

# 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) 413 Knight Street  
 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 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
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 05 01 2006 through 05 31 2006

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 01 02 2006

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**

Write or Type Committee Name  
Rhode Island Republican State Central Committee

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		68539.92
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	31628.16									
(c) Total Receipts (from Line 19) .....	30682.25	85031.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	62310.41	153571.20								
7. Total Disbursements (from Line 31) .....	30403.12	121663.91								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	31907.29	31907.29								
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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	0.00	2750.00
(i) Itemized (use Schedule A) .....	2750.00	8511.60
(ii) Unitemized .....	2750.00	11261.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	5000.00
(c) Other Political Committees (such as PACs) .....	0.00	16261.60
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	12300.00	44600.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	15632.25	24169.68
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	15632.25	24169.68
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	30682.25	85031.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15050.00	60861.60

**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.....	2290.58	9242.51
(ii) Non-Federal Share.....	8917.89	33710.48
(b) Other Federal Operating Expenditures.....	8911.42	46493.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	20119.89	89446.15
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 .....	10283.23	32217.76
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	10283.23	32217.76
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30403.12	121663.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	21485.23	87953.43

**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) .....	2750.00	16261.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2750.00	16261.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11202.00	55735.67
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11202.00	55735.67

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 30	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Republican Natl Committee

Mailing Address 310 First Street, SE

City	State	Zip Code
Washington	DC	20003

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

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 44600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	0	6

Transaction ID: SA12.5023

Amount of Each Receipt this Period

12300.00
----------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	12300.00

**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) <b>A. Best Buy</b>		<b>Transaction ID:</b> SB21B.5002																					
Mailing Address Bald Hill Rd.		Date of Disbursement																					
City Warwick State RI Zip Code 02886		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>6</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	6	
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		3	1		2	0	6															
Purpose of Disbursement Computer equipment		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">618.42</td> </tr> </table>		618.42																			
618.42																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					
		<table border="1"> <tr> <td colspan="2">001</td> </tr> <tr> <td colspan="2">Category/Type</td> </tr> </table>		001		Category/Type																	
001																							
Category/Type																							

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		<b>Transaction ID:</b> SB21B.4999																					
Mailing Address PO Box 17587		Date of Disbursement																					
City Baltimore State MD Zip Code 21297-1587		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>6</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	8		2	0	6	
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	8		2	0	6															
Purpose of Disbursement Cell phone		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">195.36</td> </tr> </table>		195.36																			
195.36																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					
		<table border="1"> <tr> <td colspan="2">001</td> </tr> <tr> <td colspan="2">Category/Type</td> </tr> </table>		001		Category/Type																	
001																							
Category/Type																							

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		<b>Transaction ID:</b> SB21B.4974																					
Mailing Address PO Box 17587		Date of Disbursement																					
City Baltimore State MD Zip Code 21297-1587		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>6</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	9		2	0	6	
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	9		2	0	6															
Purpose of Disbursement Cell phone		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">85.00</td> </tr> </table>		85.00																			
85.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					
		<table border="1"> <tr> <td colspan="2">001</td> </tr> <tr> <td colspan="2">Category/Type</td> </tr> </table>		001		Category/Type																	
001																							
Category/Type																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<table border="1"><tr><td>898.78</td></tr></table>	898.78
898.78			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"><tr><td></td></tr></table>	

**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) <b>A. Cingular Wireless</b>		<b>Transaction ID:</b> SB21B.4975 Date of Disbursement
Mailing Address PO Box 17587		<input type="text" value="05"/> <input type="text" value="MM"/> / <input type="text" value="31"/> <input type="text" value="DD"/> / <input type="text" value="20"/> <input type="text" value="06"/> <input type="text" value="YY"/> <input type="text" value="YY"/>
City Baltimore	State MD	Zip Code 21297-1587
Purpose of Disbursement Cell phone	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="83.71"/>

Full Name (Last, First, Middle Initial) <b>B. Communications Unlimited</b>		<b>Transaction ID:</b> SB21B.4977 Date of Disbursement
Mailing Address 3194 Post Rd.		<input type="text" value="05"/> <input type="text" value="MM"/> / <input type="text" value="31"/> <input type="text" value="DD"/> / <input type="text" value="20"/> <input type="text" value="06"/> <input type="text" value="YY"/> <input type="text" value="YY"/>
City Warwick	State RI	Zip Code 02886
Purpose of Disbursement Consulting fees	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="629.58"/>

Full Name (Last, First, Middle Initial) <b>C. Cox Communications</b>		<b>Transaction ID:</b> SB21B.4978 Date of Disbursement
Mailing Address P. O. Box 39 9 J. P. Murphy Hwy.		<input type="text" value="05"/> <input type="text" value="MM"/> / <input type="text" value="16"/> <input type="text" value="DD"/> / <input type="text" value="20"/> <input type="text" value="06"/> <input type="text" value="YY"/> <input type="text" value="YY"/>
City Newark	State NJ	Zip Code 02893
Purpose of Disbursement Telephone	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="159.99"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="873.28"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# 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) <b>A. Cox Communications</b>		<b>Transaction ID:</b> SB21B.4979 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address P. O. Box 39 9 J. P. Murphy Hwy.		Amount of Each Disbursement this Period 1096.30
City Newark State NJ Zip Code 02893	001 Category/ Type	
Purpose of Disbursement Telephone Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Robert DiLeonardo</b>		<b>Transaction ID:</b> SB21B.5019 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 2348 Post Road		Amount of Each Disbursement this Period 2000.00
City Warwick State RI Zip Code 02886	001 Category/ Type	
Purpose of Disbursement Rent Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Robert DiLeonardo</b>		<b>Transaction ID:</b> SB21B.5020 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 2348 Post Road		Amount of Each Disbursement this Period 2000.00
City Warwick State RI Zip Code 02886	001 Category/ Type	
Purpose of Disbursement Rent Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5096.30
<b>TOTAL</b> 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) <b>A. Hampton Inn Suites</b>		<b>Transaction ID:</b> SB21B.4994 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 2100 Post Road		Amount of Each Disbursement this Period 354.00
City Warwick State RI Zip Code 02886	Purpose of Disbursement Lodging Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		<b>Transaction ID:</b> SB21B.5967 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 194.73
City East Providence State RI Zip Code 02915	Purpose of Disbursement Payroll processing fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		<b>Transaction ID:</b> SB21B.5028 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 1276 Bald Hill Rd		Amount of Each Disbursement this Period 202.60
City Warwick State RI Zip Code 02886	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	751.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

PAGE 11 / 30

<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.** US Airways

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Airfare - Mia Caetano

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5938

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

362.10

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

362.10

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

7981.79

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input 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 checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Jacques Dextrateur, II</b>		<b>Transaction ID: SB30B.5947</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
Mailing Address 107 Midget Ave.		Amount of Each Disbursement this Period 442.73	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 442.73
Purpose of Disbursement Salaries		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>B. Jacques Dextrateur, II</b>		<b>Transaction ID: SB30B.5948</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 107 Midget Ave.		Amount of Each Disbursement this Period 442.73	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 442.73
Purpose of Disbursement Salaries		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>C. Jacques Dextrateur, II</b>		<b>Transaction ID: SB30B.5949</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6	
Mailing Address 107 Midget Ave.		Amount of Each Disbursement this Period 442.73	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 442.73
Purpose of Disbursement Salaries		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1328.19
<b>TOTAL</b> 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)

PAGE 13 / 30

<input 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 checked="" type="checkbox"/> 30b

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

<b>A. Jacques Dextrateur, II</b> Full Name (Last, First, Middle Initial) Mailing Address 107 Midget Ave. City Warwick State RI Zip Code 02886 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.5950</b> Date of Disbursement 05 / 25 / 2006 Amount of Each Disbursement this Period 442.73 001 Category/Type
--	--	--

<b>B. Mary Diamond</b> Full Name (Last, First, Middle Initial) Mailing Address 801 S. Pitt St. # 432 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.5942</b> Date of Disbursement 05 / 04 / 2006 Amount of Each Disbursement this Period 455.33 001 Category/Type
---	--	--

<b>C. Mary Diamond</b> Full Name (Last, First, Middle Initial) Mailing Address 801 S. Pitt St. # 432 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.5943</b> Date of Disbursement 05 / 11 / 2006 Amount of Each Disbursement this Period 821.95 001 Category/Type
---	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1720.01</b>
<b>TOTAL</b> 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)

PAGE 14 / 30

<input 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 checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Mary Diamond</b>		<b>Transaction ID:</b> SB30B.5944 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 801 S. Pitt St. # 432		Amount of Each Disbursement this Period 821.95
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Salaries Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mary Diamond</b>		<b>Transaction ID:</b> SB30B.5945 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 801 S. Pitt St. # 432		Amount of Each Disbursement this Period 821.95
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Salaries Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Matthew Frank</b>		<b>Transaction ID:</b> SB30B.5955 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 15 Lake St.		Amount of Each Disbursement this Period 403.41
City Warwick State RI Zip Code 02886		
Purpose of Disbursement Salaries Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2047.31
<b>TOTAL</b> 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 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 checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		<b>Transaction ID:</b> SB30B.5957	
Mailing Address 501 Wampanoag Trail		Date of Disbursement 05 / 05 / 2006	
City East Providence	State RI	Zip Code 02915	Amount of Each Disbursement this Period 1049.38
Purpose of Disbursement Payroll taxes		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: a			

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		<b>Transaction ID:</b> SB30B.5959	
Mailing Address 501 Wampanoag Trail		Date of Disbursement 05 / 12 / 2006	
City East Providence	State RI	Zip Code 02915	Amount of Each Disbursement this Period 1337.93
Purpose of Disbursement Payroll taxes		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		<b>Transaction ID:</b> SB30B.5961	
Mailing Address 501 Wampanoag Trail		Date of Disbursement 05 / 19 / 2006	
City East Providence	State RI	Zip Code 02915	Amount of Each Disbursement this Period 1310.00
Purpose of Disbursement Payroll taxes		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3697.31</b>
<b>TOTAL</b> 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)

PAGE 16 / 30

<input 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 checked="" 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 Wampanoag Trail

City East Providence State RI Zip Code 02915

Purpose of Disbursement  
Payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.5963

Date of Disbursement

05 / 25 / 2006

Amount of Each Disbursement this Period

1490.41

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

1490.41

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

10283.23



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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 17 / 30 FOR LINE 13 OF FORM 3X
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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	Date Due	Interest Rate	Secured:
M M 03 D D 24 Y Y Y Y 2003		% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width: 100%; text-align: center;" type="text" value="3500.00"/>
<b>TOTALS</b> This Period (last page in this line only) ..... ▶	<input style="width: 100%;" type="text"/>
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)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 18 / 30  FOR LINE 13 OF FORM 3X
---	--

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

**Transaction ID: SC/10.4441**

<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 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 10 Y Y Y Y 2003		% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width: 100%;" type="text" value="5000.00"/>
<b>TOTALS</b> This Period (last page in this line only) ..... ▶	<input style="width: 100%;" type="text" value="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)	PAGE 19 / 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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 <input type="text" value="1500.00"/>	<b>Transaction ID: SD10.4144</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="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 <input type="text" value="2500.00"/>	<b>Transaction ID: SD10.4146</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="2500.00"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Halsey 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 <input type="text" value="1587.39"/>	<b>Transaction ID: SD10.4148</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="1587.39"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="5587.39"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS 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.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor JLM Consulting	Nature of Debt (Purpose): Travel Back Debt
Mailing Address Info Requested	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 1000.00	<b>Transaction ID: SD10.4150</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

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

Outstanding Balance Beginning This Period 226.00	<b>Transaction ID: SD10.4152</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 226.00

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

Outstanding Balance Beginning This Period 600.00	<b>Transaction ID: SD10.4160</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 600.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>1826.00</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) 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.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Providence Marriot	Nature of Debt (Purpose): Event Exp Election 2000
Mailing Address Orms Street	
City State ZIP Code Providence RI 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.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Hon Joan Quick	Nature of Debt (Purpose): Back Pay
Mailing Address 16-G Mullen Hill Road	
City State ZIP Code Little Compton RI 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.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ralph Stuart Band	Nature of Debt (Purpose): Event Exp Back Debt
Mailing Address 3 Regency Plaza	
City State ZIP Code Providence RI 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) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page 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 R. I. REPUBLICAN STATE CENTRAL COMM	DATE OF RECEIPT M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 15632.25
---	---	--------------------------------------

BREAKDOWN OF TRANSFER RECEIVED		15632.25
i) Total Administrative .....		Transaction ID: H3.5912
ii) Generic Voter Drive .....		Transaction ID:
iii) Exempt Activities .....		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
TOTAL This Period (Administrative) .....	15632.25
TOTAL This Period (Generic Voter Drive) .....	0.00
TOTAL This Period (Exempt Activities) .....	0.00
TOTAL This Period (Direct Fundraising) .....	0.00
TOTAL This Period (Direct Candidate Support) .....	0.00
TOTAL This Period (Public Communications Referring Only to Party) .....	0.00
TOTAL This Period (Total Amount Transferred) .....	15632.25

**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> Charles Newton			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 125 Bow St.			Allocated Activity or Event Year-To-Date 32572.97	
City East Greenwich	State RI	Zip Code 02818	Date M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
Purpose of Disbursement: Payroll			Transaction ID: H4.4965	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
173.97		654.48		828.45

<b>B. Full Name (Last, First, Middle Initial)</b> Charles Newton			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 125 Bow St.			Allocated Activity or Event Year-To-Date 32672.97	
City East Greenwich	State RI	Zip Code 02818	Date M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Purpose of Disbursement: Cell phone allowance			Transaction ID: H4.4969	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.00		79.00		100.00

<b>C. Full Name (Last, First, Middle Initial)</b> Cingular Wireless			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 17587			Allocated Activity or Event Year-To-Date 0.00	
City Baltimore	State MD	Zip Code 21297-1587	Date M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Purpose of Disbursement: Cell Phone			Transaction ID: H4.5910	
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
60.00		40.00		100.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
194.97		733.48		928.45

**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> CompUSA			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 945 Bald Hill Rd.			Allocated Activity or Event Year-To-Date 32763.89	
City                      State                      Zip Code Warwick                      RI                      02886	Category/ Type 001		Date                      M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Purpose of Disbursement: Office supplies			Transaction ID: H4.4970	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		90.92		90.92

<b>B. Full Name (Last, First, Middle Initial)</b> Metro Park			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			Allocated Activity or Event Year-To-Date 32776.89	
City                      State                      Zip Code	Category/ Type 002		Date                      M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Purpose of Disbursement: Parking			Transaction ID: H4.4972	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.80		5.20		13.00

<b>C. Full Name (Last, First, Middle Initial)</b> Eastern Star Restaurant			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			Allocated Activity or Event Year-To-Date 32809.89	
City                      State                      Zip Code	Category/ Type 002		Date                      M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Purpose of Disbursement: Meals			Transaction ID: H4.5032	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.93		26.07		33.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.73		122.19		136.92

**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> United Lock Mailing Address City State Zip Code Purpose of Disbursement: Office supplies Activity or Event Identifier: Administrative			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 Allocated Activity or Event Year-To-Date Date <input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/> <b>Transaction ID:</b> H4.5034
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 0.00 + 15.51 = 15.51		Category/Type 001	

<b>B. Full Name (Last, First, Middle Initial)</b> Dunkin Donuts - Newport Mailing Address 7 Memorial Blvd. City State Zip Code Newport RI 02840 Purpose of Disbursement: Meals Activity or Event Identifier: Administrative			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 Allocated Activity or Event Year-To-Date Date <input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/> <b>Transaction ID:</b> H4.5035
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 0.00 + 15.11 = 15.11		Category/Type 002	

<b>C. Full Name (Last, First, Middle Initial)</b> Home Depot Mailing Address 80 Universal Blvd. City State Zip Code Warwick RI 02886 Purpose of Disbursement: Office supplies Activity or Event Identifier: Administrative			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 Allocated Activity or Event Year-To-Date Date <input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/> <b>Transaction ID:</b> H4.5036
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 3.13 + 11.79 = 14.92		Category/Type 001	

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.13		42.41		45.54

**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)**  
Radio Shack

Mailing Address  
1800 Post Rd.

City Warwick	State RI	Zip Code 02886	001
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Purpose of Disbursement:  
Office Supplies

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  
32881.07

Date  /  /   
**Transaction ID:** H4.5038

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.38		20.26		25.64

**B. Full Name (Last, First, Middle Initial)**  
Best Buy

Mailing Address  
Bald Hill Rd.

City Warwick	State RI	Zip Code 02886	001
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Purpose of Disbursement:  
Office supplies

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  
32934.55

Date  /  /   
**Transaction ID:** H4.5040

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		53.48		53.48

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

Mailing Address

City	State	Zip Code	001
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Purpose of Disbursement:  
Office supplies

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  
32949.50

Date  /  /   
**Transaction ID:** H4.5041

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.14		11.81		14.95

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.52		85.55		94.07

**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> eFax.com			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			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	Date <input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Office supplies			Transaction ID: H4.5043		
Activity or Event Identifier: Administrative			Allocated Activity or Event Year-To-Date <input type="text" value="33099.45"/>		
Category/Type			<input type="text" value="001"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="149.95"/>		<input type="text" value="149.95"/>

<b>B. Full Name (Last, First, Middle Initial)</b> Postmaster Providence			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			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	Date <input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Postage			Transaction ID: H4.5045		
Activity or Event Identifier: Administrative			Allocated Activity or Event Year-To-Date <input type="text" value="33223.83"/>		
Category/Type			<input type="text" value="001"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="26.12"/>		<input type="text" value="98.26"/>		<input type="text" value="124.38"/>

<b>C. Full Name (Last, First, Middle Initial)</b> Charles Newton			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			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	Date <input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Payroll			Transaction ID: H4.4966		
Activity or Event Identifier: Administrative			Allocated Activity or Event Year-To-Date <input type="text" value="34052.28"/>		
Category/Type			<input type="text" value="001"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="173.97"/>		<input type="text" value="654.48"/>		<input type="text" value="828.45"/>

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="200.09"/>		<input type="text" value="902.69"/>		<input type="text" value="1102.78"/>

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>

# 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)**  
Verizon  
**Mailing Address**  
PO Box 28007  
**City** Lehigh Valley **State** PA **Zip Code** 18002  
**Purpose of Disbursement:** Telephone  
**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**  
34297.21  
**Date** 05 / 11 / 2006  
**Transaction ID:** H4.5022

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.44		193.49		244.93

**B. Full Name (Last, First, Middle Initial)**  
ABS Printing Inc.  
**Mailing Address**  
173 Washington St.  
**City** West Warwick **State** RI **Zip Code** 02893-5015  
**Purpose of Disbursement:** Copying  
**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**  
34795.30  
**Date** 05 / 16 / 2006  
**Transaction ID:** H4.4964

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
104.60		393.49		498.09

**C. Full Name (Last, First, Middle Initial)**  
Charles Newton  
**Mailing Address**  
125 Bow St.  
**City** East Greenwich **State** RI **Zip Code** 02818  
**Purpose of Disbursement:** Payroll  
**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**  
35623.75  
**Date** 05 / 18 / 2006  
**Transaction ID:** H4.4967

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
173.97		654.48		828.45

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
330.01		1241.46		1571.47

**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> Charles Newton			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 125 Bow St.			Allocated Activity or Event Year-To-Date 36452.20	
City East Greenwich	State RI	Zip Code 02818	Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Purpose of Disbursement: Payroll			Category/ Type 001	
Activity or Event Identifier: Administrative			Transaction ID: H4.4968	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
173.97		654.48		828.45

<b>B. Full Name (Last, First, Middle Initial)</b> Johnston Consulting, Inc.			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 139 Main St.			Allocated Activity or Event Year-To-Date 39185.03	
City Montpelier	State VT	Zip Code 05602	Date M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Purpose of Disbursement: Consulting fees			Category/ Type 003	
Activity or Event Identifier: Administrative			Transaction ID: H4.4991	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
573.89		2158.94		2732.83

<b>C. Full Name (Last, First, Middle Initial)</b> Johnston Consulting, Inc.			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 139 Main St.			Allocated Activity or Event Year-To-Date 42952.99	
City Montpelier	State VT	Zip Code 05602	Date M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Purpose of Disbursement: Consulting Fees			Category/ Type 003	
Activity or Event Identifier: Administrative			Transaction ID: H4.4992	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
791.27		2976.69		3767.96

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1539.13		5790.11		7329.24

**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
2290.58		8917.89		11208.47

Form/Schedule: **F3XA**

Transaction ID:

Amended June Monthly Report (05/01/2006 - 05/31/2006): 1) Receipts designated as Unitemized Contributions are contributions that aggregate less than \$200 and have been designated as unitemized on Schedule A, Line 11(a)(i-i) of the Detailed Summary Page. 2) Transfer from non-federal accounts was determined to be made outside the 60 day time period. The funds were returned to the non-federal account and will be reflected on the 2006 Year End report. Also, the transfer was corrected to show the amount on Schedule H3. 3) Descriptions for disbursements were provided on the appropriate schedules.