01/12/2008 06:52

Image# 28990044357

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3X  | For Othe          | er Than An   | Authorize            | d Commit                    | tee             |         | Office U   | se Only         |   |
|--|-------------------|--|----------------------|-----------------------------|-----------------|---------|--|-----------------|---|
| NAME OF COMMITTEE (in full)  |                   | MAILING LAB<br>OR PRINT  |                      | ample:If typinger the lines | g, type         |         |  |                 |   |
| Rhode Island Republican S  | ate Central (     |  | 1 1 1 1              |                             |                 |         |  |                 |   |
|  |                   |  |                      |                             |                 |         |  |                 |   |
| ADDRESS (number and street)  | 3351 P            | ost Road   |                      |                             |                 |         |  |                 |   |
| Check if different than previously reported. (ACC)   | Warwio            | :k   |                      |                             |                 | RI      | (  | 02886           |   |
| 2. FEC IDENTIFICATION NU   | MBER 1            |  | CITY 🛋               |                             |                 | STATE   | <b>t</b>   | ZIPCODE         | ≣ 🛕   |
| C00078196  |                   | ;  | 3. IS THIS<br>REPORT |                             | NEW (N) OR      | X       | AMENDED<br>(A)   |                 |   |
| 4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report( July 15 Quarterly Report( Quarterly Report( January 31 Quarterly Report( January 31 Quarterly Report( Non-elective Year Only) (MY)  Termination Report(TER) | Q21) (c) Q22) (d) | PRE-Election Report for the  Barbara Support S | election on          | )                           | (12C)           | Gen     | Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) neral (12G) ecial (12G) | in the State of | Nov 20 (M11)<br>(Non-Election<br>Year Only)<br>Dec 20 (M12)<br>(Non-Election<br>Year Only)<br>Jan 31 (YE)<br>Runoff (12R) |
| 5. Covering Period 0   | 4 0               | 200  | 7                    | through                     | 0 4             | 3 0     | 2007   | ,               |   |
| I certify that I have examined this Type or Print Name of Treasurer  | -                 | to the best of m<br>Tondreau   | ny knowledge         | and belief it is            | s true, correct | and com | plete.   |                 |   |
| Signature of Treasurer Electr  NOTE: Submission of false, error  | onically Filed    | -  |                      | ubject the per              |                 | Date    | 0.1 1  |                 | 2 0 0 8<br>C 437a   |
| Office Use   | oncous, or III    |  | nation may Si        | abject the per              | Jon Signing (I  |         | 1  | FORN            | 1 3X  |

FE6AN026

## **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 <sup>®</sup> D <sup>U</sup>D 0 4 0 1 2007 0.4 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand Ž007 120132.49 January 1 (b) Cash on Hand at 56715.78 Begining of Reporting Period ..... 0.00 17761.92 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 56715.78 137894.41 6(a) and 6(c) for Column B) ..... 1103.51 82282.14 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 55612.27 55612.27 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) ..... 0.00 10. Debts and Obligations owed the committee (Itemize all on 20011.92 Schedule C and/or Schedule D) ..... 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) Page 3

Write or Type Committee Name

Rhode Island Republican State Central Committee

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B Calendar Year-to-Date |  |
|--|-------------------------------|--------------------------------|--|
| Contributions (other than loans) From:                         | Total This Teriod             | Galeridal Teal-to-Date         |  |
| (a) Individuals/Persons Other                                  |                               |                                |  |
| Than Political Committees (i) Itemized (use Schedule A)        | 0.00                          | 0.00                           |  |
| ,  | 0.00                          | 0.00                           |  |
| (ii) Unitemized  |                               | 0.00                           |  |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)                    | 0.00                          | 0.00                           |  |
| (b) Political Party Committees                                 | 0.00                          | 0.00                           |  |
| (c) Other Political Committees                                 | 0.00                          | 0.00                           |  |
| (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)     | 0.00                          | 0.00                           |  |
| Transfers From Affiliated/Other                                |                               |                                |  |
| Party Committees   | 0.00                          | 5393.16                        |  |
| 3. All Loans Received  | 0.00                          | 0.00                           |  |
|  | 0.00                          | 0.00                           |  |
| Loan Repayments Received     Offsets To Operating Expenditures |                               |                                |  |
| (Refunds, Rebates, etc.)                                       | 0.00                          | 12368.76                       |  |
| (Carry Totals to Line 37, page 5)                              |                               |                                |  |
| to Federal candidates and Other                                |                               |                                |  |
| Political Committees   | 0.00                          | 0.00                           |  |
| 7. Other Federal Receipts                                      | 0.00                          | 0.00                           |  |
| (Dividends, Interest, etc.)                                    | 0.00                          | 0.00                           |  |
| 8. Transfers from Non-Federal and Levin Funds                  |                               |                                |  |
| (a) Non-Federal Account (from Schedule H3)                     | 0.00                          | 0.00                           |  |
| (Holli Scriedule 113)  |                               |                                |  |
| (b) Levin Funds (from Schedule H5)                             | 0.00                          | 0.00                           |  |
| (a) Tatal Tunnafau (add 10(a) and 10(b))                       | 0.00                          | 0.00                           |  |
| (c) Total Transfer (add 18(a) and 18(b)).                      | 0.00                          | 0.00                           |  |
| 9. Total Receipts (add Lines 11(d),                            |                               | .==                            |  |

0.00

0.00

17761.92

17761.92

20. Total Federal Receipts

12, 13, 14, 15, 16, 17, and 18(c)) .....

(subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 397.26 3784.43 (i) Federal Share..... 706.25 6727.86 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 568.50 Expenditures..... (c) Total Operating Expenditures 1103.51 11080.79 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 62000.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 0.00 0.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 9201.35 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 9201.35 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 1103.51 82282.14 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 397.26 75554.28 from Line 31).....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating<br>Expenditures |   | COLUMN A<br>Total This Period | COLUMN B Calendar Year-to-Date |  |
|--|---|-------------------------------|--------------------------------|--|
| 33.  | Total Contributions (other than loans) from Line 11(d), page 3)         | 0.00                          | 0.00                           |  |
| 34.  | Total Contribution Refunds<br>(from Line 28(d))                         | 0.00                          | 0.00                           |  |
| 35.  | Net Contributions (other than loans) (subtract Line 34 from Line 33)    | 0.00                          | 0.00                           |  |
| 36.  | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 397.26                        | 4352.93                        |  |
| 37.  | Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00                          | 12368.76                       |  |
| 38.  | Net Operating Expenditures (subtract Line 37 from Line 36)              | 397.26                        | -8015.83                       |  |

FE6AN026

## SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 6 / 12 FOR LINE 13 OF FORM 3X

|  |                         | Detailed Garrina     | y r age        |                                  |
|--|-------------------------|----------------------|----------------|----------------------------------|
| NAME OF COMMITTEE (In Full)  |                         |                      |                |                                  |
| Rhode Island Republican State Central Con  | mmittee                 |                      |                |                                  |
|  |                         |                      | Transaction    | n ID: SC/10.4439                 |
| LOAN SOURCE Full Name (Last, First, Mide   | dle Initial)            |                      | Election       |                                  |
| Carcieri for Governor  |                         |                      | - 1 ⊢          | Primary                          |
|  |                         |                      |                | General                          |
| Mailing Address P. O. Box 20415  |                         |                      |                | Other (specify)                  |
| City Cranston  | State RI ZIP Code       | 9 02920              |                |                                  |
| Original Amount of Loan  | Cumulative Payment To D | ate                  | Balance Out    | standing at Close of This Period |
| 3500.00  |                         | 0.00                 |                | 3500.00                          |
| TERMS  |                         |                      |                |                                  |
| Date Incurred  | Date Due                | In                   | terest Rate    | Secured:                         |
| 03 D D V Y Y Y Y 2003  |                         |                      |                | % (apr) Yes X No                 |
| List All Forders on Consentency (if any ) to London  | - 0                     |                      |                |                                  |
| List All Endorsers or Guarantors (if any) to Loan<br>Full Name (Last, First, Middle Initial) |                         | Name of Employer     |                |                                  |
|  |                         | Marile of Employer   |                |                                  |
| Mailing Address  |                         | Occupation           |                |                                  |
|  |                         | Amount               |                |                                  |
| City State   | ZIP Code                | Guaranteed           | , , , , ,      |                                  |
| City Citato  |                         | Outstanding:         |                |                                  |
| Full Name (Last, First, Middle Initial)  |                         | Name of Employer     |                |                                  |
| Mailing Address  |                         | Occupation           |                |                                  |
| 3 11 111   |                         | остарано.            |                |                                  |
|  |                         | Amount               |                |                                  |
| City State   | ZIP Code                | Guaranteed           |                |                                  |
|  |                         | Outstanding:         |                |                                  |
| Full Name (Last, First, Middle Initial)  |                         | Name of Employer     |                |                                  |
| Mailing Address  |                         | Occupation           |                |                                  |
|  |                         | Coopaion             |                |                                  |
|  |                         | Amount               |                |                                  |
| City State   | ZIP Code                | Guaranteed           |                |                                  |
|  |                         | Outstanding:         |                |                                  |
| Full Name (Last, First, Middle Initial)  |                         | Name of Employer     |                |                                  |
| Marka Addison  |                         |                      |                |                                  |
| Mailing Address  |                         | Occupation           |                |                                  |
|  |                         | Amaunt               |                |                                  |
| City State   | ZIP Code                | Amount<br>Guaranteed |                |                                  |
| Gity State   |                         | Outstanding:         |                |                                  |
|  |                         |                      |                |                                  |
|  |                         |                      | 1 1            | 0500.00                          |
| SUBTOTALS This Period This Page (optional) .   |                         | <b>•</b>             |                | 3500.00                          |
| TOTALS This Period (last page in this line only)   |                         |                      |                | .00                              |
| Carry outstanding balance only to LINE 3, Schedu   |                         |                      | to appropriate | e line of Summary.               |
| ,  | ,                       | , ,                  | 11111111111    |                                  |

## SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 7/12 FOR LINE 13 OF FORM 3X

|   |                           |                            | ,9-               |                    |             |        |
|---|---------------------------|----------------------------|-------------------|--------------------|-------------|--------|
| NAME OF COMMITTEE (In Full)                               |                           |                            |                   |                    |             |        |
| Rhode Island Republican State Central Committ             | ee                        |                            |                   | ID 00/40           | 4444        |        |
| LOAN SOURCE Full Name (Last, First, Middle Init           | al)                       |                            |                   | on ID: SC/10.4     | 1441        |        |
| Carcieri for Governor                                     | ai)                       |                            |                   | Primary            |             |        |
| Carcier for Governor                                      |                           |                            |                   | General            |             |        |
| Mailing Address P. O. Box 20415                           |                           |                            |                   | Other (specify)    | <b>V</b>    |        |
| City Cranston State                                       | RI ZIP Code               | 02920                      |                   |                    |             |        |
| Original Amount of Loan Cui                               | nulative Payment To D     | ate                        | Balance O         | utstanding at Cl   | ose of This | Period |
| 5000.00   |                           | 0.00                       |                   |                    | 5000.00     |        |
| TERMS   | Data Data                 |                            | Internal Data     |                    | 0           |        |
| Date Incurred   | Date Due                  |                            | Interest Rate     | _                  | Secured:    |        |
| 06 10 2003  |                           |                            |                   | % (apr)            | Yes         | X No   |
| List All Endorsers or Guarantors (if any) to Loan Sour    |                           |                            |                   |                    |             |        |
| Full Name (Last, First, Middle Initial)                   |                           | Name of Emplo              | yer               |                    |             |        |
| Mailing Address   |                           | Occupation                 |                   |                    |             |        |
|   |                           | Amount                     |                   |                    |             | 1      |
| City State Z  | 0000                      | Guaranteed<br>Outstanding: |                   |                    |             |        |
| Full Name (Last, First, Middle Initial)                   |                           | Name of Emplo              | yer               |                    |             |        |
| Mailing Address   |                           | Occupation                 |                   |                    |             |        |
|   |                           | Amount                     |                   |                    |             |        |
| City State Z  | IP Code                   | Guaranteed<br>Outstanding: |                   |                    |             |        |
| Full Name (Last, First, Middle Initial)                   |                           | Name of Emplo              | yer               |                    |             |        |
| Mailing Address   |                           | Occupation                 |                   |                    |             |        |
|   | -                         | Amount                     |                   |                    |             |        |
| City State Z  | IP Code                   | Guaranteed Outstanding:    |                   |                    |             |        |
| Full Name (Last, First, Middle Initial)                   |                           | Name of Emplo              | yer               |                    |             |        |
| Mailing Address   |                           | Occupation                 |                   |                    |             |        |
|   | -                         | Amount                     |                   |                    |             |        |
| City State Z  | IP Code                   | Guaranteed Outstanding:    |                   |                    |             |        |
|   | L                         |                            |                   |                    |             |        |
| SUBTOTALS This Period This Page (optional)                |                           |                            | -                 |                    | 5000.0      | 0      |
| TOTALS This Period (last page in this line only)          |                           |                            | -                 |                    | 8500.0      | 0      |
| Carry outstanding balance only to LINE 3, Schedule D, for | or this line. If no Sched | ule D. carry forw          | vard to appropris | ate line of Summ   | arv.        |        |
| ourly outstanding balance only to Link 3, schedule D, it  | , and line. If the Sched  | uic D, carry iorw          | tara to approprie | ate inte of Suilli | u.y.        |        |

#### PAGE 8 / 12 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Rhode Island Republican State Central Committee Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct Mail Back Debt Campaign Solutions Mailing Address 228 South Washington Street City State ZIP Code Alexandria VA 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4144 1500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Timothy Costa Back Pay Mailing Address 84 Enfield Avenue ZIP Code City State Providence 02908 RI Outstanding Balance Beginning This Period Transaction ID: SD10.4146 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Hasley Properties Rent Back Debt Mailing Address 18 Burnside Street ZIP Code City State Bristol 02809 RI Outstanding Balance Beginning This Period Transaction ID: SD10.4148 1587.39 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1587.39 5587.39 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

#### PAGE 9 / 12 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Rhode Island Republican State Central Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): JLM Consulting Travel Back Debt Mailing Address Info Requested City ZIP Code Alexandria VA 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4150 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Event Exp Back Debt Kentish Guards Mailing Address Main Street 7IP Code City State East Greenwich 02818 RIOutstanding Balance Beginning This Period Transaction ID: SD10.4152 226.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 226.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Event Exp Photography Back Debt Richard Kizarian Mailing Address 337 Sastram Street ZIP Code City State Providence 02908 RI Outstanding Balance Beginning This Period Transaction ID: SD10.4160 600.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 600.00 1826.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

#### PAGE 10 / 12 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Rhode Island Republican State Central Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Providence Marriot Event Exp Election 2000 Mailing Address Orms Street City ZIP Code Providence RI02903 Outstanding Balance Beginning This Period Transaction ID: SD10.4154 1198.53 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1198.53 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Hon Joan Quick Back Pay Mailing Address 16-G Mullen Hill Road ZIP Code City State Little Compton 02837 RIOutstanding Balance Beginning This Period Transaction ID: SD10.4156 2575.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 2575.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Ralph Stuart Band Event Exp Back Debt Mailing Address 3 Regency Plaza ZIP Code City State Providence 02903 RI Outstanding Balance Beginning This Period Transaction ID: SD10.4158 325.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 325.00 4098.53 1) SUBTOTALS This Period This Page (optional).....

