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(Rev. 02/2003)

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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Rhode Island Republican State Central Committee 413 Knight Street ADDRESS (number and street) Check if different than previously RI 02886 Warwick reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00078196 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2006 07 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Marc Tondreau Type or Print Name of Treasurer Electronically Filed by Marc Tondreau 08 20 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Rhode Island Republican State Central Committee [®] D " D 0.7 0.7 0 1 2006 3 1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 68539.92 [°]2006 January 1 (b) Cash on Hand at 106932.11 Begining of Reporting Period 65800.00 244891.02 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 172732.11 313430.94 6(a) and 6(c) for Column B) 19419.82 160118.65 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 153312.29 153312.29 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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. 02/2003) Page 3

Write or Type Committee Name

Rhode Island Republican State Central Committee

(subtract Line 18(c) from Line 19)

0 1 м м 0 7 м м 0 7 3^D1 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 11261.60 (i) Itemized (use Schedule A) 0.00 315.00 (ii) Unitemized (iii) TOTAL (add 0.00 11576.60 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 5000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 0.00 16576.60 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 65800.00 228314.42 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 65800.00 244891.02 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts

65800.00

244891.02

from Line 31).....

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) 0.00 6974.12 (i) Federal Share..... 0.00 40817.01 (ii) Non-Federal Share..... (b) Other Federal Operating 19419.82 112327.52 Expenditures..... (c) Total Operating Expenditures 19419.82 160118.65 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 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 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 19419.82 160118.65 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)

19419.82

119301.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	0.00	16576.60
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	16576.60
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	19419.82	119301.64
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	19419.82	119301.64

FOR LINE NUMBER: PAGE 6/20 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Rhode Island Republican State Central Committee Full Name (Last, First, Middle Initial) A. Republican Natl Committee Date of Receipt Mailing Address 310 First Street, SE 14 2006 City Zip Code State Transaction ID: SA12.5125 Washington DC 20003 Amount of Each Receipt this Period FEC ID number of contributing C 65800.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 126300.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	65800.00
TOTAL This Period (last page this line number only)	•	65800.00

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	nd Statements may not be sold or used by any person the name and address of any political committee to so	
NAME OF COMMITTEE (In Full) Rhode Island Republican State Ce	**	
Full Name (Last, First, Middle Initial) Charles Newton Mailing Address 125 Bow St.		Transaction ID: SB21B.5093 Date of Disbursement 0 7 0 6 7 2 0 0 6
City	State Zip Code	Amount of Each Disbursement this Period
East Greenwich Purpose of Disbursement Salaries Candidate Name	RI 02818 001 Category/	828.45
Office Sought: House Senate President State: District:	Type Disbursement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Charles Newton		Transaction ID: SB21B.5094 Date of Disbursement
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City East Greenwich Purpose of Disbursement	State Zip Code RI 02818	Amount of Each Disbursement this Period 828.45
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Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) - Charles Newton		Transaction ID: SB21B.5124 Date of Disbursement
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	State: District:	Other (spe	city) 🔻											
	Full Name (Last, First, Middle Initial)						Trono	ooti	on ID:	SB21B	511	7		
3.	Paychex								sburse	_	.511	1		
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	Mailing Address 501 Wampanoag Trail						0 7		Ų	,		000		
	•	State RI	Zip Code 02915				Amou	nt o	f Each	Disburse	emen	t this F	erio	d
	Purpose of Disbursement	111	02313								1	494.3	37	
	. 4.5000 0. 2.004.00			Q	01									
	Candidate Name				egory/ ype									
	Office Sought: House Disburse	ment For:			,,									
	Senate	Primary	General											
	President	Other (spe	cify)											
	State: District:					-								
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	Senate	Primary	General											
	President	Other (spe	cify)											
	State: District:													
S	UBTOTAL of Disbursements This Page (optional) .				•		_				3	706.8	80	
_	DE COME OF DISSURGEMENTS THIS I age (optional).				•		-	-		-	-	-		=
Т	OTAL This Period (last page this line number only)													

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check or	E NUMBEF nlv one)	₹:	AGE 15/	20	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the na							ıs
or for commercial purposes, other than using the ha	ne and address of any political co	Jillillillee lo s	SOIICIL COHIFIL	outions if	JIII SUCII (COMMINICEE	
Rhode Island Republican State Central C	ommittee						
Full Name (Last, First, Middle Initial)				ction ID:		.5119	
A. Paychex				Disburse		Y Y Y	Υ
Mailing Address 501 Wampanoag Trail			0 ^M 7	[/] ^D 2	1	ŽOŎ	6
City East Providence	State Zip Code RI 02915		Amoun	t of Each	Disburse	ement this I	Period
Purpose of Disbursement	111 02313		+ []			1383.	98
<u> </u>		001					
Candidate Name		Category/ Type					
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President	Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial) 3. Paychex				ction ID: Disburse		.5120	
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Mailing Address 501 Wampanoag Trail			0 7	2	8 /	žoŏe	5
City East Providence	State Zip Code RI 02915		Amoun	t of Each	Disburse	ement this I	Period
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		001					
Candidate Name		Category/ Type					
9	sement For:						
Senate President	Primary General Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial) Paychex				ction ID:		.5121	
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Mailing Address 501 Wampanoag Trail			0 7		1		
City East Providence	State Zip Code RI 02915		Amoun	t of Each	Disburse	ement this I	Period
Purpose of Disbursement	020.0	•				72.	80
Candidate Name		001					
Candidate Name		Category/ Type					
	sement For:						
Senate President	Primary General Other (specify) ▼						
State: District:	(opos)/ \						
SUBTOTAL of Disbursements This Page (optional)	>				2840.	76
						19346.0	19
TOTAL This Period (last page this line number on	y)					10070.	-

SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 16 / 20 FOR LINE 13 OF FORM 3X

		Detailed Summa	ary Page		
NAME OF COMMITTEE (In Full)	L				
Rhode Island Republican State Central Committee					
·			Transactio	on ID: SC/10.443	39
LOAN SOURCE Full Name (Last, First, Middle Initial)			Elect		
Carcieri for Governor				Primary	
				General	
Mailing Address P. O. Box 20415				Other (specify)	,
City Cranston State	RI ZIP Code	02920			
Original Amount of Loan Cumu	lative Payment To Da	ite	Balance Ou	itstanding at Close	of This Period
3500.00		0.00			3500.00
TERMS					
Date Incurred	Date Due		nterest Rate	Se	ecured:
03 D D Y Y Y Y Y 2003				0((===)	Yes X No
				% (apr)	
List All Endorsers or Guarantors (if any) to Loan Source					
Full Name (Last, First, Middle Initial)	N	lame of Employer			
		•			
Mailing Address	C	Occupation			
	A	mount			
City State ZIP		Guaranteed			
	C	Outstanding:			
Full Name (Last, First, Middle Initial)	N	lame of Employer			
Mailing Address		Occupation			
g. co. co.		oodpation.			
	A	mount			
City State ZIP	0000	Guaranteed			
	C	Outstanding:			
Full Name (Last, First, Middle Initial)	N	lame of Employer			
Mailing Address	-	Occupation			
maining / total occ		occupation			
	A	mount			
City State ZIP	Code	Guaranteed			
	C	Outstanding:			
Full Name (Last, First, Middle Initial)	N	lame of Employer			
Mailing Address	C	Occupation			
		Amount			
City State ZIP		Guaranteed Outstanding:			
		zuisiaiiuiliy.			
CURTOTAL C. This Poyled This Page (antional)					3500.00
SUBTOTALS This Period This Page (optional)					33333
TOTALS This Period (last page in this line only)		•			4 4
Carry outstanding balance only to LINE 3, Schedule D, for t	his line. If no Schedu	le D, carry forwar	d to approprai	te line of Summary	

SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 17 / 20 FOR LINE 13 OF FORM 3X

	Detailed Summary Page
ME OF COMMITTEE (In Full)	
ode Island Republican State Central Committee	Transaction ID: SC/10.4441
LOAN SOURCE Full Name (Last, First, Middle Initial) Carcieri for Governor	Election: Primary General
Mailing Address P. O. Box 20415	Other (specify)
City Cranston State RI Z	IP Code 02920
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Period
5000.00	0.00 5000.00
TERMS Date Incurred Date Du	ue Interest Rate Secured:
0 6 D D 2 0 0 3 P P	% (apr) Yes X N
List All Endorsers or Guarantors (if any) to Loan Source	T.,
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
JBTOTALS This Period This Page (optional)	5000.00
OTALS This Period (last page in this line only)	9500.00
arry outstanding balance only to LINE 3, Schedule D, for this line. If n	

PAGE 18 / 20 **SCHEDULE D (FEC Form 3X)** (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) X 10 **Excluding Loans** 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): Direct Mail Back Debt Campaign Solutions Mailing Address 228 South Washington Street ZIP Code City State Alexandria VA 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4144 1500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1500.00 0.00 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 RI 02908 Outstanding Balance Beginning This Period Transaction ID: SD10.4146 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00

Halsey Properties		Rent Back Debt
Mailing Address 18 Burnside Street		
City State	ZIP Code	
Bristol RI	02809	
Outstanding Balance Beginning This Period 1587.39		Transaction ID: SD10.4148
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1587.39

Nature of Debt (Purpose):

1) SUBTOTALS This Period This Page (optional)	•		 ľ	İ	İ	 558	37.3	39	
2) TOTALS This Period (last page this line number only)	•	_ '	-						•
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	•		 			 			ů
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	•		 			 			

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PAGE 19 / 20 **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 State ZIP Code VA Alexandria 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 ZIP Code State City East Greenwich 02818 RI Outstanding Balance Beginning This Period Transaction ID: SD10.4152 226.00 Amount Incurred This Period Outstanding Balance at Close of 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 RI 02908 Transaction ID: SD10.4160 Outstanding Balance Beginning This Period 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) TOTALS 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)

sc	CHEDULE D (FEC Form 3X)		(Use	e separate	PAGE 20 / 20					
DEBTS AND OBLIGATIONS			nedule(s) or each	FOR LINE NUMBER: (check only one)						
Ex	cluding Loans			bered line)	X 10					
	AME OF COMMITTEE (In Full) hode Island Republican State Central Commi	ittee								
				ı						
	A. Full Name (Last, First, Middle Initial) of Debtor of Providence Marriot	or Creditor			ebt (Purpose): Election 2000					
	Mailing Address Orms Street									
	City State Providence RI	ZIP Code 02903								
	Outstanding Balance Beginning This Period			Trai	nsaction ID: SD10.4154					
	1198.53									
	Amount Incurred This Period Payment This Period				ng Balance at Close of This Period					
	0.00				1198.53					
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hon Joan Quick				ebt (Purpose):					
	Mailing Address 16-G Mullen Hill Road									
	City State Little Compton RI	ZIP Code 02837								
	Outstanding Balance Beginning This Period		Transaction ID: SD10.4156							
	2575.00									
	Amount Incurred This Period		Outstandir	ng Balance at Close of This Period						
	0.00	0.00)		2575.00					
	C. Full Name (Last, First, Middle Initial) of Debtor of Ralph Stuart Band	or Creditor			ebt (Purpose): Back Debt					
	Mailing Address 3 Regency Plaza									
	City State Providence RI	ZIP Code 02903								
	Outstanding Balance Beginning This Period			Trai	nsaction ID: SD10.4158					
	325.00									
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period					
	0.00	0.00)		325.00					
1	SUBTOTALS This Period This Page (optional)		. 1		4098.53					
				·	11511.92					
3	3) TOTALS 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)