

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>R.I. Republican State Central Comm.</b> ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>19 Bridge Street</b> CITY, STATE and ZIP CODE <b>Providence, RI 02903</b>	2. FEC IDENTIFICATION NUMBER <b>C-00078196</b> 3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on (date).
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## 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:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
 in the State of \_\_\_\_\_

(b) Is this Report an Amendment? YES  NO

## SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>January 1, 1996</u> through <u>March 31, 1996</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 105. <sup>71</sup>
(b) Cash on Hand at Beginning of Reporting Period	\$ 105. <sup>71</sup>	
(c) Total Receipts (from Line 19)	\$ 7469. <sup>31</sup>	\$ 7469. <sup>31</sup>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 7575. <sup>02</sup>	\$ 7575. <sup>02</sup>
7. Total Disbursements (from Line 30)	\$ 7111. <sup>83</sup>	\$ 7111. <sup>83</sup>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 463. <sup>19</sup>	\$ 463. <sup>19</sup>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 68,898. <sup>47</sup>	

For further information contact:  
 Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20463  
 Toll Free 800-424-9530  
 Local 202-576-3120

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  
**MARGARET C. COUGHLIN**  
 Signature of Treasurer  
*Margaret C. Coughlin*  
 Date  
**4/12/96**

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

2 3 0 4 2 1 3 2



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NAME OF COMMITTEE (in Full)

Rhode Island Republican State Central Committee

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Michael Flynn 3 Hawthorne Ave. Greenville, RI 02828 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	RI State Senate Occupation: State Senator Aggregate Year-to-Date > \$ 500	2/4/96	500.00
B. Full Name, Mailing Address and ZIP Code Ms Nancy Richmond 94 Ocean View Highway Watch Hill, RI 02891 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Retired Occupation: N/A Aggregate Year-to-Date > \$ 250	3/22/96	250.00
C. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	750

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 1  
FOR LINE NUMBER 15

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NAME OF COMMITTEE (in Full)

Rhode Island Republican State Central Committee

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Seavice America Corp. One Sabin Street Providence, RI 02906	n/a	3/4/96	113.27
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Refund of overpayment</i>	Occupation: <i>n/a</i>	Aggregate Year-to-Date > \$ 113.27	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page in line number only)

113.27

SCHEDULE A

ITEMIZED RECEIPTS

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

9603042136

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dole for President 810 First Street, NE Suite 300 Washington, DC 20002	n/a	3/6/96	1161 <sup>20</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Rental Space Used	Occupation: n/a	Aggregate Year-to-Date > \$ 1161 <sup>20</sup>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (use page this line number only) ..... **1161<sup>20</sup>**

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NAME OF COMMITTEE (in Full)

Rhode Island Republican State Central Committee

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fleet Bank 111 Westminister ST PROV, RI 02903	bank charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/96 1/31/96	20 00 1 00
Fleet Bank 111 Westminister ST PROV, RI 02903	bank charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/29/96 3/31/96	1 00 1 00
C. 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
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 Disbursement This Page (optional)	
TOTAL This Period (last page this line number only)	23 00

