

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 WARWICK RI 02886 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00078196 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (X), July 31, Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), 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 10 / 01 / 2013 through 12 / 31 / 2013

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 Michael Grossi

Signature of Treasurer Michael Grossi [Electronically Filed] Date 04 / 10 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2013"/>	<input type="text" value="6731.49"/>	<input type="text" value="6731.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6731.49"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="44354.80"/>	<input type="text" value="44354.80"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="51086.29"/>	<input type="text" value="51086.29"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="42928.77"/>	<input type="text" value="42928.77"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8157.52"/>	<input type="text" value="8157.52"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate 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**

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

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).....	12160.00	12160.00
(ii) Unitemized .....	17285.00	17285.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	29445.00	29445.00
(b) Political Party Committees .....	11850.00	11850.00
(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) .....	41295.00	41295.00
12. Transfers From Affiliated/Other Party Committees.....	407.53	407.53
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).....	1952.27	1952.27
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).....	700.00	700.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	700.00	700.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	44354.80	44354.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	43654.80	43654.80

**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 .....	2079.75	2079.75
(ii) Non-Federal Share.....	7824.05	7824.05
(b) Other Federal Operating Expenditures .....	33024.97	33024.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	42928.77	42928.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
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 (2 U.S.C. §441a(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 .....	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	42928.77	42928.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35104.72	35104.72

**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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	41295.00	41295.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41295.00	41295.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	35104.72	35104.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1952.27	1952.27
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	33152.45	33152.45

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

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

FOR LINE NUMBER: PAGE 6 OF 41  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Aggragate Aggragate**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2013

**Transaction ID : SA11AI.4109**

Amount of Each Receipt this Period  
11660.00

Full Name (Last, First, Middle Initial)  
**B. DEXTER LIU**

Mailing Address 92 HARVEST DR

City State Zip Code  
PORTSMOUTH RI 02871

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
 10 / 04 / 2013

**Transaction ID : SA11AI.4156**

Amount of Each Receipt this Period  
500.00

In-kind - RAFFLE PRIZE

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12160.00

**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 41
<input type="checkbox"/> 11a	<input checked="" 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. REPUBLICAN NATIONAL COMMITTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 310 First Street, SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

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
10	/	01	/	2013

**Transaction ID : SA11B.4100**

Amount of Each Receipt this Period  

3950.00
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Wire

**B. REPUBLICAN NATIONAL COMMITTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 310 First Street, SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

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
11	/	01	/	2013

**Transaction ID : SA11B.4102**

Amount of Each Receipt this Period  

3950.00
---------

Wire

**C. REPUBLICAN NATIONAL COMMITTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 310 First Street, SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

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
12	/	05	/	2013

**Transaction ID : SA11B.4103**

Amount of Each Receipt this Period  

3950.00
---------

Wire

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	11850.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	11850.00

**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 41  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1800 POST ROAD  
SUITE 17-I  
City WARWICK State RI Zip Code 02886  
FEC ID number of contributing federal political committee. **C** C00078196  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 407.53

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 08 / 2013  
**Transaction ID : SA12.4318**  
Amount of Each Receipt this Period  
407.53

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

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

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	407.53
<b>TOTAL</b> This Period (last page this line number only).....▶	407.53



**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 9 OF 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. PAYCHEX**  
Full Name (Last, First, Middle Initial)  
Mailing Address 501 WOMANOAG TRAIL  
City RIVERSIDE State RI Zip Code 02915  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.05

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2013  
**Transaction ID : SA15.4323**  
Amount of Each Receipt this Period  
360.05  
**TAXES REFUND**

**B. PAYCHEX**  
Full Name (Last, First, Middle Initial)  
Mailing Address 501 WOMANOAG TRAIL  
City RIVERSIDE State RI Zip Code 02915  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 402.32

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013  
**Transaction ID : SA15.4324**  
Amount of Each Receipt this Period  
42.27  
**EIB INVOICE REFUND**

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	402.32
<b>TOTAL</b> This Period (last page this line number only).....▶	402.32

