

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

ADDRESS (number and street) 1800 POST ROAD SUITE 17-I WARWICK RI 02886

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 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)
[X] January 31 Year-End 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), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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 (12S)
Election on in the State of

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)
Election on in the State of

5. Covering Period 10 / 01 / 2013 through 12 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Grossi

Signature of Treasurer Michael Grossi [Electronically Filed] Date 02 / 06 / 2014

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

Office Use Only table with 7 columns and 1 row.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="44354.80"/>	<input type="text" value="44354.80"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="44354.80"/>	<input type="text" value="44354.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="42928.77"/>	<input type="text" value="42928.77"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1426.03"/>	<input type="text" value="1426.03"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12160.00	12160.00
(ii) Unitemized	17285.00	17285.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	29445.00	29445.00
(b) Political Party Committees	11850.00	11850.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	41295.00	41295.00
12. Transfers From Affiliated/Other Party Committees.....	407.53	407.53
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1952.27	1952.27
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	700.00	700.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	700.00	700.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	44354.80	44354.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	43654.80	43654.80

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	2079.75	2079.75
(ii) Non-Federal Share.....	7824.05	7824.05
(b) Other Federal Operating Expenditures	33024.97	33024.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	42928.77	42928.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42928.77	42928.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35104.72	35104.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	41295.00	41295.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41295.00	41295.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	35104.72	35104.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1952.27	1952.27
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	33152.45	33152.45

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Aggragate Aggragate		Date of Receipt
Mailing Address		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4109
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="11660.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="11660.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DEXTER LIU		Date of Receipt
Mailing Address 92 HARVEST DR		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code
PORTSMOUTH	RI	02871
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4156
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

In-kind - RAFFLE PRIZE

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		<input type="text"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="12160.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="12160.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2013

Transaction ID : SA11B.4100

Amount of Each Receipt this Period

3950.00

Wire

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

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

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2013

Transaction ID : SA11B.4102

Amount of Each Receipt this Period

3950.00

Wire

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

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

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2013

Transaction ID : SA11B.4103

Amount of Each Receipt this Period

3950.00

Wire

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

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

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

FOR LINE NUMBER: PAGE 8 OF 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

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

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. PAYCHEX
Full Name (Last, First, Middle Initial)
Mailing Address 501 WOMANOAG TRAIL
City RIVERSIDE State RI Zip Code 02915
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 360.05

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

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

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

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

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. HENRY ALMONTE Jr.

Mailing Address 337 POST ROAD

City WAKEFIELD State RI Zip Code 02879

Purpose of Disbursement
In-kind - RAFFLE PRIZE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2013

Transaction ID : SB21B.4115

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)
B. BEACON MUTUAL INSURANCE CO

Mailing Address 1 Beacon Center

City WARWICK State RI Zip Code 02886

Purpose of Disbursement
INSURANCE POLICY PREMIUM

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2013

Transaction ID : SB21B.4218

Amount of Each Disbursement this Period

575.00

Full Name (Last, First, Middle Initial)
C. CAPITAL HILL SUITES

Mailing Address 200 C ST
SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2013

Transaction ID : SB21B.4216

Amount of Each Disbursement this Period

256.59

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

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

1431.59

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. LANCE CHAPPELL

Mailing Address PO BOX 428

City SAUNDERSTOWN State RI Zip Code 02874

Purpose of Disbursement
ENGINEERING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2013

Transaction ID : SB21B.4195

Amount of Each Disbursement this Period

2013.89

Full Name (Last, First, Middle Initial)

B. DOREEN COSTA

Mailing Address

City NORTH KINGSTOWN State RI Zip Code

Purpose of Disbursement
PARTIAL COMMISSION ON SECOND AMENDMENT EVENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2013

Transaction ID : SB21B.4282

Amount of Each Disbursement this Period

822.36

Full Name (Last, First, Middle Initial)

C. FABISCH LAW LLC

Mailing Address 26 GLADSTONE ST

City SMITHFIELD State RI Zip Code 02917

Purpose of Disbursement
CONSULTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2013

Transaction ID : SB21B.4184

Amount of Each Disbursement this Period

1250.00

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

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

4086.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. FABISCH LAW LLC

Mailing Address 26 GLADSTONE ST

City SMITHFIELD State RI Zip Code 02917

Purpose of Disbursement
CONSULTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2013

Transaction ID : SB21B.4186

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

B. FABISCH LAW LLC

Mailing Address 26 GLADSTONE ST

City SMITHFIELD State RI Zip Code 02917

Purpose of Disbursement
CONSULTING SERVIVCES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2013

Transaction ID : SB21B.4187

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

C. FABISCH LAW LLC

Mailing Address 26 GLADSTONE ST

City SMITHFIELD State RI Zip Code 02917

Purpose of Disbursement
CONSULTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2013

Transaction ID : SB21B.4188

Amount of Each Disbursement this Period

1250.00

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

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

3750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. HASSARD DESIGN

Mailing Address 92 HARVEST DRIVE

City PORTSMOUTH State RI Zip Code 02871

Purpose of Disbursement
ADVERTISING DESIGN

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2013

Transaction ID : SB21B.4191

Amount of Each Disbursement this Period

400.46

Full Name (Last, First, Middle Initial)

B. DEXTER LIU

Mailing Address 92 HARVEST DR

City PORTSMOUTH State RI Zip Code 02871

Purpose of Disbursement
In-kind - RAFFLE PRIZE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2013

Transaction ID : SB21B.4164

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. PAYCHEX

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2013

Transaction ID : SB21B.4291

Amount of Each Disbursement this Period

1264.55

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

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

2165.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. PAYCHEX

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement
EIB INVOICE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4292

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. PAYCHEX

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement
TAXES

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4293

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. PAYCHEX

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement
PAYROLL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4295

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. PAYCHEX

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement
EIB INVOICE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4296

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. PAYCHEX

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement
TAXES

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4298

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. PAYCHEX

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement
EIB INVOICE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4299

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. PAYCHEX

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4300

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. PAYCHEX

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4284

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. PAYCHEX

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement
EIB INVOICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4283

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. PAYCHEX

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement
EIB INVOICE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4301

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. PAYCHEX

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement
TAXES

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4285

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. PAYCHEX

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement
PAYROLL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4286

Amount of Each Disbursement this Period

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. PAYCHEX

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement
TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.4288

Amount of Each Disbursement this Period

188.59

Full Name (Last, First, Middle Initial)

B. PAYCHEX

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement
TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.4289

Amount of Each Disbursement this Period

435.36

Full Name (Last, First, Middle Initial)

C. PAYCHEX

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement
TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.4290

Amount of Each Disbursement this Period

120.89

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

744.84

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. MICHAEL RILEY

Mailing Address 444 OCEAN ROAD

City NARRAGANSETT State RI Zip Code 02882

Purpose of Disbursement
In-kind - OFFICE FURNITURE AND CUBICLES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2013

Transaction ID : SB21B.4327

Amount of Each Disbursement this Period

9700.00

Full Name (Last, First, Middle Initial)

B. ROD RUSO

Mailing Address 610 GRAVELLY HILL RD

City WAKEFIELD State RI Zip Code 02879

Purpose of Disbursement
In-kind - RAFFLE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2013

Transaction ID : SB21B.4122

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

C. ALLEN SYSLO

Mailing Address 3314 WEST SHORE ROAD

City WARWICK State RI Zip Code 02886

Purpose of Disbursement
In-kind - GIFT CERTIFICATE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2013

Transaction ID : SB21B.4174

Amount of Each Disbursement this Period

500.00

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

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

10550.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. BARBARA TETZNER

Mailing Address 216 WOODHILL RD

City NARRAGANSETT State RI Zip Code 02882

Purpose of Disbursement
In-kind - PATRIOTS TICKETS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2013

Transaction ID : SB21B.4145

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B. BARBARA TETZNER

Mailing Address 216 WOODHILL RD

City NARRAGANSETT State RI Zip Code 02882

Purpose of Disbursement
In-kind - GIFT CERTIFICATES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2013

Transaction ID : SB21B.4152

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

C. BARBARA TETZNER

Mailing Address 216 WOODHILL RD

City NARRAGANSETT State RI Zip Code 02882

Purpose of Disbursement
In-kind - AMMUNITION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2013