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 RI Republican State Central Comm - STATE Account - 18 Baidge street Proy. RI 02903	8,041. <sup>79</sup>	- 0 -	- 0 -	8,041. <sup>79</sup>
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. <sup>80</sup>	- 0 -	- 0 -	3500. <sup>80</sup>
Nature of Debt (Purpose): disputed Rent				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Republican National Committee 310 First St, SE Washington, DC 20003	1148. <sup>00</sup>	- 0 -	- 0 -	1148. <sup>00</sup>
Nature of Debt (Purpose): disputed expenses				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Norma Willis 1191 North Road Jamestown, RI 02835	4000. <sup>00</sup>	- 0 -	- 0 -	4000. <sup>00</sup>
Nature of Debt (Purpose): back pay				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Direct Mail Systems 801-2 28th Street, North St Petersburg, FL 33716	4376. <sup>73</sup>	- 0 -	- 0 -	4376. <sup>73</sup>
Nature of Debt (Purpose): disputed direct mail				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor Halsey Properties 18 Burnside Street Bristol, RI 02809	1587. <sup>39</sup>	- 0 -	- 0 -	1587. <sup>39</sup>
Nature of Debt (Purpose): Rent + Utilities				
1) SUBTOTALS This Period This Page (optional)				33,163. <sup>61</sup>
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedules 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 RESN 511 Union Street Nashville, TN 37219	610 <sup>00</sup>	-0-	-0-	610 <sup>00</sup>
Nature of Debt (Purpose): disputed airfare				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Stephen J. Anno 187 Richmond Dr Watwick, RI 02886	24 <sup>20</sup>	-0-	-0-	24 <sup>20</sup>
Nature of Debt (Purpose): Computer Aem.				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Same as "b" above	3203 <sup>13</sup>	-0-	-0-	3203 <sup>13</sup>
Nature of Debt (Purpose): GROSS pay				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor AT&T Box 27866 Kansas City, Mo 64184	524 <sup>96</sup>	423 <sup>50</sup>	623 <sup>10</sup>	325 <sup>36</sup>
Nature of Debt (Purpose): Telephone				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Cellular One 1 Franklin Square Providence, RI 02903	3392 <sup>00</sup>	-0-	-0-	3392 <sup>00</sup>
Nature of Debt (Purpose): Telephone				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor James E. Murphy Jr 117 Upshire Circle Gaithersburg, Md 20878	9583 <sup>57</sup>	195 <sup>29</sup>	-0-	9778 <sup>86</sup>
Nature of Debt (Purpose): consulting + travel Reim.				
1) SUBTOTALS This Period This Page (optional)				17,833 <sup>55</sup>
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 Jm Communications 106 Ralfe Square Cranston, RI 02920	3000. <sup>00</sup>	-0-	-0-	3000. <sup>00</sup>
Nature of Debt (Purpose): Consulting				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Nynex PO Box 9108 Prov, RI 02901	449. <sup>89</sup>	1764. <sup>94</sup>	1371. <sup>76</sup>	843. <sup>07</sup>
Nature of Debt (Purpose): Telephone				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Providence Marriott One Othm Street Prov, RI 02903	453. <sup>33</sup>	-0-	-0-	453. <sup>33</sup>
Nature of Debt (Purpose): Meeting Rental				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Westford Realty Corp. 525 South Main Street Prov, RI 02903	3596. <sup>70</sup>	3741. <sup>62</sup>	-0-	7338. <sup>32</sup>
Nature of Debt (Purpose): Rent				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Brown Faculty Club One Magee Street Prov, RI 02903	23. <sup>82</sup>	861. <sup>10</sup>	300. <sup>00</sup>	584. <sup>92</sup>
Nature of Debt (Purpose): Rental				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor Carnille's 71 Bradford Street Prov, RI 02903	454. <sup>85</sup>	-0-	-0-	454. <sup>85</sup>
Nature of Debt (Purpose): meeting				
1) SUBTOTALS This Period This Page (optional)				12,674.49
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 Capriccio 2 Pine Street Prov, RI 02903	67. <sup>55</sup>	99. <sup>85</sup>	67. <sup>55</sup>	99. <sup>85</sup>
Nature of Debt (Purpose): meeting				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Coffee Caffa 257 South main Street Prov, RI 02903	500. <sup>06</sup>	-0-	200. <sup>00</sup>	300. <sup>06</sup>
Nature of Debt (Purpose): meeting food				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Cox Communications 111 Cornstock Pkwy. Cranston, RI 02921	26. <sup>30</sup>	75. <sup>07</sup>	101. <sup>37</sup>	-0-
Nature of Debt (Purpose): Cable				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Docu Print 110 Boyd Ave Providence, RI 02914	4018. <sup>65</sup>	-0-	1000. <sup>00</sup>	3018. <sup>65</sup>
Nature of Debt (Purpose): Printing				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Eagle DATA 635 Commerce Drive Marlboro, MD 20773	753. <sup>79</sup>	-0-	-0-	753. <sup>79</sup>
Nature of Debt (Purpose): DATA PROCESSING				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor Essix Howe 133 Lano Street Prov, RI 02906	817. <sup>70</sup>	-0-	153. <sup>95</sup>	663. <sup>75</sup>
Nature of Debt (Purpose): disputed meeting expense				
1) SUBTOTALS This Period This Page (optional)				4836. <sup>01</sup>
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)				