**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"/> 24	<input type="checkbox"/> 25	<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. HENRY ALMONTE Jr.**

Mailing Address 337 POST ROAD

City WAKEFIELD State RI Zip Code 02879

Purpose of Disbursement  
In-kind - RAFFLE PRIZE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2013

Transaction ID : SB21B.4115

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**B. BEACON MUTUAL INSURANCE CO**

Mailing Address 1 Beacon Center

City WARWICK State RI Zip Code 02886

Purpose of Disbursement  
INSURANCE POLICY PREMIUM

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2013

Transaction ID : SB21B.4218

Amount of Each Disbursement this Period

575.00

Full Name (Last, First, Middle Initial)

**C. CAPITAL HILL SUITES**

Mailing Address 200 C ST  
SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2013

Transaction ID : SB21B.4216

Amount of Each Disbursement this Period

256.59

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

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

1431.59

**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"/> 24	<input type="checkbox"/> 25	<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. LANCE CHAPPELL**

Mailing Address PO BOX 428

City SAUNDERSTOWN State RI Zip Code 02874

Purpose of Disbursement  
ENGINEERING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2013

Transaction ID : SB21B.4195

Amount of Each Disbursement this Period

2013.89

Full Name (Last, First, Middle Initial)

**B. DOREEN COSTA**

Mailing Address

City NORTH KINGSTOWN State RI Zip Code

Purpose of Disbursement  
PARTIAL COMMISSION ON SECOND AMENDMENT EVENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2013

Transaction ID : SB21B.4282

Amount of Each Disbursement this Period

822.36

Full Name (Last, First, Middle Initial)

**C. FABISCH LAW LLC**

Mailing Address 26 GLADSTONE ST

City SMITHFIELD State RI Zip Code 02917

Purpose of Disbursement  
CONSULTING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2013

Transaction ID : SB21B.4184

Amount of Each Disbursement this Period

1250.00

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

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

4086.25

**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"/> 24	<input type="checkbox"/> 25	<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. FABISCH LAW LLC**

Mailing Address 26 GLADSTONE ST

City SMITHFIELD State RI Zip Code 02917

Purpose of Disbursement  
CONSULTING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2013

Transaction ID : SB21B.4186

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. FABISCH LAW LLC**

Mailing Address 26 GLADSTONE ST

City SMITHFIELD State RI Zip Code 02917

Purpose of Disbursement  
CONSULTING SERVIVCES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2013

Transaction ID : SB21B.4187

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

**C. FABISCH LAW LLC**

Mailing Address 26 GLADSTONE ST

City SMITHFIELD State RI Zip Code 02917

Purpose of Disbursement  
CONSULTING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2013

Transaction ID : SB21B.4188

Amount of Each Disbursement this Period

1250.00

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

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

3750.00

**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"/> 24	<input type="checkbox"/> 25	<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. HASSARD DESIGN**

Mailing Address 92 HARVEST DRIVE

City PORTSMOUTH State RI Zip Code 02871

Purpose of Disbursement  
ADVERTISING DESIGN

004

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2013

Transaction ID : SB21B.4191

Amount of Each Disbursement this Period

400.46

Full Name (Last, First, Middle Initial)

**B. DEXTER LIU**

Mailing Address 92 HARVEST DR

City PORTSMOUTH State RI Zip Code 02871

Purpose of Disbursement  
In-kind - RAFFLE PRIZE

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2013

Transaction ID : SB21B.4164

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
PAYROLL

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2013

Transaction ID : SB21B.4291

Amount of Each Disbursement this Period

1264.55

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

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

2165.01

**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"/> 24	<input type="checkbox"/> 25	<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. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
EIB INVOICE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.4292

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
TAXES

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.4293

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
PAYROLL

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.4295

Amount of Each Disbursement this Period

**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"/> 24	<input type="checkbox"/> 25	<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. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
EIB INVOICE

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2013

Transaction ID : SB21B.4296

Amount of Each Disbursement this Period

42.27

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
TAXES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2013

