

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <u>R.I. Republican State Central Comm.</u> ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <u>18 Bridge Street</u> CITY, STATE and ZIP CODE <u>Providence, RI 02903</u>	2. FEC-IDENTIFICATION NUMBER <u>C-00078196</u> 3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
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Nov 5 11 49 AM '96

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on Nov. 5th in the State of RI
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Oct 17, 1996</u> through <u>Nov 25, 1996</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ <u>105.⁷¹</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>348.²²</u>	
(c) Total Receipts (from Line 7)	\$ <u>9817.²⁵</u>	\$ <u>143,437.³³</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>10,165.⁵⁷</u>	\$ <u>143,543.⁰⁴</u>
7. Total Disbursements (from Line 8)	\$ <u>9,308.³²</u>	\$ <u>142,685.⁷⁹</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>857.²⁵</u>	\$ <u>857.²⁵</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-376-3120
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>43,342.⁰⁹</u>	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer <u>Margaret C. Coughlin</u>	
Signature of Treasurer <u>Margaret C. Coughlin</u>	Date <u>12/2/96</u>

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE R. I. Republican State Central Committee	REPORT COVERING PERIOD	
	FROM	TO
	10/17/95	11/25/96
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	3940.00	63,690.37
i. Itemized (use Schedule A)	445.00	5,619.00
ii. Unitemized		
iii. Total	4785.00	69,309.37
b. Political Party Committees		
c. Other Political Committees (such as PACs)	1282.25	1,282.25
d. Total Contributions	6067.25	70,591.62
12. Transfers From Affiliated/Other Party Committees		8,657.80
13. All Loans Received		
14. Loan Repayments Received		276.60
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		2,661.28
17. Other Federal Receipts (Dividends, Interest, etc.)	3750.00	53,750.11
18. Transfers from Nonfederal Account for Joint Activity	987.25	143,437.33
19. Total Receipts	6067.25	23,197.27
20. Total Federal Receipts		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		47,101.79
i. Federal Share	2185.30	
ii. Non-Federal Share	2596.77	61,410.29
b. Other Federal Operating Expenditures	4226.25	9,635.00
c. Total Operating Expenditures	9308.32	118,147.08
22. Transfers to Affiliated/Other Party Committees		24,538.71
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds	-0-	-0-
29. Other Disbursements		
30. Total Disbursements	9308.32	142,685.79
31. Total Federal Disbursements	6411.55	81,295.50
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	6067.25	70,591.62
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	6067.25	70,591.62
35. Total Federal Operating Expenditures	6411.55	56,736.79
36. Offsets to Operating Expenditures (from line 15)	-0-	276.60
37. Net Operating Expenditures	6411.55	56,460.19

SCHEDULE A

ITEMIZED RECEIPTS

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, Mailing Address and ZIP Code George Harding 200 Gesto Avenue Providence, RI 02906	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Lawrence R. McGor, Co. Occupation: Vice President Aggregate Year-to-Date > \$ 250	10/22/96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code David Bailey 534 East Road Wakefield, MA 02829	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Bailey Engineering Occupation: Vice President Aggregate Year-to-Date > \$ 450	11/1/96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code James E. Murphy Jr 117 Uphire Circle Guilford, MD 20878	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	sec employed Occupation: consultant Aggregate Year-to-Date > \$ 3440. ⁰⁰	10/31/96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): IN-KIND EXPENSES			

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) **3440.⁰⁰**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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 committees.

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

A. Full Name, Mailing Address and ZIP Code Wild for Congress 1555 Centerville Rd. Warwick, RI 02886	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	n/a	11/5/96	500.00
	n/a		
	> \$ 500		

B. Full Name, Mailing Address and ZIP Code Campaign America PAC 11711 N. Pennsylvania Street Carmel, IN 46032	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): In-kind travel expense	n/a	11/1/96	782.25
	n/a		
	> \$ 782.25		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
	> \$		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
	> \$		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
	> \$		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
	> \$		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
	> \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only) 1282.25

