

# 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 06 01 2006 through 06 30 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 01 03 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Rhode Island Republican State Central Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

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 .....	31907.29									
(c) Total Receipts (from Line 19) .....	94059.74	179091.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	125967.03	247630.94								
7. Total Disbursements (from Line 31) .....	23018.21	144682.12								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	102948.82	102948.82								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

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	0.00	2750.00
(i) Itemized (use Schedule A) .....	315.00	8826.60
(ii) Unitemized .....	315.00	11576.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	5000.00
(c) Other Political Committees (such as PACs) .....	0.00	16576.60
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	79442.77	124042.77
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
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	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) .....	14301.97	38471.65
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	14301.97	38471.65
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	94059.74	179091.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	79757.77	140619.37

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	1049.91	10292.42
(ii) Non-Federal Share.....	699.94	34410.42
(b) Other Federal Operating Expenditures.....	5689.98	52183.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7439.83	96885.98
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 .....	15578.38	47796.14
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	15578.38	47796.14
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	23018.21	144682.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	22318.27	110271.70

**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) .....	315.00	16576.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	315.00	16576.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6739.89	62475.56
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6739.89	62475.56

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 35
	<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	

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) <b>A. Chafee-Rhode Island Victory Committee</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 228 S. Washington Street Suite 115		Transaction ID: SA12.5090
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 63542.77	
FEC ID number of contributing federal political committee. <b>C</b> C00423293	Transfer of joint fundraising proceeds	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 63542.77		

Full Name (Last, First, Middle Initial) <b>B. Clare Bailey</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 534 Post Rd.		Transaction ID: SA12.5090.0
City State Zip Code Wakefield RI 02879	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>	[MEMO ITEM]	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 40.00		

Full Name (Last, First, Middle Initial) <b>C. David Bailey</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address 534 Post Rd.		Transaction ID: SA12.5090.1
City State Zip Code Wakefield RI 02879	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>	[MEMO ITEM]	
Name of Employer Occupation Retired Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	63542.77
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 35
	<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) <b>A.</b> Helen Buchanan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 22 Parsonage St.		Transaction ID: SA12.5090.2	
City Providence	State RI	Zip Code 02906	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Tug Hollow Corp.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B.</b> Stephen Cardi, II		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 45 Burns Way		Transaction ID: SA12.5090.3	
City East Greenwich	State RI	Zip Code 02818	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cardi Corp.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C.</b> Stephen Cardi		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 400 Lincoln Ave.		Transaction ID: SA12.5090.4	
City Warwick	State RI	Zip Code 02888	Amount of Each Receipt this Period 700.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cardi Corp	Occupation Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 35</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 12
	<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) <b>A. Nathaniel Chafee</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 476 Princeton Way, NE		Transaction ID: SA12.5090.5	
City Atlanta	State GA	Zip Code 30307	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Nathaniel Chafee</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 476 Princeton Way, NE		Transaction ID: SA12.5090.6	
City Atlanta	State GA	Zip Code 30307	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Virginia Chafee</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address 1128 Ives Rd.		Transaction ID: SA12.5090.7	
City Warwick	State RI	Zip Code 02818	Amount of Each Receipt this Period 1800.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 35
	<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) <b>A.</b> Malcolm Chace		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address One Providence Washington Plz 4th Flr		Transaction ID: SA12.5090.8	
City Providence State RI Zip Code 02903	Amount of Each Receipt this Period 10000.00		
FEC ID number of contributing federal political committee. <b>C</b>		[MEMO ITEM]	
Name of Employer Residential Properties Occupation Owner	Aggregate Year-to-Date ▼ 10000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Arnold Chace, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 731 Hospital Trust Bldg.		Transaction ID: SA12.5090.9	
City Providence State RI Zip Code 02903	Amount of Each Receipt this Period 800.00		
FEC ID number of contributing federal political committee. <b>C</b>		[MEMO ITEM]	
Name of Employer Cornish Assoc. Occupation Real Estate	Aggregate Year-to-Date ▼ 800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Linzee Coolidge		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 59 Temple Pl. Ste. 44		Transaction ID: SA12.5090.10	
City Boston State MA Zip Code 02111	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		[MEMO ITEM]	
Name of Employer Self Occupation Real Estate	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 35
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Frank D'Alessandro Mailing Address 145 Darby Rd. City North Scituate State RI Zip Code 02857 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> SA12.5090.11 Amount of Each Receipt this Period 800.00
Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		<b>[MEMO ITEM]</b>

<b>B.</b> Full Name (Last, First, Middle Initial) Sophie Danforth Mailing Address 524 Andrews Ave. City Delray Beach State FL Zip Code 33483 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> SA12.5090.12 Amount of Each Receipt this Period 500.00
Name of Employer Homemaker Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		<b>[MEMO ITEM]</b>

<b>C.</b> Full Name (Last, First, Middle Initial) Malcolm Farmer, III Mailing Address 190 Upton Ave. City Providence State RI Zip Code 02906 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> SA12.5090.13 Amount of Each Receipt this Period 500.00
Name of Employer Hinckley, Allen & Snyder Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 35
	<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

A. Full Name (Last, First, Middle Initial) Elise Frick		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 1457 Lexington Ave.		Transaction ID: SA12.5090.14	
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		[MEMO ITEM]	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) James Hagan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address 50 Park Row West Apt. 632		Transaction ID: SA12.5090.15	
City State Zip Code Providence RI 02903	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		[MEMO ITEM]	
Name of Employer Greater Providence Chamber of	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) John M. Harpootian		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 31 Lauren Lane		Transaction ID: SA12.5090.16	
City State Zip Code West Warwick RI 02893	Amount of Each Receipt this Period 2300.00		
FEC ID number of contributing federal political committee. <b>C</b>		[MEMO ITEM]	
Name of Employer Paster & Harpootian	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 35
	<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) <b>A.</b> Michael Hudner		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address PO Box 196		Transaction ID: SA12.5090.17	
City Little Compton	State RI	Zip Code 02837	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. C			
Name of Employer B&H Shipping Group	Occupation Ship Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B.</b> Esther Mauran		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address 109 Benefit St.		Transaction ID: SA12.5090.18	
City Providence	State RI	Zip Code 02903	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C.</b> Albert Merck		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2006	
Mailing Address 1010 Waltham St. #F-19		Transaction ID: SA12.5090.19	
City Lexington	State MA	Zip Code 02421	Amount of Each Receipt this Period 2800.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00		

[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 35
	<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

A. Full Name (Last, First, Middle Initial) Josephine Merck Mailing Address 171 Cat Rock Rd. City State Zip Code Cos Cob CT 06807 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006 Transaction ID: SA12.5090.20 Amount of Each Receipt this Period 1000.00
Name of Employer Self Occupation Artist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		[MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Katherine Merck Mailing Address 1010 Waltham St. F19 City State Zip Code Lexington MA 02421 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2006 Transaction ID: SA12.5090.21 Amount of Each Receipt this Period 5000.00
Name of Employer Homemaker Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		[MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Katherine Merck Mailing Address 1010 Waltham St. F19 City State Zip Code Lexington MA 02421 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006 Transaction ID: SA12.5090.22 Amount of Each Receipt this Period 2000.00
Name of Employer Homemaker Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 7000.00		[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 35
	<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) <b>A.</b> Balaban J.D. Nelson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 436 Blackstone Blvd.		Transaction ID: SA12.5090.23
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<b>[MEMO ITEM]</b>
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jonathan Nelson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 50 Kennedy Plz		Transaction ID: SA12.5090.24
City State Zip Code Providence RI 02903	Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<b>[MEMO ITEM]</b>
Name of Employer Providence Equity Partners	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Henry D. Sharpe		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 30 Pojac Point Rd.		Transaction ID: SA12.5090.25
City State Zip Code North Kingsown RI 02852	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<b>[MEMO ITEM]</b>
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 35
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Peggy Sharpe Mailing Address Pojac Point Rd. City North Kingstown State RI Zip Code 02852 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <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> Transaction ID: SA12.5090.26 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	9		2	0	0	6	5000.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	5		0	9		2	0	0	6															
5000.00																								
Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="2">5000.00</td> </tr> </table> [MEMO ITEM]	5000.00																					
5000.00																								

<b>B.</b> Full Name (Last, First, Middle Initial) Robert P. Siener, Jr. Mailing Address 375 Narrow Lane City Greene State RI Zip Code 02827 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <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>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA12.5090.27 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	6	1000.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	6		2	3		2	0	0	6															
1000.00																								
Name of Employer Cooley Group Holdings Occupation Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="2">1000.00</td> </tr> </table> [MEMO ITEM]	1000.00																					
1000.00																								

<b>C.</b> Full Name (Last, First, Middle Initial) Robert P. Siener, Jr. Mailing Address 375 Narrow Lane City Greene State RI Zip Code 02827 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <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>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA12.5090.28 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">2000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	6	2000.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	6		2	9		2	0	0	6															
2000.00																								
Name of Employer Cooley Group Holdings Occupation Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="2">3000.00</td> </tr> </table> [MEMO ITEM]	3000.00																					
3000.00																								

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td> </td> </tr> </table>	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 35
	<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) <b>A.</b> Rhichard Wheatland, 2nd Mailing Address 111 Devonshire St. City State Zip Code Boston MA 02109 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006 Transaction ID: SA12.5090.29 Amount of Each Receipt this Period 1500.00
Name of Employer Occupation Arcadia Mgmt President Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B.</b> John White Mailing Address 1160 Cranston St. City State Zip Code Cranston RI 02920 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2006 Transaction ID: SA12.5090.30 Amount of Each Receipt this Period 2900.00
Name of Employer Occupation Taco, Inc. President Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2900.00		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C.</b> Bruce Wolpert Mailing Address 61 Wingate Rd. City State Zip Code Providence RI 02906 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006 Transaction ID: SA12.5090.31 Amount of Each Receipt this Period 2500.00
Name of Employer Occupation Self Attorney Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2500.00		<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 35	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** 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 ▼  
60500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 0 6

Transaction ID: SA12.5088

Amount of Each Receipt this Period  
15900.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	79442.77

**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 18 / 35

<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) <b>A. Connelly Travel, LLC</b>		<b>Transaction ID: SB21B.5054</b> Date of Disbursement 06 / 21 / 2006	
Mailing Address 18 Edgar Nock Road		Amount of Each Disbursement this Period 296.60	
City Wickford State RI Zip Code 02852	Purpose of Disbursement Travel	002 Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
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>B. Embassy Suites Hotel</b>		<b>Transaction ID: SB21B.5057</b> Date of Disbursement 06 / 19 / 2006	
Mailing Address 191 East Pine Street		Amount of Each Disbursement this Period 740.32	
City Orlando State FL Zip Code 32801	Purpose of Disbursement Travel	002 Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
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>C. Charles Newton</b>		<b>Transaction ID: SB21B.5048</b> Date of Disbursement 06 / 01 / 2006	
Mailing Address 125 Bow St.		Amount of Each Disbursement this Period 828.45	
City East Greenwich State RI Zip Code 02818	Purpose of Disbursement	001 Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1865.37
<b>TOTAL</b> 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) <b>A. Charles Newton</b>		<b>Transaction ID: SB21B.5050</b> Date of Disbursement 06 / 08 / 2006
Mailing Address 125 Bow St.		Amount of Each Disbursement this Period 828.45
City East Greenwich	State RI	
Zip Code 02818		
Purpose of Disbursement		
Candidate Name		001 Category/Type
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>B. Charles Newton</b>		<b>Transaction ID: SB21B.5051</b> Date of Disbursement 06 / 15 / 2006
Mailing Address 125 Bow St.		Amount of Each Disbursement this Period 828.45
City East Greenwich	State RI	
Zip Code 02818		
Purpose of Disbursement		
Candidate Name		001 Category/Type
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>C. Charles Newton</b>		<b>Transaction ID: SB21B.5052</b> Date of Disbursement 06 / 22 / 2006
Mailing Address 125 Bow St.		Amount of Each Disbursement this Period 828.45
City East Greenwich	State RI	
Zip Code 02818		
Purpose of Disbursement		
Candidate Name		001 Category/Type
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2485.35
<b>TOTAL</b> 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 20 / 35

<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) <b>A. Charles Newton</b>		<b>Transaction ID:</b> SB21B.5053 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 125 Bow St.		Amount of Each Disbursement this Period 828.45
City East Greenwich      State RI      Zip Code 02818		
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>B. Paychex</b>		<b>Transaction ID:</b> SB21B.6091 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 314.79
City East Providence      State RI      Zip Code 02915		
Purpose of Disbursement Payroll processing fee 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>C. Staples</b>		<b>Transaction ID:</b> SB21B.6092 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 1276 Bald Hill Rd		Amount of Each Disbursement this Period 37.77
City Warwick      State RI      Zip Code 02886		
Purpose of Disbursement Office supplies 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1181.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	5531.73

# 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 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 checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Jacques Dextrateur, II</b>		<b>Transaction ID: SB30B.6056</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 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 Payroll		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>B. Jacques Dextrateur, II</b>		<b>Transaction ID: SB30B.6057</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 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 Payroll		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>C. Jacques Dextrateur, II</b>		<b>Transaction ID: SB30B.6058</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 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 Payroll		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1328.19
<b>TOTAL</b> 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 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 checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Jacques Dextrateur, II</b>		<b>Transaction ID:</b> SB30B.6059 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 107 Midget Ave.		Amount of Each Disbursement this Period 442.73
City Warwick State RI Zip Code 02886	Purpose of Disbursement Payroll 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>B. Jacques Dextrateur, II</b>		<b>Transaction ID:</b> SB30B.6060 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 107 Midget Ave.		Amount of Each Disbursement this Period 442.73
City Warwick State RI Zip Code 02886	Purpose of Disbursement Payroll 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>C. Mary Diamond</b>		<b>Transaction ID:</b> SB30B.6067 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
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 Payroll 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1707.41
<b>TOTAL</b> 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 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 checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Mary Diamond</b>		<b>Transaction ID:</b> SB30B.6068 <b>Date of Disbursement</b> MM / DD / YYYY 06 / 08 / 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 Payroll 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>B. Mary Diamond</b>		<b>Transaction ID:</b> SB30B.6069 <b>Date of Disbursement</b> MM / DD / YYYY 06 / 15 / 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 Payroll 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>C. Mary Diamond</b>		<b>Transaction ID:</b> SB30B.6070 <b>Date of Disbursement</b> MM / DD / YYYY 06 / 22 / 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 Payroll 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2465.85
<b>TOTAL</b> 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 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 checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Mary Diamond</b>		<b>Transaction ID:</b> SB30B.6071 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
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 Payroll 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>B. Matthew Frank</b>		<b>Transaction ID:</b> SB30B.6077 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 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 Payroll 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>C. Matthew Frank</b>		<b>Transaction ID:</b> SB30B.6078 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 8 / 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 Payroll 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1628.77
<b>TOTAL</b> 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 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 checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Matthew Frank</b>		<b>Transaction ID: SB30B.6079</b> Date of Disbursement 06 / 15 / 2006	
Mailing Address 15 Lake St.		Amount of Each Disbursement this Period 403.41	
City Warwick	State RI	Zip Code 02886	001 Category/ Type
Purpose of Disbursement Payroll		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Matthew Frank</b>		<b>Transaction ID: SB30B.6080</b> Date of Disbursement 06 / 22 / 2006	
Mailing Address 15 Lake St.		Amount of Each Disbursement this Period 403.41	
City Warwick	State RI	Zip Code 02886	001 Category/ Type
Purpose of Disbursement Payroll		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Matthew Frank</b>		<b>Transaction ID: SB30B.6081</b> Date of Disbursement 06 / 29 / 2006	
Mailing Address 15 Lake St.		Amount of Each Disbursement this Period 403.41	
City Warwick	State RI	Zip Code 02886	001 Category/ Type
Purpose of Disbursement Payroll		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1210.23
<b>TOTAL</b> 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 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 checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		<b>Transaction ID:</b> SB30B.6044 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 1490.41
City East Providence      State RI      Zip Code 02915		
Purpose of Disbursement Payroll Taxes		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>B. Paychex</b>		<b>Transaction ID:</b> SB30B.6045 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 1476.87
City East Providence      State RI      Zip Code 02915		
Purpose of Disbursement Payroll Taxes		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>C. Paychex</b>		<b>Transaction ID:</b> SB30B.6046 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 1436.85
City East Providence      State RI      Zip Code 02915		
Purpose of Disbursement Payroll Taxes		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4404.13
<b>TOTAL</b> 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 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 checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		<b>Transaction ID:</b> SB30B.6047 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 1416.90
City East Providence      State RI      Zip Code 02915		
Purpose of Disbursement Payroll Taxes		Category/ Type 001
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>B. Paychex</b>		<b>Transaction ID:</b> SB30B.6048 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 1416.90
City East Providence      State RI      Zip Code 02915		
Purpose of Disbursement Payroll Taxes		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) ..... ►