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

| PAGE | 1    | 1 / 1 | 2  |         |
|------|------|-------|----|---------|
| FOR  | LINE | 21a   | OF | FORM 3X |

|   |                     |  |                   | FOR LINE 21a OF FORM 3X  |
|---|---------------------|--|-------------------|--|
| AME OF COMMITTEE (In F                        | ,                   |  |                   |  |
| Rhode Island Republica                        | ın State Central C  | ommittee                                 |                   |  |
| A. Full Name (Last, Firs                      | t, Middle Initial)  |  |                   | Type of Allocated Activity:  |
| Expedia, Inc.                                 | ,,                  |  |                   | X Administrative ☐ Fundraising ☐ Exempt  |
| Mailing Address                               |                     |  |                   | Voter Drive Direct Candidate Support   |
| 3150 139th Avenue                             |                     |  |                   |  |
| City  | State               | Zip Code                                 | 000               | Public Comm (ref to party only) by PAC   |
| Bellevue                                      | WA                  | 98005                                    | 002               | Allocated Activity or Event Year-To-Date   |
| Purpose of Disbursement Meeting expense       | III.                |  | Category/<br>Type | 10023.39   |
| Activity or Event Identific<br>Administrative | er:                 |  |                   | Date 0 4 0 5 7 2 0 0 7 Transaction ID: H4.6259   |
| FEDERA  | L SHARE             | + NONFEDERAL                             | SHARE             | = TOTAL AMOUNT   |
|   | 221.26              |  | 393.35            | 614.61   |
| <b>B.</b> Full Name (Last, First Pitney Bowes | t, Middle Initial)  |  |                   | Type of Allocated Activity:  X Administrative Fundraising Exempt   |
| Mailing Address                               |                     |  |                   | Voter Drive Direct Candidate Support   |
| 1 Elmcroft Road                               | Otal                | 7'- 0-1                                  | 1                 | Public Comm (ref to party only) by PAC   |
| City<br>Stamford                              | State<br>CT         | Zip Code<br>06926                        | 001               | Allocated Activity or Event Year-To-Date   |
| Purpose of Disbursement Postage               |                     | 00920                                    | Category/         | 10083.39   |
| Activity or Event Identific<br>Administrative | er:                 |  | Туре              | Date 0.4 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|   | LCHADE              | NONEEDEDAL                               | CHADE             | Transaction ID: H4.6261  = TOTAL AMOUNT  |
| FEDERA  | 21.60               | + NONFEDERAL                             | 38.40             | = TOTAL AMOUNT 60.00   |
| C. Full Name (Last, First Best Buy            | t, Middle Initial)  |  |                   | Type of Allocated Activity:  X Administrative Fundraising Exempt   |
| Mailing Address                               |                     |  |                   |  |
| Bald Hill Rd.                                 |                     |  |                   | The state of the s |
| City  | State               | Zip Code                                 |                   | Public Comm (ref to party only) by PAC   |
| Warwick                                       | RI                  | 02886                                    | 001               | Allocated Activity or Event Year-To-Date   |
| Purpose of Disburseme<br>Office Expense       | nt:                 |  | Category/<br>Type | 10212.39   |
| Activity or Event Identific<br>Administrative | er:                 |  | . 75-             | Date 0 4 0 6 7 2 0 0 7 Transaction ID: H4.6262   |
| FEDERA  | L SHARE             | + NONFEDERAL                             | SHARE             | = TOTAL AMOUNT   |
|   | 46.44               |  | 82.56             | 129.00   |
|   |                     |  |                   |  |
| JBTOTAL of Allocated Fe                       | deral and NonFedera | l Activity This Page                     |                   |  |
| FEDERA  | L SHARE             | + NONFEDERAL                             | SHARE             | = TOTAL AMOUNT   |
|   | 289.30              |  | 514.31            | 803.61   |
| OTAL This Period (last pa<br>FEDERA           | •                   | (Federal share to 21(a)(i) and NONFEDERA |                   | re to 21(a)(i))  TOTAL AMOUNT  |
|   |                     |  |                   |  |
|   |                     |  |                   |  |

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

107.96

| FEDERAL/NONF                            | EDERAL ACT            | IVITY       |                   | PAGE 12 / 12   |
|---|-----------------------|-------------|-------------------|--|
| I EBEITAE/NOM                           | EDENAL AOI            | · • · · · · |                   | FOR LINE 21a OF FORM 3X  |
| NAME OF COMMITTEE (In                   | n Full)               |             |                   |  |
| Rhode Island Republi                    | can State Central     | Committee   |                   |  |
| <b>A.</b> Full Name (Last, F<br>Verizon | irst, Middle Initial) |             |                   | Type of Allocated Activity:  X Administrative Fundraising Exempt |
| Mailing Address PO Box 1                |                       |             |                   | Voter Drive Direct Candidate Support                             |
| City                                    | State                 | Zip Code    |                   | Public Comm (ref to party only) by PAC                           |
| Worcester                               | MA                    | 01654       | 001               | Allocated Activity or Event Year-To-Date                         |
| Purpose of Disbursen<br>Telephone       | nent:                 |             | Category/<br>Type | 10512.29   |
| Activity or Event Ident Administrative  | ifier:                |             | , турс            | Date 0 4 1 0 2 0 0 7 Transaction ID: H4.6263                     |
| FEDER                                   | RAL SHARE             | + NONFEDERA | L SHARE           | = TOTAL AMOUNT   |

299.90

| SUBTOTAL of Allocated Federal and NonFederal A     | activity This Page                            |                       |
|--|---|-----------------------|
| FEDERAL SHARE<br>107.96                            | + NONFEDERAL SHARE 191.94                     | = TOTAL AMOUNT 299.90 |
| TOTAL This Period (last page for each line only)(F | ederal share to 21(a)(i) and NonFederal share | to 21(a)(i))          |
| FEDERAL SHARE                                      | NONFEDERAL SHARE                              | TOTAL AMOUNT          |
| 397.26   | 706.25  | 1103.51               |

191.94