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 215

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, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fleer Bank 111 Westminster Street Providence, RI 02903	bank charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/96 10/31/96	3.00 1.00
B. Full Name, Mailing Address and ZIP Code James E. Murphy, Jr 112 Upham Circle Cockeysburg, MD 21278	in-kind federal expenses share Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) federal share only	10/31/96	3440.00
C. Full Name, Mailing Address and ZIP Code Campaign America 11711 N. Pennsylvania St. Carmel, IN 46032	in-kind travel expense event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) federal share	11/1/96	782.25
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

4226.25

ALLOCATION RATIOS

NAME OF COMMITTEE
Rhode Island Republican State Central Committee

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
<u>Dms - 2</u> ACTIVITY IS: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input checked="" type="checkbox"/> SAME AS PREVIOUSLY REPORTED	80	20 20 20
<u>Quale Event</u> ACTIVITY IS: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input checked="" type="checkbox"/> SAME AS PREVIOUSLY REPORTED	50	50
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

LINE NUMBER 512
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
R.I. Republican State Central Comm				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor R.I. Republican State Central Comm. - STATE ACCOUNT - 18 Bridge Street Providence, RI 02903	8041. ⁷⁹	-0-	-0-	8041. ⁷⁹
Nature of Debt (Purpose): allocated expenses				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Capital View Associates 400 Smith Street Providence, RI 02908	3500. ⁰⁰	-0-	-0-	3,500. ⁰⁰
Nature of Debt (Purpose): rent (disputed)				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Norma Willis 1191 North Road Lanestown, RI 02835	4000. ⁰⁰	-0-	-0-	4,000. ⁰⁰
Nature of Debt (Purpose): back pay				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Halsey Properties 18 Burnside Street Bristol, RI 02809	1,587. ³⁹	-0-	-0-	1,587. ³⁹
Nature of Debt (Purpose): rent + utilities				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Cellular One 1 Franklin Square Providence, RI 02903	3,392. ⁰⁰	-0-	-0-	3,392. ⁰⁰
Nature of Debt (Purpose): Telephone				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				20,521. ¹⁸
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
R.I. Republican State Central Comm				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor James E. Murphy, Jr 117 Upshire Circle Gaithersburg, MD 20878	9,778. ⁸⁶	(4560. ⁰⁰) <small>STOCK SHARE</small>	3,440. ⁰⁰ <small>FEDERAL SHARE</small>	1778. ⁸⁶
Nature of Debt (Purpose): CONSULTING & TRAVEL EXPENSES				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor JM Communications 106 Acife Street Cranston, RI 02920	3,000. ⁰⁰	-0-	-0-	3000. ⁰⁰
Nature of Debt (Purpose): CONSULTING (DISPUTED)				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Essex House 133 Gano Street Providence, RI 02906	663. ⁷⁵	-0-	-0-	663. ⁷⁵
Nature of Debt (Purpose): DISPUTED MEETING EXPENSE				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Pitney Bowles P.O. Box 5151 Norwalk, CT 06856	3063. ⁷²	278. ⁸¹	1,000. ⁰⁰	2342. ⁵³
Nature of Debt (Purpose): Equipment				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Prim Source 969 Park Avenue Cranston, RI 02921	4516. ¹⁵	12. ³⁸	-0-	4528. ⁵³
Nature of Debt (Purpose): Printing --				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor Psychon, Inc 501 Wamponeas Trail E. Providence, RI 02915	86. ⁷⁰	-0- 86.70	86. ⁷⁰	-0-
Nature of Debt (Purpose): Payroll Prep				
1) SUBTOTALS This Period This Page (optional)				12,313. ⁶⁷
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 3 of 6 for
LINE NUMBER 12
(Use separate schedules
for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
R.I. Republican State Central Comm				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Nicoll Printing 2900 Post Road Warwick, RI 02886	500. ⁰⁰	1275. ⁴⁴	-0-	1775. ⁴⁴
Nature of Debt (Purpose): Printing				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Federal Express PO Box 1140 Memphis, TN 38101	527. ⁷⁵	121. ⁵⁰	350. ⁰⁰	299. ²⁵
Nature of Debt (Purpose): Postage				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Paga New England 56 Exchange Street Providence, RI 02906	35. ⁸¹	-0-	-0-	35. ⁸¹
Nature of Debt (Purpose): PAYERS				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor AT + T Box 27866 Kansas City, Mo 64184	116. ⁵⁹	197. ⁹⁵	-0-	314. ⁵⁴
Nature of Debt (Purpose): Telephone				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Calle Nuovo One Citizens Plaza Providence, RI 02903	47. ⁸⁴	-0-	-0-	47. ⁸⁴
Nature of Debt (Purpose): meeting				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor Capriccio 2 Pine Street Prov, RI 02903	111. ²⁵	61. ³⁵	-0-	172. ⁶⁰
Nature of Debt (Purpose): meeting				
1) SUBTOTALS This Period This Page (optional)				2645. ⁴⁸
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 4 of 6 for
LINE NUMBER 10
(Use separate schedules
for each numbered line.)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
R.I. Republican State Central Comm				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Cox Communications 106 Rolfe Street Cranston, RI 02920	27.96	29.31	-0-	57.27
Nature of Debt (Purpose): Cable				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Marsh Realty Corp. 525 South Water Street Providence, RI 02903	1284.96	1269.92	-0-	2554.88
Nature of Debt (Purpose): Rent + Utilities				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Richard Kizician 377 Tassam Street Providence, RI 02908	720.00	615.00	-0-	1335.00
Nature of Debt (Purpose): Photography				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Westminster Travel 50 Park Row West Providence, RI 02903	753.05	374.95	-0-	1128.00
Nature of Debt (Purpose): airfare				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				5075.15
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
R.I. Republican State Central Comm				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor A-1 Answering Service Box 2149 Pawtucket, RI 02861	- 0 -	190. ⁴⁶	- 0 -	190. ⁴⁶
Nature of Debt (Purpose): Answering Service				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Arrow Florist 759 Park Avenue Cranston, RI 02920	- 0 -	283. ⁵⁵	- 0 -	283. ⁵⁵
Nature of Debt (Purpose): Flowers				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Best Buy Supplies 61 Gilbane Street Warwick, RI 02886	- 0 -	266. ²⁵	- 0 -	266. ²⁵
Nature of Debt (Purpose): Supplier				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Blue Diamond PO Box 746 Davisville, RI 02854	- 0 -	12. ⁵⁰	- 0 -	12. ⁵⁰
Nature of Debt (Purpose): Window cleaning				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Brown Faculty Club 219 Benefit Street Providence, RI 02903	- 0 -	11. ⁸³	- 0 -	11. ⁸³
Nature of Debt (Purpose): meeting				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				264. ⁵⁹
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 6 of 6 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
R.I. Republican State Central Comm				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor NYNEX PO Box 968 Providence, RI 02901	-0-	1106. ⁹²	-0-	1106. ⁹²
Nature of Debt (Purpose): Telephone				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Old Canteen 120 Atwells Avenue Providence, RI 02903	-0-	134. ⁹⁰	-0-	134. ⁹⁰
Nature of Debt (Purpose): Meeting				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Ralph Stuart Band 3 Resency Plaza Providence, RI 02903	-0-	325. ⁰⁰	-0-	325. ⁰⁰
Nature of Debt (Purpose): Band				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor T.R. Associates 63 Sockanosset Crossroad Cranston, RI 02920	-0-	240. ⁷⁵	-0-	240. ⁷⁵
Nature of Debt (Purpose): S.S.A.S				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Twin Oaks 100 SABA Street Cranston, RI 02920	-0-	214. ⁴⁵	-0-	214. ⁴⁵
Nature of Debt (Purpose): Meeting --				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				2022. ⁰²
2) TOTAL This Period (last page this line only)				43,342. ⁰⁹
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				43,342. ⁰⁹

TRANSFERS FROM NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE: R.I. Republican State Central Committee

NAME OF ACCOUNT: R.I. Republican State Central Comm - State Acct

DATE OF RECEIPT: 10/29/96

TOTAL AMOUNT TRANSFERRED: \$ 1,500.00

BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive	1,500.00		
ii) Direct Fundraising (List Events-Amount for Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support			

NAME OF ACCOUNT: RI Republican State Central Comm - State Acct.