2833.80

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

15578.38

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 28 / 35  FOR LINE 13 OF FORM 3X
---	--

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

**Transaction ID: SC/10.4439**

<b>LOAN SOURCE</b> 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 3500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3500.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>3</td></tr> </table>	M	M	0	3	<table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>2</td><td>4</td></tr> </table>	D	D	2	4	<table style="font-size: small;"> <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>3</td></tr> </table>	Y	Y	Y	Y	2	0	0	3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
0	3																		
D	D																		
2	4																		
Y	Y	Y	Y																
2	0	0	3																

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

<b>SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width: 100%; text-align: center;" type="text" value="3500.00"/>
<b>TOTALS</b> This Period (last page in this line only) ..... ▶	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 29 / 35 FOR LINE 13 OF FORM 3X
---	--

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

**Transaction ID: SC/10.4441**

<b>LOAN SOURCE</b> 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: 40px;" type="text" value="2003"/>	Date Due <input style="width: 100%;" type="text"/>	Interest Rate <input style="width: 50%;" 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: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 90%;" type="text" value="5000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 90%;" type="text" value="8500.00"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**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

<b>A.</b> 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	<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>B.</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	<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

<b>C.</b> 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	<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

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>5587.39</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> 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

<b>A.</b> 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	<b>Transaction ID: SD10.4150</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

<b>B.</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	<b>Transaction ID: SD10.4152</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 226.00

<b>C.</b> 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	<b>Transaction ID: SD10.4160</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 600.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>1826.00</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> 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

<b>A.</b> 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	<b>Transaction ID: SD10.4154</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1198.53

<b>B.</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	<b>Transaction ID: SD10.4156</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2575.00

<b>C.</b> 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	<b>Transaction ID: SD10.4158</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 325.00

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

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

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

NAME OF ACCOUNT RI Republican State Central Comm	DATE OF RECEIPT M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 14301.97
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	14301.97	Transaction ID: H3.6093
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	14301.97
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	14301.97

**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

Mailing Address  
Apponaug Station

City	State	Zip Code	001
Warwick	RI	02887	

Purpose of Disbursement:  
Postage

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  
43109.34

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	6

  
**Transaction ID:** H4.5084

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
93.81		62.54		156.35

**B. Full Name (Last, First, Middle Initial)**  
Rhodes on the Pawtuxet

Mailing Address  
60 Rhodes PI

City	State	Zip Code	001
Cranston	RI	02905	

Purpose of Disbursement:  
Meeting expense

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  
44702.84

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	6

  
**Transaction ID:** H4.5081

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
956.10		637.40		1593.50

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1049.91		699.94		1749.85

**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
1049.91		699.94		1749.85

Form/Schedule: SA12

Transaction ID: SA12.5090

Bailey, Clare \$40 / □ Bailey, David \$2000 / □ Buchanan, Helen \$2500 / □ Cardi, Stephen II \$600 / □ Cardi, Stephen \$700 / □ Chafee, Nathaniel \$1000 / □ Chafee, Nathaniel \$1000 / □ Chafee, Virginia \$1800 / □ Chance, Malcolm \$10000 / □ Chase, Arnold Jr. \$800 / □ Coolidge, Linzee \$500 / □ D'Alessandro, Frank \$800 / □ Danforth, Sophie \$500 / □ Farmer, Malcolm III \$500 / □ Frick, Elise \$500 / □ Hagan, James \$500 / □ Harpootian, John \$2300 / □ Hudner, Michael \$10000 / □ Mauran, Esther \$2000 / □ Merck, Albert \$2800 / □ Merck, Josephine \$1000 / □ Merck, Katharine \$5000 / □ Merck, Katharine \$2000 / □ Nelson, J. D. Balaban \$10000 / □ Nelson, Jonathan \$10000 / □ Sharpe, Henry Jr. \$5000 / □ Sharpe, Peggy \$5000 / □ Siener, P. Robert Jr. \$1000 / □ Siener, P. Robert \$2000 / □ Wheatland, Richard 2nd \$1500 / □ White, John \$2900 / □ Wolpert, Bruce \$2500