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 Imaging Business Products 20 N. Blossom Street E. Paw, RI 02914	100. <sup>00</sup>	268. <sup>82</sup>	368. <sup>82</sup>	-0-
Nature of Debt (Purpose): Supplies				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor J-TEXT 24 Fountain Street Paw, RI 02903	27. <sup>00</sup>	13. <sup>50</sup>	-0-	40. <sup>50</sup>
Nature of Debt (Purpose): usage fee				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor OK Caterer 120 Atwells Ave Paw, RI 02903	400. <sup>80</sup>	183. <sup>00</sup>	-0-	583. <sup>80</sup>
Nature of Debt (Purpose): meeting				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Page New England 2280 Kinsley Avenue Paw, RI 02903	92. <sup>03</sup>	1. <sup>35</sup>	93. <sup>38</sup>	-0-
Nature of Debt (Purpose): Pages				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Pitney Bowes PO Box 5151 Norwalk, CT 06856	4044. <sup>35</sup>	2666. <sup>11</sup>	526. <sup>48</sup>	6184. <sup>02</sup>
Nature of Debt (Purpose): Equipment				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor Print Source 969 Pine Ave Cranston, RI 02921	3224. <sup>09</sup>	482. <sup>30</sup>	-0-	3706. <sup>39</sup>
Nature of Debt (Purpose): Printing				
1) SUBTOTALS This Period This Page (optional)				10,514. <sup>69</sup>
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)				

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 TR Associates 63 SOLA NUSSET CROSSROAD CRANSTON, RI 02920	160. <sup>50</sup>	-0-	160. <sup>50</sup>	-0-
Nature of Debt (Purpose): Signs				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor A-1 Answering Service PO Box 2149 PAWT, RI 02861	-0-	374. <sup>30</sup>	160. <sup>29</sup>	214. <sup>01</sup>
Nature of Debt (Purpose): Answering Service				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Blue Diamond PO Box 740 DAVIDVILLE, RI 02854	-0-	50. <sup>00</sup>	37. <sup>50</sup>	12. <sup>50</sup>
Nature of Debt (Purpose): Window Cleaning				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Cafe Nuovo One Citizens Plaza PROV RI 02903	-0-	59. <sup>54</sup>	-0-	59. <sup>54</sup>
Nature of Debt (Purpose): Meeting				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor McBee Systems PO Box 4270 Athens, OHIO 45701	-0-	88. <sup>50</sup>	-0-	88. <sup>50</sup>
Nature of Debt (Purpose): Supplies				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor Patchet 501 Wampanoag Trail E. Prov, RI 02915	-0-	11. <sup>54</sup>	-0-	11. <sup>54</sup>
Nature of Debt (Purpose): Payroll Prep. Fee				
1) SUBTOTALS This Period This Page (optional) .....				386. <sup>09</sup>
2) TOTAL This Period (last page this line only) .....				68,898. <sup>47</sup>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....				-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....				68,898. <sup>47</sup>

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95  
96  
97  
98  
99  
100

**METHOD OF ALLOCATION FOR SHARED FEDERAL  
AND NON-FEDERAL ADMINISTRATIVE EXPENSES  
AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE

*R.I. Republican State Central Committee*

**NATIONAL PARTY COMMITTEES**

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) ..... %  
 PRESIDENTIAL YEAR (85%)  
 ALL OTHER YEARS (80%)

**HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES**

MINIMUM FEDERAL PERCENTAGE (85%) (IF CHECKED, ENTER 85% IN BOX TO RIGHT) ..... %  
 OR  
 - FUNDS EXPENDED:  
 \* ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %  
 \* ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %  
 ADJUSTMENTS TO FUNDS EXPENDED:  
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... \$ ..... %  
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 85% IN ANY YEAR.

**SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES**

FUNDS EXPENDED:  
 \* ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %  
 \* ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %  
 ADJUSTMENTS TO FUNDS EXPENDED:  
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... \$ ..... %  
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... \$

**STATE AND LOCAL PARTY COMMITTEES**

**BALLOT COMPOSITION**

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

	NUMBER OF POINTS
1. PRESIDENT ..... <input checked="" type="checkbox"/> (1 POINT) .....	1
2. U.S. SENATE ..... <input checked="" type="checkbox"/> (1 POINT) .....	1
3. U.S. CONGRESS ..... <input checked="" type="checkbox"/> (1 POINT) .....	1
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3) .....	3
5. GOVERNOR ..... <input type="checkbox"/> (1 POINT) .....	
6. OTHER STATEWIDE OFFICE(S) ..... <input type="checkbox"/> (1 OR 2 POINTS) .....	
7. STATE SENATE ..... <input checked="" type="checkbox"/> (1 POINT) .....	1
8. STATE REPRESENTATIVE ..... <input checked="" type="checkbox"/> (1 POINT) .....	1
9. LOCAL CANDIDATES ..... <input checked="" type="checkbox"/> (1 OR 2 POINTS) .....	1
10. EXTRA NON-FEDERAL POINT ..... <input checked="" type="checkbox"/> (1 POINT) .....	1
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10) .....	4
12. TOTAL POINTS (LINE 4 PLUS LINE 11) .....	7

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 ..... *43* %

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 %
Direct Mail 95 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	40	60
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 %
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 %

96030421145

TRANSFERS FROM  
NON-FEDERAL ACCOUNTS

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

TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT  
**R.I. Republican State Central Comm - State Act**

DATE OF RECEIPT  
**1-12-96**

\$ **2500.<sup>00</sup>**

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive .....	<b>2500</b>		
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 Act**

DATE OF RECEIPT  
**1-30-96**

\$ **2000.<sup>00</sup>**

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive .....	<b>1400</b>		
ii) Direct Fundraising (List Events-Amount for Each)			
a) <b>Direct mail 75</b>		<b>600</b>	
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/DIRECT CANDIDATE SUPPORT
SUBTOTAL THIS PAGE .....	<b>3900</b>	<b>600</b>	
TOTAL THIS PERIOD .....			<b>4500.<sup>00</sup></b>

95030421146

NAME OF COMMITTEE  
**R-I Republican State Central Committee**

TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT  
**R-I Republican State Central Comm - State Act**

DATE OF RECEIPT  
**3-25-96**

\$ **129.<sup>84</sup>**

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive .....	<b>129.<sup>84</sup></b>		
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 Act.**

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 .....	<b>129.<sup>84</sup></b>		
TOTAL THIS PERIOD .....	<b>4029.<sup>84</sup></b>	<b>600.<sup>00</sup></b>	<b>4629.<sup>84</sup></b>

26030421147



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
AT+T Box 27866 Kansas City, MO 64184	phone	1/12/96 3/6/96	240. <sup>22</sup> 382. <sup>88</sup>	103.29 164.64	136.93 218.24
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1623. <sup>10</sup> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
A-1 Answering Service 368 Beverage Hill Ave PAWT, RI 02861	Answering Service	1/12/96	160. <sup>29</sup>	68.92	91. <sup>37</sup>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 160. <sup>29</sup> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
AT+T Cellular Box 27866 Kansas City, MO 64184	phone	2/26/96 3/19/96	26. <sup>55</sup> 2. <sup>17</sup>	11.42 -93	15. <sup>13</sup> 1. <sup>24</sup>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 28. <sup>72</sup> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Blue Diamond 1093 Winward Rd M. Kingston, RI 02852	window cleaning	2/6/96	37. <sup>50</sup>	16. <sup>13</sup>	21. <sup>37</sup>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 22. <sup>54</sup> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Brown Faculty Club 219 Benefit Street PAWT, RI 02803	RENTAL - CHRISTMAS PARTY	1/12/96	300. <sup>00</sup>	129. <sup>00</sup>	171. <sup>00</sup>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 300 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
CAPACCIO 2 Pine Street Providence, RI 02903	meeting	1/12/96	67. <sup>55</sup>	29. <sup>05</sup>	38. <sup>50</sup>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 67. <sup>55</sup> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			127. <sup>16</sup>	523. <sup>38</sup>	693. <sup>78</sup>
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)					