DATE OF RECEIPT: 11/5/96

TOTAL AMOUNT TRANSFERRED: \$ 1500.00

BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive	462.43		
ii) Direct Fundraising (List Events-Amount for Each)			
a) DMS-2		226.73	
b) Quake Event		810.84	
c) _____			
d) _____			
e) Total Amount Transferred For Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support			

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
SUBTOTAL THIS PAGE	1962.43	1037.57	
TOTAL THIS PERIOD			3000.00

TRANSFERS FROM
NON-FEDERAL ACCOUNTS

FOR LINE 18

NAME OF COMMITTEE
R.I. Republican State Central Committee

TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT
R.I. Republican State Central Comm-State Acct

DATE OF RECEIPT
11/6/96

\$ **750.00**

BREAKDOWN OF TRANSFER RECEIVED

	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive.....	750.00		
ii) Direct Fundraising (List Events-Amount for Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support			

NAME OF ACCOUNT
RI Republican State Central Comm-State Acct

DATE OF RECEIPT

\$

BREAKDOWN OF TRANSFER RECEIVED

	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive.....			
ii) Direct Fundraising (List Events-Amount for Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support			

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS
SUBTOTAL THIS PAGE.....	750.00		
TOTAL THIS PERIOD.....	2712.47	1037.57	

750.00

8750.00

NAME OF COMMITTEE

Rhode Island Republican State Central Comm.

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
BNI Delaware PO Box 38022 Newark, NJ 07101	meeting expenses	10/30/96	578. ³⁸	248. ⁷⁰	329. ⁶⁸
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 3868.34 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
R.I. Republican Party 18 Bridge Street Providence, RI 02903	Party CASH	11/5/96	300. ⁰⁰	129. ⁰⁰	171. ⁰⁰ 224.⁰⁰
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 700 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Providence City Collector City Hall Providence, RI 02903	Property tax	11/1/96	41. ⁹⁷	18. ⁰⁵	23. ⁹²
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 83.94 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Federal Express PO Box 1140 Memphis, TN 38101	postage	11/1/96	350. ⁰⁰	150. ⁵⁰	199. ⁵⁰
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 445.00 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
First USA PO Box 740085 Atlanta, GA 30374	Supplies	10/30/96	218. ⁴¹	93. ⁹²	124. ⁴⁹
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 3166.34 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
MENA America PO Box 18453 Wilmington, DE 19850	travel expenses	11/1/96	79. ⁸⁵	34. ³⁴	45. ⁵¹
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 79.85 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			1568.61	674.51	894.10
TOTAL THIS PERIOD (last page for each line only) Fed. share to 21 a i and non-Fed. share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

NAME OF COMMITTEE

Rhode Island Republican State Central Comm.

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Paychex 501 Wampanoag Trail E. Providence, RI 02915	payroll prep.	10/30/96	86.70	37.28	49.42
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 206.13 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Same As "A" above	payroll taxes	10/31/96	16.63	7.15	9.48
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 5009.37 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Pitney Bowes PO Box 5151 Norwalk, CT 06856	Equipment	10/30/96	1000.00	430.00	570.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 11,602.62 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Postmaster 24 Carliss Street Providence, RI 02903	postage	10/29/96 10/30/96	174.00 200.00	74.82 86.00	99.18 114.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2990.93 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Preferred Membership Group PO Box 182158 Columbus Ohio 43218	meeting expenses	11/2/96	432.88	186.14	246.74
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 6423.87 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Providence Marriott One Charles Street Providence, RI 02903	rental	11/5/96	1414.69	608.32	806.37
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1414.69 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			3324.90	1429.71	2895.19
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a.1 and non-Fed. share to 21 a.6)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

NAME OF COMMITTEE

Rhode Island Republican State Central Comm.

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Staples 551 N. Main Street Providence, RI 02904	Supplies	11/1/96	188.56	81.08	107.48

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ 920.23 DIRECT CANDIDATE SUPPORT

B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			188.56	81.08	107.48
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a i) ...			5082.07	2185.80	2896.77
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

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Registered/Certified Mail

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12-2-96

No Postmark

Postmark Illegible

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and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT


PREPARER

12-5-96
DATE PREPARED