Transaction ID : SB21B.4165

Amount of Each Disbursement this Period

1150.00

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

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

2150.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. STEPHEN TETZNER

Mailing Address 216 WOODHILL ROAD

City NARRAGANSETT State RI Zip Code 02882

Purpose of Disbursement
In-kind - RAFFLE PRIZE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2013

Transaction ID : SB21B.4116

Amount of Each Disbursement this Period

895.00

Full Name (Last, First, Middle Initial)

B. US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
NORTH EAST CHAIRS FLY IN

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2013

Transaction ID : SB21B.4211

Amount of Each Disbursement this Period

285.80

Full Name (Last, First, Middle Initial)

C. ERIC WISHART

Mailing Address 20 SARAH LANR

City WARWICK State RI Zip Code

Purpose of Disbursement
In-kind - GIFT CERTIFICATE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2013

Transaction ID : SB21B.4181

Amount of Each Disbursement this Period

500.00

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

1680.80

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. MARK ZACCARIA

Mailing Address 35 CONGDON HILL ROAD

City NORTH KINGSTOWN State RI Zip Code 02874

Purpose of Disbursement
REIMBURSEMENT FOR FOOD

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.4243

Amount of Each Disbursement this Period

848.63

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

848.63

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

31261.60

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

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

Transaction ID : H1.4134

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

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

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

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

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

Federal..... %
 Nonfederal %

This ratio applies to (check all that apply):

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

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

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

Transaction ID : H1.4139

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

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

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

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

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

Federal..... %
 Nonfederal %

This ratio applies to (check all that apply):

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

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	MM / DD / YYYY 12 / 18 / 2013	700.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	700.00
Transaction ID : H3.4321	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	700.00
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).....	700.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TD BANK Mailing Address 2625 W Shore Rd City Warwick State RI Zip Code 02889 Purpose of Disbursement: FEES Activity or Event Identifier: Administrative		Transaction ID : H4.4309 Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date: 35.00 Date: 10 / 11 / 2013 Category/Type: 001
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 7.35 + 27.65 = 35.00		

B. Full Name (Last, First, Middle Initial) TD BANK Mailing Address 2625 W Shore Rd City Warwick State RI Zip Code 02889 Purpose of Disbursement: FEES Activity or Event Identifier: Administrative		Transaction ID : H4.4310 Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date: 105.00 Date: 10 / 15 / 2013 Category/Type: 001
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 14.70 + 55.30 = 70.00		

C. Full Name (Last, First, Middle Initial) ERIC WISHART Mailing Address 20 SARAH LANR City WARWICK State RI Zip Code Purpose of Disbursement: AMMUNITION EXPENSE REIMBURSEMENT Activity or Event Identifier: Administrative		Transaction ID : H4.4227 Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date: 758.77 Date: 10 / 16 / 2013 Category/Type: 003
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 137.29 + 516.48 = 653.77		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
159.34		599.43		758.77

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

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

B. Full Name (Last, First, Middle Initial) LOWES		Transaction ID : H4.4224		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 555 GREENWICH AVE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City WARWICK State RI Zip Code				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: OFFICE RENOVATION EXPENSES				Allocated Activity or Event Year-To-Date 988.28	
Activity or Event Identifier: Administrative		Category/Type 001		Date 10 / 21 / 2013	
FEDERAL SHARE		+		NONFEDERAL SHARE	
44.02				165.61	
		=		TOTAL AMOUNT	
				209.63	

C. Full Name (Last, First, Middle Initial) MARK SMILEY		Transaction ID : H4.4225		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 14 EVIE DR				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City WARREN State RI Zip Code				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement:				Allocated Activity or Event Year-To-Date 1715.32	
Activity or Event Identifier: Administrative		Category/Type 002		Date 10 / 21 / 2013	
FEDERAL SHARE		+		NONFEDERAL SHARE	
152.68				574.36	
		=		TOTAL AMOUNT	
				727.04	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
200.87		755.68		956.55

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.4228
OCEAN STATE JOB LOT
Mailing Address 3030 WEST SHORE ROAD
City WARWICK State RI Zip Code 02886
Purpose of Disbursement: STORAGE AND OFFICE PARTS
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 1782.99
Date 10/22/2013
FEDERAL SHARE 14.21 + NONFEDERAL SHARE 53.46 = TOTAL AMOUNT 67.67

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.4230
HOME DEPOT
Mailing Address 80 UNIVERSAL BLVD
City WARWICK State RI Zip Code 02886
Purpose of Disbursement: OFFICE AND STORAGE EQUIPMENT
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 1847.20
Date 10/23/2013
FEDERAL SHARE 13.48 + NONFEDERAL SHARE 50.73 = TOTAL AMOUNT 64.21

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.4129
Airport Plaza Associates
Mailing Address
City State Zip Code
Purpose of Disbursement: Rent
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 2422.20
Date 10/24/2013
FEDERAL SHARE 120.75 + NONFEDERAL SHARE 454.25 = TOTAL AMOUNT 575.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 148.44, 558.44, 706.88

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

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

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SIGNS BY TOMORROW		Transaction ID : H4.4232		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 777 AIRPORT ROAD				Allocated Activity or Event Year-To-Date 2462.27		
City WARWICK	State RI	Zip Code 02886		Date 10 / 24 / 2013		
Purpose of Disbursement: SIGNS		001				
Activity or Event Identifier: Administrative		Category/ Type				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
8.40			31.67			40.07

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

C. Full Name (Last, First, Middle Initial) TD BANK		Transaction ID : H4.4311		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2625 W Shore Rd				Allocated Activity or Event Year-To-Date 3057.27		
City Warwick	State RI	Zip Code 02889		Date 10 / 24 / 2013		
Purpose of Disbursement: FEES		001				
Activity or Event Identifier: Administrative		Category/ Type				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
4.20			15.80			20.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
133.35		501.72		635.07

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

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

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

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

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
154.63		581.70		736.33

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

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

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

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

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
43.70		164.41		208.11

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Form A: Disbursement for LOWES, Transaction ID H4.4244. Includes fields for Name, Address, City, State, Zip Code, Purpose (OFFICE SUPPLIES), Activity (Administrative), and Amounts (FEDERAL SHARE 6.17, NONFEDERAL SHARE 23.23, TOTAL AMOUNT 29.40).

Form B: Disbursement for LOWES, Transaction ID H4.4245. Includes fields for Name, Address, City, State, Zip Code, Purpose (OFFICE RENOVATION SUPPLIES), Activity (Administrative), and Amounts (FEDERAL SHARE 7.26, NONFEDERAL SHARE 27.30, TOTAL AMOUNT 34.56).

Form C: Disbursement for STAPLES, Transaction ID H4.4246. Includes fields for Name, Address, City, State, Zip Code, Purpose (OFFICE SUPPLIES), Activity (Administrative), and Amounts (FEDERAL SHARE 6.73, NONFEDERAL SHARE 25.34, TOTAL AMOUNT 32.07).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 20.16, NONFEDERAL SHARE 75.87, TOTAL AMOUNT 96.03.

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

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

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.4248
AIRPORT LIQUIRS
Mailing Address 1800 POST ROAD

City State Zip Code
WARWICK RI 02886

Purpose of Disbursement:
OFFICE REFRESHMENTS FOR HQ UNVAILING

Activity or Event Identifier:
Administrative

Category/Type

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

Allocated Activity or Event Year-To-Date
4187.04

Date 10 / 31 / 2013

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.75		70.55		89.30

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.4314
TD BANK
Mailing Address 2625 W Shore Rd

City State Zip Code
Warwick RI 02889

Purpose of Disbursement:
FEES

Activity or Event Identifier:
Administrative

Category/Type
001

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

Allocated Activity or Event Year-To-Date
4222.04

Date 10 / 31 / 2013

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.35		27.65		35.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.4250
Airport Plaza Associates
Mailing Address

City State Zip Code

Purpose of Disbursement:
RENT

Activity or Event Identifier:
Administrative

Category/Type
001

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

Allocated Activity or Event Year-To-Date
4797.04

Date 11 / 01 / 2013

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
120.75		454.25		575.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
146.85		552.45		699.30

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Form A: DAVES MARKETPLACE. Transaction ID: H4.4251. Allocated Activity or Event: Administrative. Date: 11/04/2013. Year-to-Date: 4814.01. Federal Share: 3.56, Nonfederal Share: 13.41, Total Amount: 16.97.

Form B: DUNKIN DONUTS. Transaction ID: H4.4253. Allocated Activity or Event: Administrative. Date: 11/04/2013. Year-to-Date: 4834.33. Federal Share: 4.27, Nonfederal Share: 16.05, Total Amount: 20.32.

Form C: HOME DEPOT. Transaction ID: H4.4255. Allocated Activity or Event: Administrative. Date: 11/04/2013. Year-to-Date: 4874.28. Federal Share: 8.39, Nonfederal Share: 31.56, Total Amount: 39.95.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 16.22, 61.02, 77.24.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [blank], [blank], [blank].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

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

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

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

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
242.62		912.70		1155.32

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.99		15.02		19.01

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.04		15.19		19.23

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.04		15.19		19.23

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.07		45.40		57.47

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

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

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

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

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.07		210.95		267.02

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

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

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

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

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
227.53		855.97		1083.50

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RI SHRINERS		Transaction ID : H4.4275	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address ONE RHODES PLACE			Allocated Activity or Event Year-To-Date 7562.59	
City CRANSTON	State	Zip Code 02905	Date 11 / 18 / 2013	
Purpose of Disbursement: STATE CENTRAL MEETING HALL RENTAL		Category/ Type	Date 11 / 18 / 2013	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
26.25			98.75	125.00

B. Full Name (Last, First, Middle Initial) TD BANK		Transaction ID : H4.4315	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2625 W Shore Rd			Allocated Activity or Event Year-To-Date 7597.59	
City Warwick	State RI	Zip Code 02889	Date 11 / 25 / 2013	
Purpose of Disbursement: FEES		Category/ Type	Date 11 / 25 / 2013	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
7.35			27.65	35.00

C. Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB		Transaction ID : H4.4268	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 300 FIRST STREET SE			Allocated Activity or Event Year-To-Date 7647.59	
City WASHINGTON	State DC	Zip Code 20003	Date 11 / 29 / 2013	
Purpose of Disbursement: DUES		Category/ Type	Date 11 / 29 / 2013	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
10.50			39.50	50.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.10		165.90		210.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TD BANK		Transaction ID : H4.4316	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2625 W Shore Rd			Allocated Activity or Event Year-To-Date 7667.59	
City Warwick	State RI	Zip Code 02889	Date 12 / 06 / 2013	
Purpose of Disbursement: FEES		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
4.20			15.80	
		=	TOTAL AMOUNT	
			20.00	

B. Full Name (Last, First, Middle Initial) WASTE MANAGEMENT		Transaction ID : H4.4277	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1610 PONTIAC AVENUE			Allocated Activity or Event Year-To-Date 7853.80	
City CRANSTON	State RI	Zip Code 02920	Date 12 / 07 / 2013	
Purpose of Disbursement: TRASH REMOVAL FEES		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
39.10			147.11	
		=	TOTAL AMOUNT	
			186.21	

C. Full Name (Last, First, Middle Initial) LANCE CHAPPELL		Transaction ID : H4.4304	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 428			Allocated Activity or Event Year-To-Date 8353.80	
City SAUNDERSTOWN	State RI	Zip Code 02874	Date 12 / 13 / 2013	
Purpose of Disbursement: ELECTRICAL ENGIENEERING		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
105.00			395.00	
		=	TOTAL AMOUNT	
			500.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
148.30		557.91		706.21

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.4306
Airport Plaza Associates
Mailing Address
City State Zip Code

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

Purpose of Disbursement: RENT
Activity or Event Identifier: Administrative

Allocated Activity or Event Year-To-Date: 8928.80
Date: 12 / 18 / 2013

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
120.75		454.25		575.00

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.4307
Airport Plaza Associates
Mailing Address
City State Zip Code

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

Purpose of Disbursement: RENT
Activity or Event Identifier: Administrative

Allocated Activity or Event Year-To-Date: 9503.80
Date: 12 / 18 / 2013

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
120.75		454.25		575.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.4308
CAPITOL HILL CLUB
Mailing Address 300 FIRST STREET SE
City WASHINGTON State DC Zip Code 20003

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

Purpose of Disbursement: DUES
Activity or Event Identifier: Administrative

Allocated Activity or Event Year-To-Date: 9903.80
Date: 12 / 18 / 2013

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.00		316.00		400.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
325.50		1224.50		1550.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
2079.75		7824.05		9903.80