

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Rhode Island Republican State Central Committee

ADDRESS (number and street) 3351 Post Road Check if different than previously reported. (ACC) Warwick RI 02886

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 03 01 2009 through 03 31 2009

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 Marc Tondreau

Signature of Treasurer Electronically Filed by Marc Tondreau Date 04 20 2009

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

Office Use Only FEC FORM 3X (Rev. 12/2004)

**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: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		45602.99
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	45407.23									
(c) Total Receipts (from Line 19) .....	2970.00	13366.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	48377.23	58969.15								
7. Total Disbursements (from Line 31) .....	2559.08	13151.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	45818.15	45818.15								
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) .....	20011.92									

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**

Write or Type Committee Name  
Rhode Island Republican State Central Committee

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	2000.00	10000.00
(i) Itemized (use Schedule A) .....	620.00	825.00
(ii) Unitemized .....	2620.00	10825.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2620.00	10825.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	1000.00
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) .....	100.00	291.16
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	1250.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	250.00	1250.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2970.00	13366.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2720.00	12116.16

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	921.27	4734.39
(ii) Non-Federal Share.....	1637.81	8416.61
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2559.08	13151.00
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 Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	2559.08	13151.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	921.27	4734.39

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	2620.00	10825.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2620.00	10825.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	921.27	4734.39
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	100.00	291.16
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	821.27	4443.23

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

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

FOR LINE NUMBER: PAGE 6 / 15  
(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

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

Mailing Address 3 Larchwood Drive

City State Zip Code  
Cumberland RI 02864

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

Name of Employer Occupation  
Merrill Lynch Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** SA11AI.6690

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Arthur Milot

Mailing Address P.O. Box 456

City State Zip Code  
Jamestown RI 02835

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** SA11AI.6727

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**TOTAL** This Period (last page this line number only) ..... ► 2000.00

# SCHEDULE C (FEC Form 3X)

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

PAGE 7 / 15  
FOR LINE 13 OF FORM 3X

## LOANS

NAME OF COMMITTEE (In Full)  
Rhode Island Republican State Central Committee  
**Transaction ID: SC/10.4439**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Carcieri for Governor	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P. O. Box 20415	
City Cranston State RI ZIP Code 02920	

Original Amount of Loan 3500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3500.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred MM DD YY 03 24 2003	Date Due	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	3500.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

# SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

## LOANS

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

Transaction ID: SC/10.4441

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Carcieri for Governor

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address P. O. Box 20415

City Cranston State RI ZIP Code 02920

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

### TERMS

Date Incurred: MM DD YYYY  06  10  2003

Date Due:

Interest Rate:  0.0000 % (apr)

Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text"/> 5000.00
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/> 8500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Solutions	Nature of Debt (Purpose): Direct Mail Back Debt
Mailing Address 228 South Washington Street	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 1500.00	<b>Transaction ID: SD10.4144</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Timothy Costa	Nature of Debt (Purpose): Back Pay
Mailing Address 84 Enfield Avenue	
City State ZIP Code Providence RI 02908	

Outstanding Balance Beginning This Period 2500.00	<b>Transaction ID: SD10.4146</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Hasley Properties	Nature of Debt (Purpose): Rent Back Debt
Mailing Address 18 Burnside Street	
City State ZIP Code Bristol RI 02809	

Outstanding Balance Beginning This Period 1587.39	<b>Transaction ID: SD10.4148</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1587.39

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>5587.39</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> JLM Consulting			Nature of Debt (Purpose): Travel Back Debt
Mailing Address Info Requested			
City Alexandria	State VA	ZIP Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>		<b>Transaction ID: SD10.4150</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Kentish Guards			Nature of Debt (Purpose): Event Exp Back Debt
Mailing Address Main Street			
City East Greenwich	State RI	ZIP Code 02818	

Outstanding Balance Beginning This Period <input type="text" value="226.00"/>		<b>Transaction ID: SD10.4152</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="226.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Richard Kizarian			Nature of Debt (Purpose): Event Exp Photography Back Debt
Mailing Address 337 Sastram Street			
City Providence	State RI	ZIP Code 02908	

Outstanding Balance Beginning This Period <input type="text" value="600.00"/>		<b>Transaction ID: SD10.4160</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="600.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1826.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Providence Marriot			Nature of Debt (Purpose): Event Exp Election 2000
Mailing Address Orms Street			
City Providence	State RI	ZIP Code 02903	

Outstanding Balance Beginning This Period 1198.53		<b>Transaction ID: SD10.4154</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1198.53	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Hon Joan Quick			Nature of Debt (Purpose): Back Pay
Mailing Address 16-G Mullen Hill Road			
City Little Compton	State RI	ZIP Code 02837	

Outstanding Balance Beginning This Period 2575.00		<b>Transaction ID: SD10.4156</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2575.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Ralph Stuart Band			Nature of Debt (Purpose): Event Exp Back Debt
Mailing Address 3 Regency Plaza			
City Providence	State RI	ZIP Code 02903	

Outstanding Balance Beginning This Period 325.00		<b>Transaction ID: SD10.4158</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 325.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	4098.53
<b>2) TOTALS</b> This Period (last page this line number only).....	11511.92
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	8500.00
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	20011.92

**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	M M / D D / Y Y Y Y 03 / 17 / 2009	250.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	250.00	Transaction ID: H3.6715
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		
		Transaction ID:

**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

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Lammis Vargas			Type of Allocated Activity: <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 37 Cato Ave.			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">10919.13</div>	
City	State	Zip Code	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	
Pawtucket	RI	02860		
Purpose of Disbursement:			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; text-align: center;">03 / 06 / 2009</div>	
Activity or Event Identifier: Administrative			Transaction ID: H4.6729	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
206.18		366.53		572.71

<b>B. Full Name (Last, First, Middle Initial)</b> Paychex			Type of Allocated Activity: <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 501 Wampanoag Trail			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">11164.63</div>	
City	State	Zip Code	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	
East Providence	RI	02915		
Purpose of Disbursement:			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; text-align: center;">03 / 06 / 2009</div>	
Activity or Event Identifier: Administrative			Transaction ID: H4.6731	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
88.38		157.12		245.50

<b>C. Full Name (Last, First, Middle Initial)</b> Blue Cross Blue Shield of Rhode Island			Type of Allocated Activity: <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 PO Box 1057			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">11469.39</div>	
City	State	Zip Code	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	
Providence	RI	02901		
Purpose of Disbursement:			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; text-align: center;">03 / 17 / 2009</div>	
Activity or Event Identifier: Administrative			Transaction ID: H4.6733	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
109.71		195.05		304.76

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
404.27		718.70		1122.97

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:  
Administrative

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

Allocated Activity or Event Year-To-Date  
11638.89

Date  /  /

Transaction ID: H4.6734

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.02		108.48		169.50

**B. Full Name (Last, First, Middle Initial)**  
Rhodes on the Pawtuxet

Mailing Address  
60 Rhodes Pl

City State Zip Code  
Cranston RI 02905

Purpose of Disbursement:

Activity or Event Identifier:  
Administrative

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

Allocated Activity or Event Year-To-Date  
12088.89

Date  /  /

Transaction ID: H4.6735

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
162.00		288.00		450.00

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

Mailing Address  
37 Cato Ave.

City State Zip Code  
Pawtucket RI 02860

Purpose of Disbursement:

Activity or Event Identifier:  
Administrative

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

Allocated Activity or Event Year-To-Date  
12676.99

Date  /  /

Transaction ID: H4.6730

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
211.72		376.38		588.10

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
434.74		772.86		1207.60

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Paychex			Type of Allocated Activity: <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 501 Wampanoag Trail			Allocated Activity or Event Year-To-Date 12905.50		
City East Providence	State RI	Zip Code 02915	Category/ Type 001	Date M M / D D / Y Y Y Y 03 / 27 / 2009	
Purpose of Disbursement:			Transaction ID: H4.6732		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
82.26		146.25		228.51

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
82.26		146.25		228.51

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
921.27	1637.81	2559.08