ACTIVITY SCHEDULE

FOR LINE 21a

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
Coffee Caffe 257 South Main Street Providence, RI 02703	meeting food	1/12/96	200.00	86.00	114.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 200 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Col Communications 111 Comstock Plow. Cranston, RI 02921	Cable	1/12/96 3/6/96	45.45 55.92	19.54 24.05	25.91 31.87
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 101.37 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Essev House 133 Gano Street Prov, RI 02703	mechus fence	1/12/96	153.95	66.20	87.75
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 153.95 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
MANA America IMAGING Business Products 20 N. Blossom Street E. Prov, RI 02414	Supplies	3/26/96	368.82	158.59	210.23
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 368.82 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
INTEX PO Box 968 Prov, RI 02701	phone	1/12/96 2/6/96 3/6/96	449.89 500.00 421.87	193.45 215.00 181.40	256.44 285.00 240.47
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1371.76 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Page New England 56 Exchange St Prov, RI 02906	Beepers	1/12/96	93.58	40.15	53.23
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 93.37 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			2289.29	981.58	1304.90
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. Prov, RI 02915	payroll taxes	1/31/90	1.04	.45	.59
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1.04 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
P. troy Bowes PO Box 5151 Norwalk, Ct 06856	Equipment	2/7/90 3/6/90	190.58 335.90	81.95 144.44	108.63 191.46
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 526.48 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Postmaster 24 Cortiss St Prov, RI 02906	postage	1/10/90 2/10/90 2/26/90	100.00 250.00 85.00	43.06 107.50 36.55	57.00 142.50 48.45
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 435 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Providence Journal 75 Fountain Street Providence, RI 02903	Subscription	2/6/90	104.00	44.72	59.28
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 104 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Providence Newspaper Guild 75 Fountain Street Providence, RI 02903	Event tickets	2/7/90	152.00	65.36	86.64
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 152 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Richard Scarpellino 56 Audubon Ave N. Prov, RI 02908	Supplies reimbursement	2/2/90	59.57	25.62	33.95
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 59.57 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			1278.09	549.54	728.50
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
San Diego Marriott 333 West Harbor Drive San Diego, California	Hotel	1/22/90	976.64	333.96	442.68

CATEGORY:  ADMINISTRATIVE/VOTER DRIVE  FUNDRAISING  EXEMPT  
EVENT YEAR-TO-DATE: \$ 976.64  DIRECT CANDIDATE SUPPORT

B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Staples 551 North Main St Providence, RI 02904	Supplies	2/7/90 2/26/90 2/26/90	58.17 12.83 59.90	25.00 5.52 25.76	33.16 7.31 34.14

CATEGORY:  ADMINISTRATIVE/VOTER DRIVE  FUNDRAISING  EXEMPT  
EVENT YEAR-TO-DATE: \$ 130.90  DIRECT CANDIDATE SUPPORT

C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Staples 551 North Main St Providence, RI 02904	Supplies	3/3/90 3/2/90	40.05 196.21	17.22 84.37	22.83 111.84

CATEGORY:  ADMINISTRATIVE/VOTER DRIVE  FUNDRAISING  EXEMPT  
EVENT YEAR-TO-DATE: \$ 367.96  DIRECT CANDIDATE SUPPORT

D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
STR Associates 263 Sockanuset Crossroad Cranston, RI 02920	Signs	1/2/90	160.56	69.02	91.48

CATEGORY:  ADMINISTRATIVE/VOTER DRIVE  FUNDRAISING  EXEMPT  
EVENT YEAR-TO-DATE: \$ 160.50  DIRECT CANDIDATE SUPPORT

E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Docu Print 10 Boyd Avenue E. Providence, RI 02914	Fundraising Direct Mail 95	1/30/90	1000.00	400.00	600.00

CATEGORY:  ADMINISTRATIVE/VOTER DRIVE  FUNDRAISING  EXEMPT  
EVENT YEAR-TO-DATE: \$ 1000.00  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			2304.30	960.86	1343.44
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii)			7098.83	3018.21	4070.62
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.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED <i>4-12-96</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED  and/or DATE OF RECEIPT

*SES*

PREPARER

*4-16-96*

DATE PREPARED

95030421152