

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

ADDRESS (number and street) **1800 POST ROAD**  
**SUITE 17-I**  
 Check if different than previously reported. (ACC) **WARWICK** **RI** **02886**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** **C00078196** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 **CHAPPELL, LANCE, , ,**

Signature of Treasurer **CHAPPELL, LANCE, , ,** Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		26795.33
(b) Cash on Hand at Beginning of Reporting Period.....	4405.14	
(c) Total Receipts (from Line 19) .....	1880.21	55385.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	6285.35	82180.54
7. Total Disbursements (from Line 31).....	6476.81	82372.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	- 191.46	- 191.46
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 <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Report Covering the Period: From: 07 / 01 / 2023 To: 09 / 30 / 2023

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		
(i) Itemized (use Schedule A).....	465.00	33585.00
(ii) Unitemized .....	1165.21	5550.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1630.21	39135.21
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1630.21	39135.21
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	250.00	16250.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	250.00	16250.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1880.21	5385.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1630.21	39135.21

**DETAILED SUMMARY PAGE**  
of Disbursements

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)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	6188.39	82083.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6188.39	82083.58
22. Transfers to Affiliated/Other Party Committees.....	250.00	250.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	38.42	38.42
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	38.42	38.42
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6476.81	82372.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6476.81	82372.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1630.21	39135.21
34. Total Contribution Refunds (from Line 28(d)) .....	38.42	38.42
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1591.79	39096.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6188.39	82083.58
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6188.39	82083.58

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

**A. Eckert, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 59 Meadow Sweet Trail  
 City Saunderstown State RI Zip Code 02874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2023  
**Transaction ID : SA11AI.7511**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Eckert, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 59 Meadow Sweet Trail  
 City Saunderstown State RI Zip Code 02874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2023  
**Transaction ID : SA11AI.7561**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Jamison, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Ocean Ave  
 City Jamestown State RI Zip Code 02835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pearson Capital Occupation (for Individual) Finance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2023  
**Transaction ID : SA11AI.7557**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

**A. Ricci, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 129 Scituate Ave.  
 City Johnston State RI Zip Code 02919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Toolmaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 08 / 2023  
**Transaction ID : SA11AI.7515**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Ricci, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 129 Scituate Ave.  
 City Johnston State RI Zip Code 02919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Toolmaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 08 / 17 / 2023  
**Transaction ID : SA11AI.7545**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**C. Shepherd, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 154 Bear Hill Rd  
 City Cumberland State RI Zip Code 02864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rosenstein, Halper & Maselli, LLP Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 09 / 2023  
**Transaction ID : SA11AI.7529**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 40.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 8 OF 23  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

**A. Whalen, Kevin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 132 Harris St

City Pawtucket	State RI	Zip Code 02861
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
725.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2023

**Transaction ID : SA11AI.7508**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Whalen, Kevin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 132 Harris St

City Pawtucket	State RI	Zip Code 02861
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2023

**Transaction ID : SA11AI.7543**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Whalen, Kevin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 132 Harris St

City Pawtucket	State RI	Zip Code 02861
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
775.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2023

**Transaction ID : SA11AI.7546**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 23  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

**A. Whalen, Kevin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 132 Harris St

City Pawtucket	State RI	Zip Code 02861
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2023

**Transaction ID : SA11AI.7551**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Whalen, Kevin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 132 Harris St

City Pawtucket	State RI	Zip Code 02861
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2023

**Transaction ID : SA11AI.7563**

Amount of Each Receipt this Period  
25.00

Memo Item

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	465.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Boston Globe**

Mailing Address 1 exchange Place

City  
Boston

State  
MA

Zip Code  
02109

Purpose of Disbursement

Subscription

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 25 / 2023

FEC Identification Number

C

**Transaction ID : SB21B.7489**

Amount of Each Disbursement this Period

27.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. Boston Globe**

Mailing Address 1 exchange Place

City  
Boston

State  
MA

Zip Code  
02109

Purpose of Disbursement

Subscription

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2023

FEC Identification Number

C

**Transaction ID : SB21B.7496**

Amount of Each Disbursement this Period

27.72

Memo Item

Full Name (Last, First, Middle Initial)

**C. Boston Globe**

Mailing Address 1 exchange Place

City  
Boston

State  
MA

Zip Code  
02109

Purpose of Disbursement

Subscription

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2023

FEC Identification Number

C

**Transaction ID : SB21B.7504**

Amount of Each Disbursement this Period

27.72

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

83.16

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

### A. Constant Contact

Mailing Address 1601 Trapelo Road

City Waltham State MA Zip Code 02451

Purpose of Disbursement  
Subscription  001  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
07 / 03 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B.7485  
Amount of Each Disbursement this Period  
208.65

Memo Item

Full Name (Last, First, Middle Initial)

### B. Constant Contact

Mailing Address 1601 Trapelo Road

City Waltham State MA Zip Code 02451

Purpose of Disbursement  
Subscription  001  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 04 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B.7495  
Amount of Each Disbursement this Period  
242.89

Memo Item

Full Name (Last, First, Middle Initial)

### C. Constant Contact

Mailing Address 1601 Trapelo Road

City Waltham State MA Zip Code 02451

Purpose of Disbursement  
Subscription  001  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 05 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B.7500  
Amount of Each Disbursement this Period  
242.89

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

694.43

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. COX COMMUNICATIONS**

Mailing Address 621 WILLIAM ST.

City  
EAST ORANGE

State  
NJ

Zip Code  
07017

Purpose of Disbursement

Internet

001

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	4			2	0	2	3		

FEC Identification Number

C  
**Transaction ID : SB21B.7487**

Amount of Each Disbursement this Period

560.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jesus Solorio**

Mailing Address 10 Park Row West apt 625

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

Salary

001

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4			2	0	2	3		

FEC Identification Number

C  
**Transaction ID : SB21B.7490**

Amount of Each Disbursement this Period

1600.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jesus Solorio**

Mailing Address 10 Park Row West apt 625

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

Salary

001

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	9			2	0	2	3		

FEC Identification Number

C  
**Transaction ID : SB21B.7491**

Amount of Each Disbursement this Period

2246.15

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4406.15

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jesus Solorio**

Mailing Address 10 Park Row West apt 625

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

Salary

001

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	8			2	0	2	3		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7492**

Amount of Each Disbursement this Period

[REDACTED]	300.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Nationbuilder**

Mailing Address 520 So Grand Ave

City  
Los Angeles

State  
CA

Zip Code  
90071

Purpose of Disbursement

Subscription

001

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	4			2	0	2	3		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7488**

Amount of Each Disbursement this Period

[REDACTED]	171.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Nationbuilder**

Mailing Address 520 So Grand Ave

City  
Los Angeles

State  
CA

Zip Code  
90071

Purpose of Disbursement

Subscription

001

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	4			2	0	2	3		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7498**

Amount of Each Disbursement this Period

[REDACTED]	171.00
------------	--------

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED]	642.00
------------	--------

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

[REDACTED]	
------------	--

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

### A. Nationbuilder

Mailing Address 520 So Grand Ave

City  
Los Angeles

State  
CA

Zip Code  
90071

Purpose of Disbursement

Subscription

Candidate Name

001

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	5				2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7505**

Amount of Each Disbursement this Period

[REDACTED]	171.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

### B. Quickbooks

Mailing Address 2700 Coast Ave

City  
Mountain View

State  
CA

Zip Code  
94043

Purpose of Disbursement

Subscription

Candidate Name

001

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				0	3				2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7486**

Amount of Each Disbursement this Period

[REDACTED]	32.10
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

### C. Quickbooks

Mailing Address 2700 Coast Ave

City  
Mountain View

State  
CA

Zip Code  
94043

Purpose of Disbursement

Subscription

Candidate Name

001

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				0	2				2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7493**

Amount of Each Disbursement this Period

[REDACTED]	32.10
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED]	235.20
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[REDACTED]	
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Form A: Quickbooks. Includes fields for Name, Address, City, State, Zip, Purpose (Subscription), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (09/05/2023), FEC ID, Transaction ID (SB21B.7501), and Amount (32.10).

Form B: WinRed. Includes fields for Name, Address, City, State, Zip, Purpose (Fee), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (07/10/2023), FEC ID, Transaction ID (SB21B.7566), and Amount (0.99).

Form C: WinRed. Includes fields for Name, Address, City, State, Zip, Purpose (Fee), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (07/20/2023), FEC ID, Transaction ID (SB21B.7567), and Amount (2.96).

SUBTOTAL of Disbursements This Page (optional) 36.05
TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. WinRed**

Mailing Address PO BOX 9891

City  
Arlington

State  
VA

Zip Code  
22219

Purpose of Disbursement

Fee

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	1		2	0	2	3		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7568**

Amount of Each Disbursement this Period

[REDACTED]	0.39
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

**B. WinRed**

Mailing Address PO BOX 9891

City  
Arlington

State  
VA

Zip Code  
22219

Purpose of Disbursement

Fee

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	8		2	0	2	3		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7569**

Amount of Each Disbursement this Period

[REDACTED]	14.20
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. WinRed**

Mailing Address PO BOX 9891

City  
Arlington

State  
VA

Zip Code  
22219

Purpose of Disbursement

Fee

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	9		2	0	2	3		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7570**

Amount of Each Disbursement this Period

[REDACTED]	10.05
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED]	24.64
------------	-------

[REDACTED]	
------------	--



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

**A. WinRed**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement  
Fee  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 10 / 2023

FEC Identification Number: C   
Transaction ID : SB21B.7571  
Amount of Each Disbursement this Period:

Memo Item

**B. WinRed**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement  
Fee  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 14 / 2023

FEC Identification Number: C   
Transaction ID : SB21B.7572  
Amount of Each Disbursement this Period:

Memo Item

**C. WinRed**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement  
Fee  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 17 / 2023

FEC Identification Number: C   
Transaction ID : SB21B.7573  
Amount of Each Disbursement this Period:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. WinRed**

Mailing Address PO BOX 9891

City  
Arlington

State  
VA

Zip Code  
22219

Purpose of Disbursement

Fee

003

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7574**

Amount of Each Disbursement this Period

[REDACTED] 0.99

Memo Item

Full Name (Last, First, Middle Initial)

**B. WinRed**

Mailing Address PO BOX 9891

City  
Arlington

State  
VA

Zip Code  
22219

Purpose of Disbursement

Fee

003

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7575**

Amount of Each Disbursement this Period

[REDACTED] 0.39

Memo Item

Full Name (Last, First, Middle Initial)

**C. WinRed**

Mailing Address PO BOX 9891

City  
Arlington

State  
VA

Zip Code  
22219

Purpose of Disbursement

Fee

003

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7576**

Amount of Each Disbursement this Period

[REDACTED] 1.97

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED] 3.35

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

**A. WinRed**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement  
Fee  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 31 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.7577  
Amount of Each Disbursement this Period: 0.39

Memo Item

**B. WinRed**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement  
Fee  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 01 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.7578  
Amount of Each Disbursement this Period: 0.99

Memo Item

**C. WinRed**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement  
Fee  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 05 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.7579  
Amount of Each Disbursement this Period: 3.94

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. WinRed**

Mailing Address PO BOX 9891

City  
Arlington

State  
VA

Zip Code  
22219

Purpose of Disbursement

Fee

003

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	2	3		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7580**

Amount of Each Disbursement this Period

[REDACTED]	3.94
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

**B. WinRed**

Mailing Address PO BOX 9891

City  
Arlington

State  
VA

Zip Code  
22219

Purpose of Disbursement

Fee

003

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	2	3		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7581**

Amount of Each Disbursement this Period

[REDACTED]	0.99
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

**C. WinRed**

Mailing Address PO BOX 9891

City  
Arlington

State  
VA

Zip Code  
22219

Purpose of Disbursement

Fee

003

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	2	3		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7582**

Amount of Each Disbursement this Period

[REDACTED]	3.94
------------	------

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED]	8.87
------------	------

[REDACTED]	
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

### A. WinRed

Mailing Address PO BOX 9891

City  
Arlington

State  
VA

Zip Code  
22219

Purpose of Disbursement

Fee

003

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.7583

Amount of Each Disbursement this Period

[REDACTED]	1.38
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

### B. WinRed

Mailing Address PO BOX 9891

City  
Arlington

State  
VA

Zip Code  
22219

Purpose of Disbursement

Fee

003

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.7584

Amount of Each Disbursement this Period

[REDACTED]	1.97
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]	
------------	--

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED]	3.35
------------	------

[REDACTED]	6153.39
------------	---------

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2023

Mailing Address 1800 POST ROAD  
SUITE 17-I

City  
WARWICK

State  
RI

Zip Code  
02886

FEC Identification Number

**C** C00078196

**Transaction ID : SB22.7503**

Amount of Each Disbursement this Period

250.00

Memo Item

Purpose of Disbursement  
Transfer to State Account

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

City

State

Zip Code

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

City

State

Zip Code

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

250.00

250.00

# SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)  
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	MM / DD / YYYY 07 / 24 / 2023	250.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	250.00
<b>Transaction ID : H3.7510</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support .....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	250.00
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	250.00