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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Rhode Island Republica	n State Central Co	ommittee	
	1800 Post Road		
ADDRESS (number and street)	Suite 17-I		
Check if different			
than previously reported. (ACC)	Warwick		RI 02886 — — — — — — — — — — — — — — — — — —
2. FEC IDENTIFICATION NUM	IBER ▼ C	ITY ▲	STATE ▲ ZIP CODE ▲
C C00078196		IS THIS REPORT (N)	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report	b 20 (M2) May 20	(M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	ar 20 (M3) Jun 20 (	M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Ар	or 20 (M4) Jul 20 (M	77) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1)  July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2)	PRE-Election Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3)			
January 31 Year-End Report (YE)	Elect	ion on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the:	M = M / D = D	/ Y Y Y in the
(ILII)	Elect	ion on	State of
5. Covering Period 01	01 2011	through 0	6 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this	Report and to the best of	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer	Marc Tondreau		
Signature of Treasurer Marc To	ondreau	[Electronically Filed]	Date 12 05 7 2011
NOTE: Submission of false erroneou	us, or incomplete information	on may subject the person sign	ing this Report to the penalties of 2 U.S.C. §437g.
Office	20, or moompiete information	on may subject the person sign	
Use Only			FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
or Type Committee Name		

	Write or Type Committee Name  Rhode Island Republican State Central Committee			
R	eport Covering the Period: From:		06 30 7 2011	
		COLUMN A This Period	COLUMN B Calendar Year-to-Date	
6.	(a) Cash on Hand January 1, 2011	[	44954.64	
	(b) Cash on Hand at Beginning of Reporting Period	44954.64		
	(c) Total Receipts (from Line 19)	0.00	0.00	
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44954.64	44954.64	
7.	Total Disbursements (from Line 31)	0.00	0.00	
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44954.64	44954.64	
9.	Debts and Obligations Owed <b>TO</b> 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 multica	andidate 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### Rhode Island Republican State Central Committee

R	eport Covering the Period: From: 0°		06 30 7 2011
	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		
	Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized(iii) TOTAL (add	0.00	0.00
	Lines 11(a)(i) and (ii)	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  Transfers From Affiliated/Other	0.00	0.00
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
17	Political Committees	0.00	0.00
	(Dividends, Interest, etc.)	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	0.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	0.00

#### **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) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronian Tour to Buto
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures	0.00	0.00
22	(add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party	0.00	0.00
	Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	0.00	0.00
24.	Independent Expenditures	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	,		
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
28.	Refunds of Contributions To:	0.00	3.00
	(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
	(505)	7	7
	(d) Total Contribution Refunds	0.00	
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
29.	Other Disbursements	0.00	0.00
	Other Dispursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	7 7	
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Enico oo(a)(i), oo(a)(ii) and oo(b))	7	3.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c)) $\ldots$	0.00	0.00
	Tatal Fadaval Bishumana da		
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	0.00	0.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page **5** 

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F3XA Transaction ID :

No transactions to report.

Form/Schedule: Transaction ID:

## SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 7 OF 11

FOR LINE 13 OF FORM 3X

	Detailed Suffilliary Page
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4439
Rhode Island Republican State Central Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Carcieri for Governor	Primary  General
Mailing Address P. O. Box 20415	Other (specify) ▼
	de <sub>02920</sub>
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
3500.00	0.00 3500.00
TERMS  Date Incurred  Date Due	Interest Rate Secured:
03 / 24 / 2003 M M M / D D / Y	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)	3500.00
OTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If I	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 8 OF 11

FOR LINE 13 OF FORM 3X

		Detailed Summary Page
AME OF COMMITTEE (In Full) Rhode Island Republican State	Central Committee	Transaction ID : SC/10.4441
Though Island Nepublican State		·C
LOAN SOURCE Full Name (Last, First	, Middle Initial)	Election:
Carcieri for Governor		Primary
		General
Mailing Address P. O. Box 20415		Other (specify) ▼
1 . 0. Box 20410		
City Cranston		P Code <sub>02920</sub>
Original Amount of Loan	Cumulative Payme	nt To Date Balance Outstanding at Close of This Per
5000.00		0.00 5000.00
TERMS		
Date Incurred	Date	
06 10 2003	M   M / D   D /	% (apr)
List All Endorsers or Guarantors (if a	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial	)	Name of Employer
NA TE A LI		
Mailing Address		Occupation
		Amount
City Sta	te ZIP Code	Guaranteed
		Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City Sta	te ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City Sta	te ZIP Code	Guaranteed
		Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City Sta	te ZIP Code	Guaranteed
		Outstanding:
UBTOTALS This Period This Page (option	nal)	
OTALS This Period (last page in this line	only)	8500.00
carry outstanding balance only to LINE 3	, Schedule D, for this lin	ne. If no Schedule D, carry forward to appropriate line of Summar

#### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

**Excluding Loans** 

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

PAGE

	9
X	10

OF

11

numbered line) NAME OF COMMITTEE (In Full) Rhode Island Republican State Central Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Direct Mail Back Debt Campaign Solutions Mailing Address 228 South Washington Street City State Zip Code Alexandria 22314 Transaction ID: SD10.4144 Outstanding Balance Beginning This Period 1500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1500.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Back Pay Timothy Costa Mailing Address 84 Enfield Avenue City State Zip Code Providence 02908 RΙ Outstanding Balance Beginning This Period Transaction ID: SD10.4146 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2500.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Rent Back Debt **Hasley Properties** Mailing Address 18 Burnside Street Zip Code City State Bristol 02809 RΙ Transaction ID: SD10.4148 Outstanding Balance Beginning This Period 1587.39 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1587.39 0.00 5587.39 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 8500.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 8500.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

## SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 10
FOR LINE NUMBER: (check only one)

	9
X	10

10 OF

NAME OF COMMITTEE (In Full) Rhode Island Republican State Central Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Travel Back Debt JLM Consulting Mailing Address Info Requested City State Zip Code Alexandria 22314 Transaction ID: SD10.4150 Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1000.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Event Exp Back Debt Kentish Guards Mailing Address Main Street City State Zip Code East Greenwich 02818 RΙ Outstanding Balance Beginning This Period Transaction ID: SD10.4152 226.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 226.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Event Exp Photography Back Debt Richard Kizarian Mailing Address 337 Sastram Street Zip Code City State 02908 Providence RΙ Transaction ID: SD10.4160 Outstanding Balance Beginning This Period 600.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 600.00 0.00 1826.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 8500.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 8500.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

#### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

**Excluding Loans** 

(Use separate schedule(s) for each

PAGE FOR LINE NUMBER:

	9
X	10

11

OF

(check only one) numbered line) NAME OF COMMITTEE (In Full) Rhode Island Republican State Central Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Event Exp Election 2000 **Providence Marriot** Mailing Address Orms Street City State Zip Code Providence 02903 Transaction ID: SD10.4154 Outstanding Balance Beginning This Period 1198.53 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1198.53 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Back Pay Hon Joan Quick Mailing Address 16-G Mullen Hill Road City State Zip Code Little Compton 02837 RΙ Outstanding Balance Beginning This Period Transaction ID: SD10.4156 2575.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2575.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Event Exp Back Debt** Ralph Stuart Band Mailing Address 3 Regency Plaza Zip Code City State 02903 Providence RΙ Transaction ID: SD10.4158 Outstanding Balance Beginning This Period 325.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 325.00 0.00 4098.53 1) SUBTOTALS This Period This Page (optional)..... 11511.92 2) TOTALS This Period (last page this line number only)..... 8500.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 20011.92 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