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Image# 13964515491

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An A	utnorized Committe	e	Office U	se Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	g, type 12	FE4M5	
Rhode Island Republic	an State Central C	ommittee			
ADDRESS (number and street)	1800 Post Road				
Check if different	Suite 17-I				
than previously reported. (ACC)	Warwick		RI	02886	6
2. FEC IDENTIFICATION NU	MBER ▼	CITY A	STAT	Ē A	ZIP CODE 🛦
C C00078196	3.	IS THIS NREPORT (N	EW I) OR	X AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report Due On:		lay 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:			ın 20 (M6)	Sep 20 (M9)	(Non-Election Year Only)
April 15 Quarterly Report (Q		pr 20 (M4) J	ul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
July 15	(C) 12-Day	Primary (12P)	Ш	General (12G)	Runoff (12R)
Quarterly Report (Q: October 15	Report for the:	: Convention (1	2C)	Special (12S)	
Quarterly Report (Q: X January 31 Year-End Report (YI		ction on	D D / Y D	YYYY	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	· ·		Runoff (30R)	Special (30S)
Termination Report (TER)	·	ction on	D = D / Y =	Y Y Y	in the State of
5. Covering Period 11	27 2012		M M /	31 20	12
I certify that I have examined thi	s Report and to the best	of my knowledge and b	elief it is true, co	orrect and comple	te.
Type or Print Name of Treasurer	Barbara May Holmes				
Signature of Treasurer Barba	ra May Holmes	[Electronically	Filed] Date	08 / 15	
NOTE: Submission of false, errone	ous, or incomplete informa	tion may subject the pers	on signing this Re	eport to the penalti	es of 2 U.S.C. §437g.
Office Use Only					C FORM 3X Rev. 12/2004

	OF FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name		. 490 =
F	Rhode Island Republican State Cent	tral Committee	
R	eport Covering the Period: From: 11	/ 27 / 2012 To:	12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		590.32
	(b) Cash on Hand at Beginning of Reporting Period	8834.23	
	(c) Total Receipts (from Line 19)	14588.00	469970.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	23422.23	470560.32
7.	Total Disbursements (from Line 31)	12375.24	459513.33
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11046.99	11046.99
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)	0.00	
	This committee has qualified as a multicand	didate committee. (see FEC FORM 1M)	
	Fo	or 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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	0.00	13215.00
(ii) Unitemized	0.00	1060.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	0.00	14275.00
(b) Political Party Committees	0.00	300000.00
(c) Other Political Committees	0.00	5000.00
(such as PACs)	7	5000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	0.00	319275.00
Totals to Line 33, page 5)	0.00	319275.00
2. Transfers From Affiliated/Other		44750000
Party Committees	12500.00	147500.00
3. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	1107.00
Refunds of Contributions Made	7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	2088.00	2088.00
3. Transfers from Non-Federal and Levin Funds	2000.00	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(0.00
(b) Lovin Fundo (from Cobodulo 115)	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
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	14588.00	469970.00
. Total Federal Receipts		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	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	12375.24	449318.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	12375.24	449318.37
22. 1	Fransfers to Affiliated/Other Party		
	Committees Contributions to	0.00	875.00
F	Federal Candidates/Committees and Other Political Committees	0.00	9250.00
	ndependent Expenditures	0.00	0.00
25. (use Schedule E)		
{	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
26. L	oan Repayments Made	0.00	0.00
P7. I	oans Made	0.00	0.00
28. F	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		200
	(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	69.96
O E	Federal Election Activity (2 U.S.C. §431(20))	,	
	a) Allocated Federal Election Activity		
`	(from Schedule H6)		2.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	200	0.00
1	With Federal Funds	0.00	0.00
(Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
1. 7	Total Disbursements (add Lines 21(c), 22,		
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12375.24	459513.33
	Total Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)	12375.24	459513.33
ī	rom Line 31)	12373.24	459013.33

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
3. Total Contributions (other than loans)		Cultival Four to Date
(from Line 11(d), page 3)	0.00	319275.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	319275.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	12375.24	449318.37
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1107.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	12375.24	448211.37

SCHEDULE A (FEC Form 3X)	١		FOR LINE NUMBER: PAGE 6 OF 17
,		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 17 (check only one)
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c X 12
	1.00		13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements matchine the name and a	ay not be sold or used by any penderess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		.	
Rhode Island Republican State	te Centrai (Committee	
Full Name (Last, First, Middle Initial) A. National Republican Congressional	Committee		Put of Position
Mailing Address	Committee		Date of Receipt
			12 06 2012
City	State	Zip Code	Transaction ID : SA12.7641
FFO ID availables of contribution			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0075820	12500.00
Name of Employer	Occupation	1	transfer party building
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		432500.00	
·			1
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address	Mailing Address		
	State Zip Code		
City		Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.			
Name of Employer	Occupation	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	00 0		1
Other (specify) ▼			
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y Y
011			_
Uity	City State Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		
Name of Employer	Occupation	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	Aggregate	Todi 10-Date ▼	1
Other (specify) ▼		7 7 7	
	l		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SUBTOTAL of Receipts This Page (ontional)			12500.00

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

12500.00

SOLIEBLIE A VETA TO STO		
SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 17
TEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Rhode Island Republican State	Central Committee	
Full Name (Last, First, Middle Initial) James Harmon		Date of Receipt
Mailing Address 48 Averill PI		11 27 2012
City	State Zip Code CT 06405	Transaction ID : SA17.7645
Branford	CT 06405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2088.00
Name of Employer	Occupation	check written without two signatures returned
reimbursement for Victory Phon	self	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2088.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing	C	
federal political committee.	O	9 9
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing	C	Authority of Eddin recorpt this 1 ched
federal political committee.		
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		7
Other (specify) ▼	9 1 9 1 0	_
SUBTOTAL of Receipts This Page (optional)		2088.00