Transaction ID : SB21B.4298

Amount of Each Disbursement this Period

360.05

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
EIB INVOICE

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2013

Transaction ID : SB21B.4299

Amount of Each Disbursement this Period

42.27

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

444.59

**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"/> 24	<input type="checkbox"/> 25	<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. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2013

**Transaction ID : SB21B.4300**

Amount of Each Disbursement this Period

42.27

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2013

**Transaction ID : SB21B.4284**

Amount of Each Disbursement this Period

590.16

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
EIB INVOICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2013

**Transaction ID : SB21B.4283**

Amount of Each Disbursement this Period

417.27

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

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

1049.70



**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"/> 24	<input type="checkbox"/> 25	<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. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
EIB INVOICE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.4301

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
TAXES

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.4285

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
PAYROLL

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.4286

Amount of Each Disbursement this Period

**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"/> 24	<input type="checkbox"/> 25	<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. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2013

Transaction ID : SB21B.4288

Amount of Each Disbursement this Period

188.59

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2013

Transaction ID : SB21B.4289

Amount of Each Disbursement this Period

435.36

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2013

Transaction ID : SB21B.4290

Amount of Each Disbursement this Period

120.89

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

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

744.84

**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"/> 24	<input type="checkbox"/> 25	<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. MICHAEL RILEY**

Mailing Address 444 OCEAN ROAD

City NARRAGANSETT State RI Zip Code 02882

Purpose of Disbursement  
In-kind - OFFICE FURNITURE AND CUBICLES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2013

Transaction ID : SB21B.4327

Amount of Each Disbursement this Period

9700.00

Full Name (Last, First, Middle Initial)

**B. ROD RUSO**

Mailing Address 610 GRAVELLY HILL RD

City WAKEFIELD State RI Zip Code 02879

Purpose of Disbursement  
In-kind - RAFFLE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2013

Transaction ID : SB21B.4122

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**C. ALLEN SYSLO**

Mailing Address 3314 WEST SHORE ROAD

City WARWICK State RI Zip Code 02886

Purpose of Disbursement  
In-kind - GIFT CERTIFICATE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2013

Transaction ID : SB21B.4174

Amount of Each Disbursement this Period

500.00

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

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

10550.00

# 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"/> 24	<input type="checkbox"/> 25	<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. BARBARA TETZNER**

Mailing Address 216 WOODHILL RD

City NARRAGANSETT State RI Zip Code 02882

Purpose of Disbursement  
In-kind - PATRIOTS TICKETS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2013

Transaction ID : SB21B.4145

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**B. BARBARA TETZNER**

Mailing Address 216 WOODHILL RD

City NARRAGANSETT State RI Zip Code 02882

Purpose of Disbursement  
In-kind - GIFT CERTIFICATES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2013

Transaction ID : SB21B.4152

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**C. BARBARA TETZNER**

Mailing Address 216 WOODHILL RD

City NARRAGANSETT State RI Zip Code 02882

Purpose of Disbursement  
In-kind - AMMUNITION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2013

Transaction ID : SB21B.4165

Amount of Each Disbursement this Period

1150.00

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

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

2150.00

**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"/> 24	<input type="checkbox"/> 25	<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. STEPHEN TETZNER**

Mailing Address 216 WOODHILL ROAD

City NARRAGANSETT State RI Zip Code 02882

Purpose of Disbursement  
In-kind - RAFFLE PRIZE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2013

Transaction ID : SB21B.4116

Amount of Each Disbursement this Period

895.00

Full Name (Last, First, Middle Initial)

**B. US AIRWAYS**

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
NORTH EAST CHAIRS FLY IN

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

002  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2013

Transaction ID : SB21B.4211

Amount of Each Disbursement this Period

285.80

Full Name (Last, First, Middle Initial)

**C. ERIC WISHART**

Mailing Address 20 SARAH LANR

City WARWICK State RI Zip Code

Purpose of Disbursement  
In-kind - GIFT CERTIFICATE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2013

Transaction ID : SB21B.4181

Amount of Each Disbursement this Period

500.00

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

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

1680.80

**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"/> 24	<input type="checkbox"/> 25	<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. MARK ZACCARIA**

Mailing Address 35 CONGDON HILL ROAD

City NORTH KINGSTOWN State RI Zip Code 02874

Purpose of Disbursement  
REIMBURSEMENT FOR FOOD

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2013

Transaction ID : SB21B.4243

Amount of Each Disbursement this Period

848.63

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

848.63

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

31261.60

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

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

Transaction ID : H1.4134

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check   
**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %  
 Nonfederal .....  %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

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

Transaction ID : H1.4139

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check   
**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal .....  %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only



**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 12 / 18 / 2013	700.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	700.00
<b>Transaction ID : H3.4321</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) .....	700.00
<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).....	700.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

**A. Full Name (Last, First, Middle Initial) Transaction ID : H4.4309**  
**TD BANK**  
Mailing Address 2625 W Shore Rd  
City Warwick State RI Zip Code 02889  
Purpose of Disbursement: FEES  
Activity or Event Identifier: Administrative  
Category/Type 001  
Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date: 35.00  
Date: 10 / 11 / 2013

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.35		27.65		35.00

**B. Full Name (Last, First, Middle Initial) Transaction ID : H4.4310**  
**TD BANK**  
Mailing Address 2625 W Shore Rd  
City Warwick State RI Zip Code 02889  
Purpose of Disbursement: FEES  
Activity or Event Identifier: Administrative  
Category/Type 001  
Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date: 105.00  
Date: 10 / 15 / 2013

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.70		55.30		70.00

**C. Full Name (Last, First, Middle Initial) Transaction ID : H4.4227**  
**ERIC WISHART**  
Mailing Address 20 SARAH LANR  
City WARWICK State RI Zip Code  
Purpose of Disbursement: AMMUNITION EXPENSE REIMBURSEMENT  
Activity or Event Identifier: Administrative  
Category/Type 003  
Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date: 758.77  
Date: 10 / 16 / 2013

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
137.29		516.48		653.77

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
159.34		599.43		758.77

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) <b>LOWES</b>		Transaction ID : H4.4222		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 555 GREENWICH AVE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City WARWICK State RI Zip Code				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement:		Category/ Type		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: <b>Administrative</b>				778.65	
				Date 10 / 21 / 2013	
FEDERAL SHARE		+		NONFEDERAL SHARE	
4.17				15.71	
		=		TOTAL AMOUNT	
				19.88	

B. Full Name (Last, First, Middle Initial) <b>LOWES</b>		Transaction ID : H4.4224		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 555 GREENWICH AVE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City WARWICK State RI Zip Code				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: OFFICE RENOVATION EXPENSES		Category/ Type		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative				988.28	
				Date 10 / 21 / 2013	
FEDERAL SHARE		+		NONFEDERAL SHARE	
44.02				165.61	
		=		TOTAL AMOUNT	
				209.63	

C. Full Name (Last, First, Middle Initial) <b>MARK SMILEY</b>		Transaction ID : H4.4225		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 14 EVIE DR				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City WARREN State RI Zip Code				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement:		Category/ Type		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative				1715.32	
				Date 10 / 21 / 2013	
FEDERAL SHARE		+		NONFEDERAL SHARE	
152.68				574.36	
		=		TOTAL AMOUNT	
				727.04	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
200.87		755.68		956.55

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : H4.4228**  
**OCEAN STATE JOB LOT**  
Mailing Address 3030 WEST SHORE ROAD

City State Zip Code  
WARWICK RI 02886

Purpose of Disbursement:  
STORAGE AND OFFICE PARTS

Activity or Event Identifier:  
**Administrative**

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
1782.99

Date M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2013

Category/Type  
001

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
14.21 + 53.46 = 67.67

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : H4.4230**  
**HOME DEPOT**  
Mailing Address 80 UNIVERSAL BLVD

City State Zip Code  
WARWICK RI 02886

Purpose of Disbursement:  
OFFICE AND STORAGE EQUIPMENT

Activity or Event Identifier:  
Administrative

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
1847.20

Date M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2013

Category/Type  
001

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
13.48 + 50.73 = 64.21

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : H4.4129**  
**Airport Plaza Associates**  
Mailing Address

City State Zip Code

Purpose of Disbursement:  
Rent

Activity or Event Identifier:  
Administrative

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
2422.20

Date M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2013

Category/Type  
001

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
120.75 + 454.25 = 575.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
148.44		558.44		706.88

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.4232 Allocated Activity or Event: Administrative (checked) Fundraising (unchecked) Exempt (unchecked) Voter Drive (unchecked) Direct Candidate Support (unchecked) Public Comm (ref to party only) by PAC (unchecked) Allocated Activity or Event Year-To-Date: 2462.27 Date: 10/24/2013 Purpose of Disbursement: SIGNS Activity or Event Identifier: Administrative Category/Type: 001 FEDERAL SHARE: 8.40 NONFEDERAL SHARE: 31.67 TOTAL AMOUNT: 40.07

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.4234 Allocated Activity or Event: Administrative (checked) Fundraising (unchecked) Exempt (unchecked) Voter Drive (unchecked) Direct Candidate Support (unchecked) Public Comm (ref to party only) by PAC (unchecked) Allocated Activity or Event Year-To-Date: 3037.27 Date: 10/24/2013 Purpose of Disbursement: Airport Plaza Associates Activity or Event Identifier: Administrative Category/Type: 001 FEDERAL SHARE: 120.75 NONFEDERAL SHARE: 454.25 TOTAL AMOUNT: 575.00

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.4311 Allocated Activity or Event: Administrative (checked) Fundraising (unchecked) Exempt (unchecked) Voter Drive (unchecked) Direct Candidate Support (unchecked) Public Comm (ref to party only) by PAC (unchecked) Allocated Activity or Event Year-To-Date: 3057.27 Date: 10/24/2013 Purpose of Disbursement: FEES Activity or Event Identifier: Administrative Category/Type: 001 FEDERAL SHARE: 4.20 NONFEDERAL SHARE: 15.80 TOTAL AMOUNT: 20.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 133.35, 501.72, 635.07

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (empty), (empty), (empty)

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) <b>OCEAN STATE JOB LOT</b>		Transaction ID : <b>H4.4235</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 3030 WEST SHORE ROAD			Allocated Activity or Event Year-To-Date 3075.57	
City WARWICK	State RI	Zip Code 02886	Date 10 / 25 / 2013	
Purpose of Disbursement: OFFICE SUPPLIES		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
3.84			14.46	18.30

B. Full Name (Last, First, Middle Initial) <b>JUSTIN PRICE</b>		Transaction ID : <b>H4.4236</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date 3177.84	
City	State RI	Zip Code	Date 10 / 25 / 2013	
Purpose of Disbursement: DOOR FOR OFFICE		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
21.48			80.79	102.27

C. Full Name (Last, First, Middle Initial) <b>CANNON FINANCIAL SERVICES</b>		Transaction ID : <b>H4.4238</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 100 GAITHER DR			Allocated Activity or Event Year-To-Date 3793.60	
City MT LAUREL	State NJ	Zip Code 08054	Date 10 / 25 / 2013	
Purpose of Disbursement:				
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
129.31			486.45	615.76

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
154.63		581.70		736.33

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) <b>TD BANK</b>		Transaction ID : <b>H4.4312</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2625 W Shore Rd			Allocated Activity or Event Year-To-Date 3828.60	
City Warwick	State RI	Zip Code 02889	Date 10 / 25 / 2013	
Purpose of Disbursement: FEES		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
7.35			27.65	
		=	TOTAL AMOUNT	
			35.00	

B. Full Name (Last, First, Middle Initial) <b>HOME DEPOT</b>		Transaction ID : <b>H4.4240</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 80 UNIVERSAL BLVD			Allocated Activity or Event Year-To-Date 3931.71	
City WARWICK	State RI	Zip Code 02886	Date 10 / 28 / 2013	
Purpose of Disbursement: OFFICE RENOVATION SUPPLIES		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
21.65			81.46	
		=	TOTAL AMOUNT	
			103.11	

C. Full Name (Last, First, Middle Initial) <b>TD BANK</b>		Transaction ID : <b>H4.4313</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2625 W Shore Rd			Allocated Activity or Event Year-To-Date 4001.71	
City Warwick	State RI	Zip Code 02889	Date 10 / 28 / 2013	
Purpose of Disbursement: FEES		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
14.70			55.30	
		=	TOTAL AMOUNT	
			70.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
43.70		164.41		208.11

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) <b>LOWES</b>		Transaction ID : <b>H4.4244</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 555 GREENWICH AVE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City WARWICK State RI Zip Code				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: OFFICE SUPPLIES		001		Allocated Activity or Event Year-To-Date 4031.11	
Activity or Event Identifier: Administrative		Category/Type		Date 10 / 29 / 2013	
FEDERAL SHARE		+		NONFEDERAL SHARE	
6.17				23.23	
		=		TOTAL AMOUNT	
				29.40	

B. Full Name (Last, First, Middle Initial) <b>LOWES</b>		Transaction ID : <b>H4.4245</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 555 GREENWICH AVE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City WARWICK State RI Zip Code				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: OFFICE RENOVATION SUPPLIES		001		Allocated Activity or Event Year-To-Date 4065.67	
Activity or Event Identifier: Administrative		Category/Type		Date 10 / 29 / 2013	
FEDERAL SHARE		+		NONFEDERAL SHARE	
7.26				27.30	
		=		TOTAL AMOUNT	
				34.56	

C. Full Name (Last, First, Middle Initial) <b>STAPLES</b>		Transaction ID : <b>H4.4246</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1800 POST ROAD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City WARWICK State RI Zip Code 02886				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: OFFICE SUPPLIES		001		Allocated Activity or Event Year-To-Date 4097.74	
Activity or Event Identifier: Administrative		Category/Type		Date 10 / 31 / 2013	
FEDERAL SHARE		+		NONFEDERAL SHARE	
6.73				25.34	
		=		TOTAL AMOUNT	
				32.07	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.16		75.87		96.03

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) <b>AIRPORT LIQUIRS</b>		Transaction ID : <b>H4.4248</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1800 POST ROAD			Allocated Activity or Event Year-To-Date 4187.04	
City WARWICK	State RI	Zip Code 02886	Date 10 / 31 / 2013	
Purpose of Disbursement: OFFICE REFRESHMENTS FOR HQ UNVAILING				
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
18.75			70.55	89.30

B. Full Name (Last, First, Middle Initial) <b>TD BANK</b>		Transaction ID : <b>H4.4314</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2625 W Shore Rd			Allocated Activity or Event Year-To-Date 4222.04	
City Warwick	State RI	Zip Code 02889	Date 10 / 31 / 2013	
Purpose of Disbursement: FEES				
Activity or Event Identifier: Administrative		Category/ Type 001		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
7.35			27.65	35.00

C. Full Name (Last, First, Middle Initial) <b>Airport Plaza Associates</b>		Transaction ID : <b>H4.4250</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date 4797.04	
City	State	Zip Code	Date 11 / 01 / 2013	
Purpose of Disbursement: RENT				
Activity or Event Identifier: Administrative		Category/ Type 001		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
120.75			454.25	575.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
146.85		552.45		699.30

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) <b>DAVES MARKETPLACE</b>		Transaction ID : H4.4251		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address AIRPORT ROAD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City WARWICK		State RI	Zip Code 02886	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FOOD		001		Allocated Activity or Event Year-To-Date 4814.01	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 04 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.56			13.41		16.97

B. Full Name (Last, First, Middle Initial) <b>DUNKIN DONUTS</b>		Transaction ID : H4.4253		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address POST ROAD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City WARWICK		State RI	Zip Code 02886	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FOOD FOR TRAINING EVENT				Allocated Activity or Event Year-To-Date 4834.33	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 04 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.27			16.05		20.32

C. Full Name (Last, First, Middle Initial) <b>HOME DEPOT</b>		Transaction ID : H4.4255		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 80 UNIVERSAL BLVD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City WARWICK		State RI	Zip Code 02886	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: OFFICE TOUCH UPS		001		Allocated Activity or Event Year-To-Date 4874.28	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 04 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.39			31.56		39.95

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.22		61.02		77.24

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) <b>STAPLES</b>		Transaction ID : H4.4256		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1800 POST ROAD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City WARWICK		State RI	Zip Code 02886	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: OFFICE SUPPLIES		001		Allocated Activity or Event Year-To-Date 4924.43	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 04 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.53			39.62		50.15

B. Full Name (Last, First, Middle Initial) <b>US AIRWAYS</b>		Transaction ID : H4.4257		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 4000 E SKY HARBOR BLVD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City PHOENIX		State AZ	Zip Code 85034	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: TRAVEL		002		Allocated Activity or Event Year-To-Date 5097.33	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 04 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.31			136.59		172.90

C. Full Name (Last, First, Middle Initial) <b>COX XCOMMUNICATIONS</b>		Transaction ID : H4.4258		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 621 WILLIAM ST.				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City EAST ORANGE		State NJ	Zip Code 07017	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: TELEPHONE AND INTERNET SERVICE		001		Allocated Activity or Event Year-To-Date 6029.60	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 04 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
195.78			736.49		932.27

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
242.62		912.70		1155.32

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : H4.4260**  
**TAXI MAGIC VIRGINIA**  
Mailing Address 5904 RICHMOND HIGHWAY  
City ALEXANDRIA State VA Zip Code 22314  
Purpose of Disbursement: TAXI FARE  
Activity or Event Identifier: Administrative  
Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date 6048.61  
Date 11 / 08 / 2013  
Category/Type 002

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.99		15.02		19.01

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : H4.4262**  
**WWW.YOURTAXICAB**  
Mailing Address  
City WASHINGTON State DC Zip Code  
Purpose of Disbursement: TAXI FARE  
Activity or Event Identifier: Administrative  
Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date 6067.84  
Date 11 / 08 / 2013  
Category/Type 002

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.04		15.19		19.23

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : H4.4264**  
**SAM AND HARRY**  
Mailing Address  
City WASHINGTON State DC Zip Code  
Purpose of Disbursement:  
Activity or Event Identifier: Administrative  
Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date 6087.07  
Date 11 / 12 / 2013  
Category/Type 002

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.04		15.19		19.23

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.07		45.40		57.47

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) <b>CAPITOL HILL CLUB</b>		Transaction ID : <b>H4.4266</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 300 FIRST STREET SE				Allocated Activity or Event Year-To-Date 6117.51		
City WASHINGTON	State DC	Zip Code 20003		Date M M / D D / Y Y Y Y Y Y 11 / 12 / 2013		
Purpose of Disbursement: LUNCH WITH SENATOR PAUL		002				
Activity or Event Identifier: Administrative		Category/ Type				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
6.39			24.05			30.44

B. Full Name (Last, First, Middle Initial) <b>CAPITAL HILL SUITES</b>		Transaction ID : <b>H4.4269</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 200 C ST SE				Allocated Activity or Event Year-To-Date 6328.19		
City WASHINGTON	State DC	Zip Code 20003		Date M M / D D / Y Y Y Y Y Y 11 / 12 / 2013		
Purpose of Disbursement: HOTEL		002				
Activity or Event Identifier: Administrative		Category/ Type				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
44.24			166.44			210.68

C. Full Name (Last, First, Middle Initial) <b>PROVIDENCE TF GREEN FOOD COURT</b>		Transaction ID : <b>H4.4270</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2000 POST ROAD				Allocated Activity or Event Year-To-Date 6354.09		
City WARWICK	State RI	Zip Code 02886		Date M M / D D / Y Y Y Y Y Y 11 / 12 / 2013		
Purpose of Disbursement: TRAVEL FOOD		002				
Activity or Event Identifier: Administrative		Category/ Type				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
5.44			20.46			25.90

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.07		210.95		267.02

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) <b>PIZZA KING</b>		Transaction ID : <b>H4.4272</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1800 POST ROAD			Allocated Activity or Event Year-To-Date 6415.76	
City WARWICK	State RI	Zip Code 02886	Date 11 / 12 / 2013	
Purpose of Disbursement: OPEN HOUSE		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
12.95			48.72	
		=	TOTAL AMOUNT	
			61.67	

B. Full Name (Last, First, Middle Initial) <b>STAPLES</b>		Transaction ID : <b>H4.4273</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1800 POST ROAD			Allocated Activity or Event Year-To-Date 6469.24	
City WARWICK	State RI	Zip Code 02886	Date 11 / 14 / 2013	
Purpose of Disbursement: OFFICE SUPPLIES		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
11.23			42.25	
		=	TOTAL AMOUNT	
			53.48	

C. Full Name (Last, First, Middle Initial) <b>Airport Plaza Associates</b>		Transaction ID : <b>H4.4274</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date 7437.59	
City	State	Zip Code	Date 11 / 14 / 2013	
Purpose of Disbursement: RENT AND UTILITIES		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
203.35			765.00	
		=	TOTAL AMOUNT	
			968.35	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
227.53		855.97		1083.50

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Form A: RI SHRINERS, Transaction ID: H4.4275. Allocated Activity or Event: Administrative. Date: 11/18/2013. Total Amount: 125.00.

Form B: TD BANK, Transaction ID: H4.4315. Allocated Activity or Event: Administrative. Date: 11/25/2013. Total Amount: 35.00.

Form C: CAPITOL HILL CLUB, Transaction ID: H4.4268. Allocated Activity or Event: Administrative. Date: 11/29/2013. Total Amount: 50.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE (44.10), NONFEDERAL SHARE (165.90), TOTAL AMOUNT (210.00).

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Form A: TD BANK, Transaction ID: H4.4316. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (FEES), Activity or Event Identifier (Administrative), and Allocated Activity or Event (Administrative). Totals: FEDERAL SHARE 4.20, NONFEDERAL SHARE 15.80, TOTAL AMOUNT 20.00.

Form B: WASTE MANAGEMENT, Transaction ID: H4.4277. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (TRASH REMOVAL FEES), Activity or Event Identifier (Administrative), and Allocated Activity or Event (Administrative). Totals: FEDERAL SHARE 39.10, NONFEDERAL SHARE 147.11, TOTAL AMOUNT 186.21.

Form C: LANCE CHAPPELL, Transaction ID: H4.4304. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (ELECTRICAL ENGINEERING), Activity or Event Identifier (Administrative), and Allocated Activity or Event (Administrative). Totals: FEDERAL SHARE 105.00, NONFEDERAL SHARE 395.00, TOTAL AMOUNT 500.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 148.30, NONFEDERAL SHARE 557.91, TOTAL AMOUNT 706.21.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

**A. Full Name (Last, First, Middle Initial) Transaction ID : H4.4306**  
**Airport Plaza Associates**  
Mailing Address  
City State Zip Code  
Purpose of Disbursement: RENT  
Activity or Event Identifier: Administrative  
Category/Type: 001  
Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date: 8928.80  
Date: 12 / 18 / 2013

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
120.75		454.25		575.00

**B. Full Name (Last, First, Middle Initial) Transaction ID : H4.4307**  
**Airport Plaza Associates**  
Mailing Address  
City State Zip Code  
Purpose of Disbursement: RENT  
Activity or Event Identifier: Administrative  
Category/Type: 001  
Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date: 9503.80  
Date: 12 / 18 / 2013

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
120.75		454.25		575.00

**C. Full Name (Last, First, Middle Initial) Transaction ID : H4.4308**  
**CAPITOL HILL CLUB**  
Mailing Address 300 FIRST STREET SE  
City WASHINGTON State DC Zip Code 20003  
Purpose of Disbursement: DUES  
Activity or Event Identifier: Administrative  
Category/Type: 001  
Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date: 9903.80  
Date: 12 / 18 / 2013

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.00		316.00		400.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
325.50		1224.50		1550.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
2079.75	7824.05	9903.80