Transaction ID: H4.4992 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 791.27 | | 2976.69 | | 3767.96 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1539.13 | | 5790.11 | | 7329.24 |

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 |
| 2290.58 | | 8917.89 | | 11208.47 |

Form/Schedule: **F3XA**

Transaction ID:

Amended June Monthly Report (05/01/2006 - 05/31/2006): 1) Receipts designated as Unitemized Contributions are contributions that aggregate less than \$200 and have been designated as unitemized on Schedule A, Line 11(a)(i-i) of the Detailed Summary Page. 2) Transfer from non-federal accounts was determined to be made outside the 60 day time period. The funds were returned to the non-federal account and will be reflected on the 2006 Year End report. Also, the transfer was corrected to show the amount on Schedule H3. 3) Descriptions for disbursements were provided on the appropriate schedules.