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

2088.00

SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 8 OF 17		
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the	(s) (check only	one)		
	Detailed Summary Page		22 23 24 25 28a 28b 28c 29		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)	no and address of any por	milear committee to	conor communications mem cach communication		
Rhode Island Republican State Ce	entral Committee				
/ Knode Island Kepublican State Ce	illiai Committee				
Full Name (Last, First, Middle Initial)					
^{A.} Barbara M. Holmes CPA, CFP, MS	S, LLC		Date of Disbursement		
Mailing Address 420 Middle Highway			12 13 2012		
City	State Zip Code				
Barrington	RI 02806		Transaction ID : SB21B.7640		
Purpose of Disbursement					
Bookkeeping		001	Amount of Each Disbursement this Period		
Candidate Name		Category/	760.00		
		Type	760.00		
	ment For: 2012				
Senate	Primary General				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
B. FLS Connect			Date of Disbursement		
- 1 E3 Connect			M M / D D / Y Y Y Y		
Mailing Address 2401 W. Behrend Dr. Suite 7			12 13 2012		
City	State Zip Code		Transaction ID : SB21B.7638		
Phoenix	AZ 85027				
Purpose of Disbursement		003	Amount of Each Disbursement this Perio		
Candidate Name			Amount of Each Disbursement this Fence		
		Category/ Type	11591.24		
Office Sought: House Disburser	ment For: 2012	1,750	,		
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y Y		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
Candidate Name			Amount of Each Disbursement this Period		
Sandidate Name		Category/ Type			
Office Sought: House Disburser	ment For:	Туре			
Senate	Primary General				
President	Other (specify) ▼				
State: District:	• •				
SUBTOTAL of Disbursements This Page (optional)			12351.24		
TOTAL This Period (last page this line number only))		12351.24		

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 9
FOR LINE NUMBER: (check only one)

	9
X	10

OF

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NAME OF COMMITTEE (In Full) Rhode Island Republican State Central Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Direct Mail Back Debt Campaign Solutions Mailing Address 228 South Washington Street City State Zip Code Alexandria 22314 Transaction ID: SD10.4144 Outstanding Balance Beginning This Period 1500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Back Pay Timothy Costa Mailing Address 84 Enfield Avenue City State Zip Code Providence 02908 RΙ Outstanding Balance Beginning This Period Transaction ID: SD10.4146 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Rent Back Debt **Hasley Properties** Mailing Address 18 Burnside Street City State Zip Code Bristol 02809 RI Transaction ID: SD10.4148 Outstanding Balance Beginning This Period 1587.39 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 0.00 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL 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)

1mage# 13964515500 PAGE 10 / 17

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

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)

1mage# 13964515501 PAGE 11 / 17

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

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)

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 12 OF 17

				/ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
	ME OF COMMITTEE (In Full) hode Island Republican State Cent	ral Comm	ittee	
	A. Full Name (Last, First, Middle Initial) of Debtor JLM Consulting	Nature of Debt (Purpose): Travel Back Debt		
	Mailing Address Info Requested			
	City State Alexandria	Zip Code VA	22314	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4150
	1000.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	0.00
	B. Full Name (Last, First, Middle Initial) of Debtor Kentish Guards	or Creditor		Nature of Debt (Purpose): Event Exp Back Debt
	Mailing Address Main Street			
ł	City State	Zip Code		
	East Greenwich	RI	02818	
	Outstanding Balance Beginning This Period 226.00			Transaction ID : SD10.4152
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	0.00
	C. Full Name (Last, First, Middle Initial) of Debto Richard Kizarian	r or Creditor		Nature of Debt (Purpose): Event Exp Photography Back Debt
	Mailing Address 337 Sastram Street			
	City Providence	State RI	Zip Code 02908	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4160
	600.00			
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	0.00
1)	SUBTOTALS This Period This Page (optional)			0.00
2)) TOTALS This Period (last page this line number only)			. •
3)	TOTAL OUTSTANDING LOANS from Schedule (. •		
4)	ADD 2) and 3) and carry forward to appropriate	y) ►		

1mage# 13964515503 PAGE 13 / 17

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

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)

1mage# 13964515504 PAGE 14 / 17

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

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 FOR LINE NUMBER: (check only one)

	9
X	10

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15 OF

NAME OF COMMITTEE (In Full) Rhode Island Republican State Central Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Event Exp Election 2000 **Providence Marriot** Mailing Address Orms Street City State Zip Code Providence 02903 Transaction ID: SD10.4154 Outstanding Balance Beginning This Period 1198.53 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Back Pay Hon Joan Quick Mailing Address 16-G Mullen Hill Road City State Zip Code Little Compton 02837 RΙ Outstanding Balance Beginning This Period Transaction ID: SD10.4156 2575.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Event Exp Back Debt** Ralph Stuart Band Mailing Address 3 Regency Plaza City State Zip Code 02903 Providence RI Transaction ID: SD10.4158 Outstanding Balance Beginning This Period 325.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 0.00 0.00 1) SUBTOTALS This Period This Page (optional)..... 0.00 2) TOTALS This Period (last page this line number only)..... 3) TOTAL 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)

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

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)

1mage# 13964515507 PAGE 17 / 17

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

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: