

# 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. 12 FE4M5

Rhode Island Republican State Central Committee

ADDRESS (number and street) 1800 Post Road  
Suite 17-I  
 Check if different than previously reported. (ACC) Warwick RI 02886

2. **FEC IDENTIFICATION NUMBER** ▼ **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲  
C C00078196  **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 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) (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 (12S)  
Election on 11 / 06 / 2012 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 / 2012 through 10 / 17 / 2012

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 Barbara May Holmes

Signature of Treasurer Barbara May Holmes [Electronically Filed] Date 08 / 15 / 2013

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**

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="2012"/>	<input type="text" value="590.32"/>	<input type="text" value="590.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="238083.39"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="136865.00"/>	<input type="text" value="422972.00"/>
(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="374948.39"/>	<input type="text" value="423562.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="106974.42"/>	<input type="text" value="155588.35"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="267973.97"/>	<input type="text" value="267973.97"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="11511.92"/>	

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:  /  /  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).....	1315.00	1315.00
(ii) Unitemized .....	550.00	550.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1865.00	1865.00
(b) Political Party Committees .....	0.00	285000.00
(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) .....	1865.00	286865.00
12. Transfers From Affiliated/Other Party Committees.....	135000.00	135000.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	1107.00
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 Transfers (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))..... ▶	136865.00	422972.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	136865.00	422972.00

**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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	106706.42	145393.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	106706.42	145393.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	875.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	250.00	9250.00
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 .....	18.00	69.96
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)) ..	106974.42	155588.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	106974.42	155588.35

**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) .....	1865.00	286865.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1865.00	286865.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	106706.42	145393.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1107.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	106706.42	144286.39

**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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Aggregate 10/05/2012 Aggregate 10/05/2012**

Mailing Address Aggregate 10/05/2012

City State Zip Code  
Aggregate 10/05/2012

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

Name of Employer Occupation  
Aggregate 10/05/2012 Aggregate 10/05/2012

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
10 / 05 / 2012  
**Transaction ID : SA11AI.7557**

Amount of Each Receipt this Period  
205.00

Contributions

Full Name (Last, First, Middle Initial)  
**B. aggregate 10/09/2012 aggregate 10/09/2012**

Mailing Address aggregate 10/09/2012

City State Zip Code  
aggregate 10/09/2012

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

Name of Employer Occupation  
aggregate 10/09/2012 aggregate 10/09/2012

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
860.00

Date of Receipt  
10 / 09 / 2012  
**Transaction ID : SA11AI.7559**

Amount of Each Receipt this Period  
860.00

Various Contributions

Full Name (Last, First, Middle Initial)  
**C. Buell Carter**

Mailing Address 3 Darl Ct

City State Zip Code  
E Greenwich RI 02818

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 05 / 2012  
**Transaction ID : SA11AI.7555**

Amount of Each Receipt this Period  
250.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1315.00
<b>TOTAL</b> This Period (last page this line number only).....	1315.00

**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 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 12 / 2012  
**Transaction ID : SA12.7518**

Amount of Each Receipt this Period  
30000.00

Party Building

Full Name (Last, First, Middle Initial)  
**B. National Republican Congressional Committee**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 17 / 2012  
**Transaction ID : SA12.7519**

Amount of Each Receipt this Period  
105000.00

Party Building

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

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	135000.00

**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. Balloons over Rhode Island**

Mailing Address 52 Walnut Grove Avenue

City Cranston State RI Zip Code 02920

Purpose of Disbursement  
Advertising

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.7541**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Balloons over Rhode Island**

Mailing Address 52 Walnut Grove Avenue

City Cranston State RI Zip Code 02920

Purpose of Disbursement  
Advertising

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.7547**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Majority Strategies**

Mailing Address 135 Professional Drive  
Suite 104

City Ponte Vedre State FL Zip Code 32082

Purpose of Disbursement  
advertising

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.7521**

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. Majority Strategies**

Mailing Address 135 Professional Drive  
Suite 104

City State Zip Code  
Ponte Vedre FL 32082

Purpose of Disbursement  
Advertising

**004**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7524**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Majority Strategies**

Mailing Address 135 Professional Drive  
Suite 104

City State Zip Code  
Ponte Vedre FL 32082

Purpose of Disbursement  
Advertising

**004**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7528**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Marriott Hotels**

Mailing Address 1 Orms Street

City State Zip Code  
Providence RI 02904

Purpose of Disbursement  
Event Expense

**007**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7548**

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. Mark Zaccaria**

Mailing Address 35 Congdon Rd

City Saunderstown State RI Zip Code 02874

Purpose of Disbursement  
Postage

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7540**

Amount of Each Disbursement this Period

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. RILEY FOR CONGRESS

Mailing Address 25 WILDFIELD FARM ROAD

City NARRAGANSETT State RI Zip Code 02882

Purpose of Disbursement  
Campaign

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2012

Transaction ID : SB23.7543

Amount of Each Disbursement this Period

250.00

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

Amount of Each Disbursement this Period

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

250.00

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

250.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 20
	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 <b>Campaign Solutions</b>	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	<b>Transaction ID : SD10.4144</b>	
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 <b>Timothy Costa</b>	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	<b>Transaction ID : SD10.4146</b>	
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 <b>Hasley Properties</b>	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	<b>Transaction ID : SD10.4148</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1587.39

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	5587.39
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4144

(Current loan amount of 1500.00 from a balance of 1500.00 has been forgiven)

Form/Schedule: SD10

Transaction ID: SD10.4146

(Current loan amount of 2500.00 from a balance of 2500.00 has been forgiven)

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4148

(Current loan amount of 1587.39 from a balance of 1587.39 has been forgiven)

Form/Schedule:

Transaction ID:

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 20
	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 <b>JLM Consulting</b>		Nature of Debt (Purpose): Travel Back Debt
Mailing Address Info Requested		
City State	Zip Code	
Alexandria	VA 22314	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4150</b>	
<input type="text" value="1000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Kentish Guards</b>		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	<b>Transaction ID : SD10.4152</b>	
<input type="text" value="226.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="226.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Richard Kizarian</b>		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	<b>Transaction ID : SD10.4160</b>	
<input type="text" value="600.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="600.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1826.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4150

(Current loan amount of 1000.00 from a balance of 1000.00 has been forgiven)

Form/Schedule: SD10

Transaction ID: SD10.4152

(Current loan amount of 226.00 from a balance of 226.00 has been forgiven)



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4160

(Current loan amount of 600.00 from a balance of 600.00 has been forgiven)

Form/Schedule:

Transaction ID:

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 20
	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 <b>Providence Marriot</b>	Nature of Debt (Purpose): Event Exp Election 2000
Mailing Address Orms Street	
City State Zip Code Providence RI 02903	

Outstanding Balance Beginning This Period <input type="text" value="1198.53"/>	<b>Transaction ID : SD10.4154</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1198.53"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Hon Joan Quick</b>	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 <input type="text" value="2575.00"/>	<b>Transaction ID : SD10.4156</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2575.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ralph Stuart Band</b>	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 <input type="text" value="325.00"/>	<b>Transaction ID : SD10.4158</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="325.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="4098.53"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="11511.92"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="11511.92"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4154

(Current loan amount of 1198.53 from a balance of 1198.53 has been forgiven)

Form/Schedule: SD10

Transaction ID: SD10.4156

(Current loan amount of 2575.00 from a balance of 2575.00 has been forgiven)

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4158

(Current loan amount of 325.00 from a balance of 325.00 has been forgiven)

Form/Schedule:

Transaction ID: