

# 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)  
R.I. Republican State Central Committee

ADDRESS (number and street)  Check if different than previously reported  
551 South Main Street

CITY, STATE and ZIP CODE  
Providence, RI 02903

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2. FEC IDENTIFICATION NUMBER  
C-00078196

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M).

## 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

- 12-Day Pre-Election Report for the General (Type of Election) election on Nov. 3<sup>rd</sup> in the State of RI
- 30-Day Post-Election 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>October 1, 1998</u> through <u>October 14, 1998</u>		
6.	(a) Cash on Hand January 1, 19 <u>98</u>		\$ <u>601.65</u>
	(b) Cash on Hand at Beginning of Reporting Period	\$ <u>2722.82</u>	
	(c) Total Receipts (from Line 18)	\$ <u>106,904.86</u>	\$ <u>183,894.78</u>
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>109,627.08</u>	\$ <u>184,496.43</u>
7.	Total Disbursements (from Line 30)	\$ <u>106,775.55</u>	\$ <u>181,644.90</u>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>2,851.53</u>	\$ <u>2851.53</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 899 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ <u>48,944.59</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  
Margaret C. Caughlin

Signature of Treasurer  
Margaret C. Caughlin

Date  
10/20/98

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

FEC FORM 3X  
(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM SX**

(revised 1/1/91)

NAME OF COMMITTEE <b>R.I. Republican Party</b>		REPORT COVERING PERIOD		
		FROM <b>10/1/98</b>	TO <b>10/14/98</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	700.00	11,300.00	11(a)(i)
ii.	Unitemized	3,554.86	8,959.86	11(a)(ii)
iii.	Total (add i and ii) >	4,254.86	20,259.86	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)	1,000.00	1,400.00	11(c)
d.	Total Contributions (add a ii, b and c) >	5,254.86	21,759.86	11(d)
12.	Transfers From Affiliated/Other Party Committees	44,150.00	44,150.00	12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity	7,500.00	67,994.92	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	106,904.86	183,894.78	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	99,404.86	115,909.86	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	910.47	12,587.24	21(a)(i)
ii.	Non-Federal Share	5,902.03	68,723.86	21(a)(ii)
b.	Other Federal Operating Expenditures	100,263.05	100,393.00	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	106,775.55	181,644.90	21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees			23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >	- 0 -	- 0 -	28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	106,775.55	181,644.90	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	109,873.52	112,921.04	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans) (from line 11d)	5,254.86	21,759.86	32
33.	Total Contribution Refunds (from line 28d)	- 0 -	- 0 -	33
34.	Net Contributions (other than loans) (subtract line 33 from 32)	5,254.86	21,759.86	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	100,873.52	112,921.04	35
36.	Offsets to Operating Expenditures (from line 15)	- 0 -	- 0 -	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	100,873.52	112,921.04	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11a(i)

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)

RI Republican Party

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandra J. Campbell 56 Fowler Street WICKFORD, RI 02852	Retired Occupation n/a	10/1/98	200. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miss Chapman 159 Watch Hill Westport, RI 02891	Retired Occupation n/a	10/1/98	500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
C. 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 > \$		
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) .....

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

700.<sup>00</sup>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

116

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)

*RI Republican Party*

A. 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
Senator Chafee Committee 10 Dorrance Street Providence RI 02903 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	n/a n/a \$ 1000	10/7/98	1000. <sup>00</sup>
B. 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
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) .....

1000

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full)

*NC Republican Party*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Republican National Committee 310 First Street, SE Washington, DC 20003</i> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	n/a Occupation: n/a Aggregate Year-to-Date > \$ <i>94,150</i>	<i>10/7/98</i>	<i>94,150.<sup>00</sup></i>
B. 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
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) .....

*94,150.<sup>00</sup>*

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 21b

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)

R.t. 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
Cherry Communications 227 N. Bronough Street Tallahassee, FL 32301	IDS CALLS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/98	70,669. <sup>20</sup>
B. Full Name, Mailing Address and ZIP Code Custom Air Services P.O. Box 72518 Washington, DC 20013	Air Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/98	6989. <sup>40</sup>
C. Full Name, Mailing Address and ZIP Code Fleet Bank 100 Westminster Street Providence, RI 02903	Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98 10/5/98	3. <sup>50</sup> 5. <sup>00</sup>
D. Full Name, Mailing Address and ZIP Code JM Communications 106 Rolfe Square Cranston, RI 02910	consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/7/98	15,794. <sup>50</sup>
E. Full Name, Mailing Address and ZIP Code Peter Wilkinson Photography 1944 Warwick Avenue Warwick, RI 02889	Photography Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/98	299. <sup>60</sup>
F. Full Name, Mailing Address and ZIP Code Providence Journal 29 Front Street Providence, RI 02902	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/7/98	2605. <sup>05</sup>
G. Full Name, Mailing Address and ZIP Code Providence Marriott 2 Orms Street Providence, RI 02904	Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/7/98	3696. <sup>80</sup>
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)

100,063.<sup>05</sup>

**SCHEDULE D**  
(Revised 3/90)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Page 1 of 4  
LINE NUMBER 15  
(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
<b>RI Republican Party</b> A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor RI Republican Party - STATE Account - 551 North Main Street Providence RI 02903	-	-	-	8041. <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 02903	3500. <sup>00</sup>	-	-	3500. <sup>00</sup>
Nature of Debt (Purpose): Rent				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Halsey Properties 18 Burnside Street Bristol RI 02809	1587. <sup>39</sup>	-	-	1587. <sup>39</sup>
Nature of Debt (Purpose): Rent + Utilities				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Cellular One One Franklin Square Providence, RI 02903	3392. <sup>00</sup>	-	-	3392. <sup>00</sup>
Nature of Debt (Purpose): Telephone				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Norma Willis 1191 North Road Jamestown RI 02835	4000. <sup>00</sup>	-	-	4000. <sup>00</sup>
Nature of Debt (Purpose): Back Pay				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor James E. Murphy, Jr 117 Upham Circle Gaithersburg, MD 20878	1778. <sup>86</sup>	-	-	1778. <sup>86</sup>
Nature of Debt (Purpose): Travel Expenses				
1) SUBTOTALS This Period This Page (optional)				22,306. <sup>09</sup>
2) TOTALS This Period (last page in 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 2 of 4 per  
LINE NUMBER 70  
(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
<b>RIE Republican Party</b>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Pitney Bowes PO Box 5151 Norwalk, CT 06856	1085. <sup>99</sup>	-0-	-0-	1085. <sup>99</sup>
Nature of Debt (Purpose): Equipment				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Capriccio 2 Pine Street Providence, RI 02903	576. <sup>15</sup>	-0-	-0-	576. <sup>15</sup>
Nature of Debt (Purpose): meeting				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Richard Kizarian 377 Jastun Street Providence, RI 02903	1335. <sup>00</sup>	-0-	-0-	1335. <sup>00</sup>
Nature of Debt (Purpose): Photography				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Ralph Stuart Band 3 Regency Plaza Providence, RI 02903	325. <sup>00</sup>	-0-	-0-	325. <sup>00</sup>
Nature of Debt (Purpose): Band				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Adesso One Cushing Street Providence, RI 02903	272. <sup>95</sup>	-0-	-0-	272. <sup>95</sup>
Nature of Debt (Purpose): meeting				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Caffe Nuovo One Citizens Plaza Providence, RI 02903	207. <sup>47</sup>	-0-	-0-	207. <sup>47</sup>
Nature of Debt (Purpose): meeting				
1) SUBTOTALS This Period This Page (optional)				3802. <sup>56</sup>
2) TOTALS This Period (last page in 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 4 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

Name of Debtor (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<b>RI Republican Party</b>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Camilles 71 BRADFORD Street Providence, RI 02903	652. <sup>69</sup>	-0-	-0-	652. <sup>69</sup>
Nature of Debt (Purpose): meeting				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Direct Mail Services 1450 Automobile Blvd. St. Petersburg, FL	4007. <sup>52</sup>	-0-	-0-	4007. <sup>52</sup>
Nature of Debt (Purpose): Direct Mail				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor J-Text 27 Fountain Street Providence, RI 02903	41. <sup>74</sup>	-0-	-0-	41. <sup>74</sup>
Nature of Debt (Purpose): Usage fee				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Old Canteen 120 Atwell Avenue Providence, RI 02903	447. <sup>35</sup>	-0-	-0-	447. <sup>35</sup>
Nature of Debt (Purpose): meeting				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Twin Oaks 100 Sabra Street Cranston, RI 02920	100. <sup>90</sup>	-0-	-0-	100. <sup>90</sup>
Nature of Debt (Purpose): meeting				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Blue Grotto 210 Atwell Avenue Providence, RI 02903	98. <sup>00</sup>	-0-	-0-	98. <sup>00</sup>
Nature of Debt (Purpose): meeting				
1) SUBTOTALS This Period This Page (optional)				5348. <sup>00</sup>
2) TOTALS This Period (last page in 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 4 for  
LINE NUMBER 25  
(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
<b>RE Republican Party</b>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Café Itri 1686 Cranston Street Cranston, RI 02920	100. <sup>00</sup>	-0-	-0-	100. <sup>00</sup>
Nature of Debt (Purpose): meetings				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor TA Associates 95 Lockmeadow Crags Road Cranston, RI 02920	498. <sup>90</sup>	-0-	498. <sup>90</sup>	-0-
Nature of Debt (Purpose): Signs				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Joan Quirk 169 Mullen Hill Road Little Compton, RI 02837	19,450. <sup>00</sup>	1350. <sup>00</sup>	3875. <sup>00</sup>	16,925. <sup>00</sup>
Nature of Debt (Purpose): sales pay (gross)				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bell Atlantic P.O. Box 968 Providence, RI 02901	468. <sup>77</sup>	-0-	-0-	468. <sup>77</sup>
Nature of Debt (Purpose): Telephone				
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)				19493. <sup>77</sup>
2) TOTALS This Period (last page in this line only)				48,944. <sup>50</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)				48,944. <sup>50</sup>

**ALLOCATION RATIOS**

NAME OF COMMITTEE

*R.I. 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 %
<i>DM 98</i> ACTIVITY IS: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	10	90
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 %
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 %

TRANSFERS FROM  
NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE <b>R.I. Republican Party</b>	TOTAL AMOUNT TRANSFERRED
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NAME OF ACCOUNT <b>R.I. Republican Party - STATE Account</b>	DATE OF RECEIPT <b>10/1/98</b>	\$ <b>4000.00</b>
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	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive .....	4000			
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 <b>RI Republican Party - STATE Account</b>	DATE OF RECEIPT <b>10/14/98</b>	\$ <b>3500.00</b>
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	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive .....	3500			
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 .....	7500			7500
TOTAL THIS PERIOD .....	7500			7500

NAME OF COMMITTEE  
*RI. Republican Party*

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
<i>Joan Quick 169 Mullen Hill Rd Little Compton, RI 02877</i>	<i>Net Pay</i>	<i>10/1/98</i>	<i>592.25</i>	<i>74.03</i>	<i>518.22</i>
		<i>10/1/98</i>	<i>592.25</i>	<i>74.03</i>	<i>518.22</i>
		<i>10/1/98</i>	<i>592.25</i>	<i>74.03</i>	<i>518.22</i>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <i>66,484.40</i> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
<i>Same As "A" Above</i>	<i>Net Pay</i>	<i>10/2/98</i>	<i>592.25</i>	<i>74.03</i>	<i>518.22</i>
		<i>10/2/98</i>	<i>592.25</i>	<i>74.03</i>	<i>518.22</i>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <i>67,638.90</i> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
<i>Konica 30 North Blossom St E. Providence, RI 02914</i>	<i>Repairs/ Supplies</i>	<i>10/1/98</i>	<i>309.22</i>	<i>38.65</i>	<i>270.57</i>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <i>67,948.12</i> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
<i>Patchex 501 Wampanoag Trail E. Providence, RI 02915</i>	<i>Payroll Taxes Payroll Taxes Payroll Prep.</i>	<i>10/1/98</i>	<i>915.74</i>	<i>114.47</i>	<i>801.27</i>
		<i>10/8/98</i>	<i>484.08</i>	<i>60.51</i>	<i>423.57</i>
		<i>10/12/98</i>	<i>128.40</i>	<i>16.05</i>	<i>112.35</i>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <i>69,476.37</i> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
<i>Postmaster 24 Carliss Street Providence, RI 02940</i>	<i>Postage</i>	<i>10/1/98</i>	<i>67.00</i>	<i>8.37</i>	<i>58.63</i>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <i>69,543.37</i> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
<i>Staples 551 North Main Street Providence, RI 02904</i>	<i>Supplies</i>	<i>10/1/98</i>	<i>33.73</i>	<i>4.18</i>	<i>29.55</i>
		<i>10/1/98</i>	<i>171.18</i>	<i>21.40</i>	<i>149.78</i>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <i>69,738.95</i> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			<i>5070.30</i>	<i>633.78</i>	<i>4436.52</i>
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a 1 and non-Fed. share to 21 a 2) ...					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

NAME OF COMMITTEE					
RI Republican Party					
A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
T.R. Associates 95 Sackamosses Cross Road Cranston, RI 02920	Signs	10/7/98	498. <sup>90</sup>	62. <sup>36</sup>	436. <sup>54</sup>
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 70,246. <sup>85</sup> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Kinno's 167 Angell Street Providence, RI 02906	Copies - DM 98	10/12/98	62. <sup>99</sup>	6. <sup>30</sup>	56. <sup>69</sup>
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 62. <sup>99</sup> <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 Carlos Street Providence, RI 02940	postage - DM 98	10/12/98	987. <sup>04</sup>	98. <sup>90</sup>	888. <sup>34</sup>
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 987. <sup>04</sup> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. 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 - DM 98	10/12/98	93. <sup>27</sup>	9. <sup>33</sup>	83. <sup>94</sup>
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 93. <sup>27</sup> <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE .....			1642. <sup>20</sup>	176. <sup>69</sup>	1465. <sup>51</sup>
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii) .....			6712. <sup>20</sup>	810. <sup>99</sup>	5902. <sup>03</sup>
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 81 of the detailed summary page) .....					5902. <sup>03</sup>

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 10/21/98
<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
<input type="checkbox"/> Electronic Filing	
<i>GAC</i> PREPARER	10/24/98 DATE PREPARED