

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 413 Knight Street
Warwick RI 02886
 Check if different than previously reported. (ACC)

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 05 01 2006 through 05 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Marc Tondreau

Signature of Treasurer Electronically Filed by Marc Tondreau Date 06 19 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Rhode Island Republican State Central Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		68539.92
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	31628.16									
(c) Total Receipts (from Line 19)	30682.25	85031.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	62310.41	153571.20								
7. Total Disbursements (from Line 31)	30314.53	121575.32								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31995.88	31995.88								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	20011.92									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Rhode Island Republican State Central Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2750.00	11261.60
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	2750.00	11261.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ▶	2750.00	16261.60
12. Transfers From Affiliated/Other Party Committees	27932.25	68769.68
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30682.25	85031.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30682.25	85031.28

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	2389.92	6713.87
(ii) Non-Federal Share.....	9328.76	39837.97
(b) Other Federal Operating Expenditures.....	18595.85	75023.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	30314.53	121575.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30314.53	121575.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20985.77	81737.35

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	2750.00	16261.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2750.00	16261.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20985.77	81737.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20985.77	81737.35

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 28	
	(check only one)			
	<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

A. Unitemized Contributions

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 ▼
8511.60

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.5027

Amount of Each Receipt this Period
2750.00

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	2750.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 28
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<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. Full Name (Last, First, Middle Initial)
Republican Natl Committee

Mailing Address 310 First Street, SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
44600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 6

Transaction ID: SA12.5023

Amount of Each Receipt this Period
12300.00

B. Full Name (Last, First, Middle Initial)
Rhode Island Republican State Central Committee

Mailing Address 413 Knight Street

City State Zip Code
Warwick RI 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 ▼
24169.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 6

Transaction ID: SA12.5024

Amount of Each Receipt this Period
15632.25

State portion of Q1 expenses

SUBTOTAL of Receipts This Page (optional)	▶	27932.25
TOTAL This Period (last page this line number only)	▶	27932.25

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

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

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

SUBTOTAL of Disbursements This Page (optional)	898.78
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. Cingular Wireless		Transaction ID: SB21B.4975 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address PO Box 17587		Amount of Each Disbursement this Period 83.71
City Baltimore State MD Zip Code 21297-1587	Purpose of Disbursement Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Communications Unlimited		Transaction ID: SB21B.4977 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 3194 Post Rd.		Amount of Each Disbursement this Period 629.58
City Warwick State RI Zip Code 02886	Purpose of Disbursement Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cox Communications		Transaction ID: SB21B.4978 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address P. O. Box 39 9 J. P. Murphy Hwy.		Amount of Each Disbursement this Period 159.99
City Newark State NJ Zip Code 02893	Purpose of Disbursement Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	873.28
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

Full Name (Last, First, Middle Initial) B. Jacques Dextrateur, II		Transaction ID: SB21B.4980 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 107 Midget Ave.		Amount of Each Disbursement this Period 442.73
City Warwick State RI Zip Code 02886	001 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jacques Dextrateur, II		Transaction ID: SB21B.4981 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 107 Midget Ave.		Amount of Each Disbursement this Period 442.73
City Warwick State RI Zip Code 02886	001 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1981.76
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)

PAGE 11 / 28

<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. Jacques Dextrateur, II		Transaction ID: SB21B.4982 Date of Disbursement 05 / 18 / 2006
Mailing Address 107 Midget Ave.		Amount of Each Disbursement this Period 442.73
City Warwick State RI Zip Code 02886	001 Category/ Type	
Purpose of Disbursement Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jacques Dextrateur, II		Transaction ID: SB21B.4983 Date of Disbursement 05 / 25 / 2006
Mailing Address 107 Midget Ave.		Amount of Each Disbursement this Period 442.73
City Warwick State RI Zip Code 02886	001 Category/ Type	
Purpose of Disbursement Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mary Diamond		Transaction ID: SB21B.4993 Date of Disbursement 05 / 04 / 2006
Mailing Address 801 S. Pitt St. # 432		Amount of Each Disbursement this Period 455.33
City Alexandria State VA Zip Code 22314	001 Category/ Type	
Purpose of Disbursement Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1340.79
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. Mary Diamond		Transaction ID: SB21B.5046 Date of Disbursement MM / DD / YYYY 05 / 11 / 2006
Mailing Address 801 S. Pitt St. # 432		Amount of Each Disbursement this Period 821.95
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mary Diamond		Transaction ID: SB21B.5047 Date of Disbursement MM / DD / YYYY 05 / 18 / 2006
Mailing Address 801 S. Pitt St. # 432		Amount of Each Disbursement this Period 821.95
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mary Diamond		Transaction ID: SB21B.5048 Date of Disbursement MM / DD / YYYY 05 / 25 / 2006
Mailing Address 801 S. Pitt St. # 432		Amount of Each Disbursement this Period 772.16
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2416.06
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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. Robert DiLeonardo		Transaction ID: SB21B.5019 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 2000.00
City	State Zip Code	
Purpose of Disbursement	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

Full Name (Last, First, Middle Initial) C. Matthew Frank		Transaction ID: SB21B.5054 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 15 Lake St.		Amount of Each Disbursement this Period 403.41
City Warwick	State RI Zip Code 02886	
Purpose of Disbursement	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4403.41
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)

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

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: SB21B.5015 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 1049.38
City East Providence State RI Zip Code 02915	Purpose of Disbursement <input type="text"/>	
Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: SB21B.5016 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 1411.43
City East Providence State RI Zip Code 02915	Purpose of Disbursement <input type="text"/>	
Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2814.81
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)

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<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. Paychex		Transaction ID: SB21B.5017	
Mailing Address 501 Wampanoag Trail		Date of Disbursement 05 / 19 / 2006	
City East Providence	State RI	Zip Code 02915	Amount of Each Disbursement this Period 1411.43
Purpose of Disbursement		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: SB21B.5018	
Mailing Address 501 Wampanoag Trail		Date of Disbursement 05 / 25 / 2006	
City East Providence	State RI	Zip Code 02915	Amount of Each Disbursement this Period 1490.41
Purpose of Disbursement		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: SB21B.5028	
Mailing Address 1276 Bald Hill Rd		Date of Disbursement 05 / 31 / 2006	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 202.60
Purpose of Disbursement		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	3104.44
TOTAL This Period (last page this line number only)	17833.33

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 17 / 28 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
Rhode Island Republican State Central Committee

Transaction ID: SC/10.4441

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

Original Amount of Loan <input style="width: 90%;" type="text" value="5000.00"/>	Cumulative Payment To Date <input style="width: 90%;" type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input style="width: 90%;" type="text" value="5000.00"/>
---	---	---

TERMS

Date Incurred <input style="width: 20px;" type="text" value="06"/> <input style="width: 20px;" type="text" value="10"/> <input style="width: 20px;" type="text" value="2003"/>	Date Due <input style="width: 100px;" type="text"/>	Interest Rate <input style="width: 50px;" type="text"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	--	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100px;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100px;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100px;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100px;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 90%;" type="text" value="5000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 90%;" type="text" value="8500.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	5587.39
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)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 / 28
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	1826.00
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)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	▶	4098.53
2) TOTALS This Period (last page this line number only).....	▶	11511.92
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)	▶	

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

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

A. Full Name (Last, First, Middle Initial) Charles Newton			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 125 Bow St.			Allocated Activity or Event Year-To-Date 35661.61	
City East Greenwich	State RI	Zip Code 02818	Date <input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Activity or Event Identifier: Administrative			Transaction ID: H4.4965	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
173.97		654.48		828.45

B. Full Name (Last, First, Middle Initial) Charles Newton			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 125 Bow St.			Allocated Activity or Event Year-To-Date 35761.61	
City East Greenwich	State RI	Zip Code 02818	Date <input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Cell phone allowance Activity or Event Identifier: Administrative			Transaction ID: H4.4969	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.00		79.00		100.00

C. Full Name (Last, First, Middle Initial) CompUSA			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date 35852.53	
City	State	Zip Code	Date <input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Activity or Event Identifier: Administrative			Transaction ID: H4.4970	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		90.92		90.92

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
194.97		824.40		1019.37

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) Metro Park Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier: Administrative	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date <input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/> Transaction ID: H4.4972
--	---

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="13.00"/>		<input type="text" value="13.00"/>

B. Full Name (Last, First, Middle Initial) Eastern Star Restaurant Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier: Administrative	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date <input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/> Transaction ID: H4.5032
---	---

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="6.93"/>		<input type="text" value="26.07"/>		<input type="text" value="33.00"/>

C. Full Name (Last, First, Middle Initial) United Lock Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier: Administrative	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date <input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/> Transaction ID: H4.5034
---	---

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="15.51"/>		<input type="text" value="15.51"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="6.93"/>		<input type="text" value="54.58"/>		<input type="text" value="61.51"/>

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

A. Full Name (Last, First, Middle Initial) Dunkin Donuts		Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	001
Purpose of Disbursement:		35929.15	
Activity or Event Identifier: Administrative		Date	MM / DD / YYYY 05 / 09 / 2006
Transaction ID: H4.5035			

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		15.11		15.11

B. Full Name (Last, First, Middle Initial) Home Depot		Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	001
Purpose of Disbursement:		35944.07	
Activity or Event Identifier: Administrative		Date	MM / DD / YYYY 05 / 09 / 2006
Transaction ID: H4.5036			

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.13		11.79		14.92

C. Full Name (Last, First, Middle Initial) Radio Shack		Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	001
Purpose of Disbursement:		35969.71	
Activity or Event Identifier: Administrative		Date	MM / DD / YYYY 05 / 09 / 2006
Transaction ID: H4.5038			

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.38		20.26		25.64

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.51		47.16		55.67

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)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Best Buy			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Bald Hill Rd.			Allocated Activity or Event Year-To-Date 36023.19	
City	State	Zip Code	001	Category/ Type
Warwick	RI	02886		
Purpose of Disbursement:				
Activity or Event Identifier: Administrative			Date M M / D D / Y Y Y Y 05 / 09 / 2006 Transaction ID: H4.5040	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		53.48		53.48

B. Full Name (Last, First, Middle Initial) Benny's			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date 36038.14	
City	State	Zip Code	001	Category/ Type
Purpose of Disbursement:				
Activity or Event Identifier: Administrative			Date M M / D D / Y Y Y Y 05 / 09 / 2006 Transaction ID: H4.5041	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.14		11.81		14.95

C. Full Name (Last, First, Middle Initial) eFax.com			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date 36188.09	
City	State	Zip Code	001	Category/ Type
Purpose of Disbursement:				
Activity or Event Identifier: Administrative			Date M M / D D / Y Y Y Y 05 / 09 / 2006 Transaction ID: H4.5043	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		149.95		149.95

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.14		215.24		218.38

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) Postmaster Providence			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 24 Corliss Landing			Allocated Activity or Event Year-To-Date 36312.47	
City Providence	State RI	Zip Code 02903	Date <input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>	
Purpose of Disbursement:			Category/Type 001	
Activity or Event Identifier: Administrative			Transaction ID: H4.5045	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.12		98.26		124.38

B. Full Name (Last, First, Middle Initial) Charles Newton			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 125 Bow St.			Allocated Activity or Event Year-To-Date 37140.92	
City East Greenwich	State RI	Zip Code 02818	Date <input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>	
Purpose of Disbursement:			Category/Type 001	
Activity or Event Identifier: Administrative			Transaction ID: H4.4966	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
173.97		654.48		828.45

C. Full Name (Last, First, Middle Initial) Verizon			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 28007			Allocated Activity or Event Year-To-Date 37385.85	
City Lehigh Valley	State PA	Zip Code 18002	Date <input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>	
Purpose of Disbursement:			Category/Type 001	
Activity or Event Identifier: Administrative			Transaction ID: H4.5022	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.44		193.49		244.93

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
251.53		946.23		1197.76

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) ABS Printing Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 173 Washington St.			Allocated Activity or Event Year-To-Date 37883.94		
City West Warwick	State RI	Zip Code 02893-5015	Date <input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Administrative			Transaction ID: H4.4964		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
104.60		393.49		498.09

B. Full Name (Last, First, Middle Initial) Charles Newton			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 125 Bow St.			Allocated Activity or Event Year-To-Date 38712.39		
City East Greenwich	State RI	Zip Code 02818	Date <input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Administrative			Transaction ID: H4.4967		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
173.97		654.48		828.45

C. Full Name (Last, First, Middle Initial) Charles Newton			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 125 Bow St.			Allocated Activity or Event Year-To-Date 39540.84		
City East Greenwich	State RI	Zip Code 02818	Date <input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Administrative			Transaction ID: H4.4968		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
173.97		654.48		828.45

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
452.54		1702.45		2154.99

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial) Johnston Consulting, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 139 Main St.			Allocated Activity or Event Year-To-Date 42273.67	
City Montpelier	State VT	Zip Code 05602	Date MM / DD / YYYY 05 / 31 / 2006	
Purpose of Disbursement:			Category/Type 003	
Activity or Event Identifier: Administrative			Transaction ID: H4.4991	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
573.89		2158.94		2732.83

B. Full Name (Last, First, Middle Initial) Johnston Consulting, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 139 Main St.			Allocated Activity or Event Year-To-Date 46041.63	
City Montpelier	State VT	Zip Code 05602	Date MM / DD / YYYY 05 / 31 / 2006	
Purpose of Disbursement:			Category/Type 003	
Activity or Event Identifier: Administrative			Transaction ID: H4.4992	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
791.27		2976.69		3767.96

C. Full Name (Last, First, Middle Initial) US Airways			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date 46403.73	
City	State	Zip Code	Date MM / DD / YYYY 05 / 31 / 2006	
Purpose of Disbursement:			Category/Type 001	
Activity or Event Identifier: Administrative			Transaction ID: H4.5049	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
76.04		286.06		362.10

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1441.20		5421.69		6862.89

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

A. Full Name (Last, First, Middle Initial)
Marriott Crystal City

Mailing Address
1999 Jefferson Davis Hwy

City	State	Zip Code
Arlington	VA	22202

001
Category/ Type

Purpose of Disbursement:

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
46551.84

Date 05 / 31 / 2006

Transaction ID: H4.5051

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.10		117.01		148.11

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.10		117.01		148.11

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
2389.92	9328.76	11718.68