

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) 1800 Post Road
 Check if different than previously reported. (ACC)
Warwick RI 02886

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 11 25 2008 through 12 31 2008

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

Type or Print Name of Treasurer Marc Tondreau

Signature of Treasurer Electronically Filed by Marc Tondreau Date 06 01 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**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 |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 5 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | 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>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 49715.73 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 52520.17 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 1047.74 | 32244.75 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 53567.91 | 81960.48 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 7964.92 | 36357.49 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 45602.99 | 45602.99 | | | | | | | | |
| 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) | 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 |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 5 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| 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 | 785.00 |
| (i) Itemized (use Schedule A) | 0.00 | 8600.05 |
| (ii) Unitemized | 0.00 | 9385.05 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 200.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 0.00 | 9585.05 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 15000.00 |
| 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) | 460.95 | 460.95 |
| 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) | 586.79 | 7198.75 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 586.79 | 7198.75 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 1047.74 | 32244.75 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 460.95 | 25046.00 |

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 2674.77 | 7055.19 |
| (ii) Non-Federal Share..... | 4755.15 | 12542.54 |
| (b) Other Federal Operating Expenditures..... | 535.00 | 16759.76 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 7964.92 | 36357.49 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 7964.92 | 36357.49 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3209.77 | 23814.95 |

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) | 0.00 | 9585.05 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0.00 | 9585.05 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 3209.77 | 23814.95 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 460.95 | 460.95 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 2748.82 | 23354.00 |

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

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

FOR LINE NUMBER: PAGE 6 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
GOP Shoppe

Mailing Address 899 Airport Park Road

City State Zip Code
Glen Burnie MD 21061

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.29

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 5 / 2 0 0 8

Transaction ID: SA15.6619

Amount of Each Receipt this Period
221.29

B. Full Name (Last, First, Middle Initial)
GOP Shoppe

Mailing Address 899 Airport Park Road

City State Zip Code
Glen Burnie MD 21061

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.95

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 2 / 2 0 0 8

Transaction ID: SA15.6620

Amount of Each Receipt this Period
239.66

SUBTOTAL of Receipts This Page (optional) ► **460.95**

TOTAL This Period (last page this line number only) ► **460.95**

**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 7 / 17

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

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

NAME OF COMMITTEE (In Full)

Rhode Island Republican State Central Committee

A.

Full Name (Last, First, Middle Initial)

Eleven Forty Nine Restaurant

Mailing Address 1149 Division Street

City Warwick State RI Zip Code 02818

Purpose of Disbursement Meeting

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB21B.6604

Date of Disbursement

12 / 05 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE C (FEC Form 3X)

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

LOANS

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

Transaction ID: SC/10.4439

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

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 3500.00 | 0.00 | 3500.00 |

TERMS

| | | | | | | | | | | | | | | | | | | | |
|--|----------|---------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|--|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: | | | | | | | | | | | | | | | | |
| <table style="font-size: small;"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>3</td><td>2</td><td>4</td><td>2</td><td>0</td><td>0</td><td>3</td></tr> </table> | M | M | D | D | Y | Y | Y | Y | 0 | 3 | 2 | 4 | 2 | 0 | 0 | 3 | | 0.0000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| M | M | D | D | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | 2 | 4 | 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"/> |

| | |
|--|---|
| SUBTOTALS This Period This Page (optional) | <input style="width: 100%;" type="text" value="3500.00"/> |
| TOTALS This Period (last page in this line only) | <input style="width: 100%;" type="text" value=".00"/> |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3X)

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

PAGE 9 / 17
FOR LINE 13 OF FORM 3X

LOANS

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

Transaction ID: SC/10.4441

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

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 5000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 5000.00 |
|------------------------------------|------------------------------------|--|

TERMS

| | | | | | | | | | | | | | | | | | | | |
|---|----------|---------------|----------|--|---|---|----|--|---|---|---|---|---|---|---|---|---|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: | | | | | | | | | | | | | | | | |
| <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">M</td><td style="padding: 2px;">M</td></tr> <tr><td style="padding: 2px;">06</td><td style="padding: 2px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">D</td><td style="padding: 2px;">D</td></tr> <tr><td style="padding: 2px;">10</td><td style="padding: 2px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td></tr> <tr><td style="padding: 2px;">2</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td><td style="padding: 2px;">3</td></tr> </table> | M | M | 06 | | D | D | 10 | | Y | Y | Y | Y | 2 | 0 | 0 | 3 | <table border="1" style="width: 100%; height: 20px;"></table> | 0.0000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| M | M | | | | | | | | | | | | | | | | | | |
| 06 | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | |
| 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: <table border="1" style="width: 100%; height: 20px;"></table> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <table border="1" style="width: 100%; height: 20px;"></table> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <table border="1" style="width: 100%; height: 20px;"></table> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <table border="1" style="width: 100%; height: 20px;"></table> |

| | | |
|---|--|---------|
| SUBTOTALS This Period This Page (optional) | <table border="1" style="width: 100%;"><tr><td style="text-align: center;">5000.00</td></tr></table> | 5000.00 |
| 5000.00 | | |
| TOTALS This Period (last page in this line only) | <table border="1" style="width: 100%;"><tr><td style="text-align: center;">8500.00</td></tr></table> | 8500.00 |
| 8500.00 | | |

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

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

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

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

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 5587.39 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) 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) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 11 / 17 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

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

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

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

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

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

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

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

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 1826.00 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) 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) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

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

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

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

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 4098.53 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | 11511.92 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | 8500.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | 20011.92 |

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

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

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|----------------------------------|--|--------------------------|
| RI Republican State Central Comm | M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 8 | 586.79 |

BREAKDOWN OF TRANSFER RECEIVED

| | | |
|---|--------|-------------------------|
| i) Total Administrative | 586.79 | Transaction ID: H3.6618 |
| ii) Generic Voter Drive | | Transaction ID: |
| iii) Exempt Activities | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | | |
| v) Direct Candidate Support (List of Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred For Direct Candidate Support | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | Transaction ID: |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|--------|
| TOTAL This Period (Administrative) | 586.79 |
| TOTAL This Period (Generic Voter Drive) | 0.00 |
| TOTAL This Period (Exempt Activities) | 0.00 |
| TOTAL This Period (Direct Fundraising) | 0.00 |
| TOTAL This Period (Direct Candidate Support) | 0.00 |
| TOTAL This Period (Public Communications Referring Only to Party) | 0.00 |
| TOTAL This Period (Total Amount Transferred) | 586.79 |

**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) Airport Plaza Association | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address Post Road | | | Allocated Activity or Event Year-To-Date 12517.81 | |
| City Warwick | State RI | Zip Code 02886 | Date MM / DD / YYYY 01 / 26 / 2008 | |
| Purpose of Disbursement: Rent | | | Transaction ID: H4.6600 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 126.00 | | 224.00 | | 350.00 |

| | | | | |
|--|-------------|-------------------|---|--|
| B. Full Name (Last, First, Middle Initial) LS Strategies | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 216 Elm Street | | | Allocated Activity or Event Year-To-Date 16517.81 | |
| City Manchester | State NH | Zip Code 03035 | Date MM / DD / YYYY 12 / 08 / 2008 | |
| Purpose of Disbursement: Consulting Fee | | | Transaction ID: H4.6602 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1440.00 | | 2560.00 | | 4000.00 |

| | | | | |
|--|-------------|-------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Lammis Vargas | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 37 Cato Ave. | | | Allocated Activity or Event Year-To-Date 17091.14 | |
| City Pawtucket | State RI | Zip Code 02860 | Date MM / DD / YYYY 12 / 12 / 2008 | |
| Purpose of Disbursement: Salary | | | Transaction ID: H4.6608 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 206.40 | | 366.93 | | 573.33 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1772.40 | | 3150.93 | | 4923.33 |

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

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

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

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

| | | | | |
|--|-------------|-------------------|---|--|
| A. Full Name (Last, First, Middle Initial) Airport Plaza Association | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address Post Road | | | Allocated Activity or Event Year-To-Date 17441.14 | |
| City Warwick | State RI | Zip Code 02886 | Date MM / DD / YYYY 12 / 18 / 2008 | |
| Purpose of Disbursement: Rent - January | | | Transaction ID: H4.6610 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 126.00 | | 224.00 | | 350.00 |

| | | | | |
|--|-------------|-------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Airport Plaza Association | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address Post Road | | | Allocated Activity or Event Year-To-Date 17727.32 | |
| City Warwick | State RI | Zip Code 02886 | Date MM / DD / YYYY 12 / 18 / 2008 | |
| Purpose of Disbursement: Utilities | | | Transaction ID: H4.6611 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 103.02 | | 183.16 | | 286.18 |

| | | | | |
|--|-------------|-------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Lammis Vargas | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 37 Cato Ave. | | | Allocated Activity or Event Year-To-Date 18300.65 | |
| City Pawtucket | State RI | Zip Code 02860 | Date MM / DD / YYYY 12 / 19 / 2008 | |
| Purpose of Disbursement: Salary | | | Transaction ID: H4.6612 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 206.40 | | 366.93 | | 573.33 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 435.42 | | 774.09 | | 1209.51 |

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

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**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) Tuesday Associates | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 42 Capen Street | | | Allocated Activity or Event Year-To-Date 18800.65 | |
| City Stoughton | State MA | Zip Code 02072 | Date <input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2008"/> | |
| Purpose of Disbursement: Consulting fee | | | Transaction ID: H4.6614 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 180.00 | | 320.00 | | 500.00 |

| | | | | |
|--|-------------|-------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Lammis Vargas | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 37 Cato Ave. | | | Allocated Activity or Event Year-To-Date 19373.98 | |
| City Pawtucket | State RI | Zip Code 02860 | Date <input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2008"/> | |
| Purpose of Disbursement: Salary | | | Transaction ID: H4.6613 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 206.40 | | 366.93 | | 573.33 |

| | | | | |
|--|-------------|-------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Paychex | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 501 Wampanoag Trail | | | Allocated Activity or Event Year-To-Date 19575.73 | |
| City East Providence | State RI | Zip Code 02915 | Date <input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2008"/> | |
| Purpose of Disbursement: Payroll taxes | | | Transaction ID: H4.6616 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 72.63 | | 129.12 | | 201.75 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 459.03 | | 816.05 | | 1275.08 |

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

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

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

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

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Citizens Bank | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address P. O. Box 789 | | | Allocated Activity or Event Year-To-Date 19597.73 | | |
| City Providence | State RI | Zip Code 02901-0789 | Category/ Type 001 | | |
| Purpose of Disbursement: Bank fees | | | Date MM / DD / YYYY 12 / 31 / 2008 | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: H4.6621 | | |

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 7.92 | | 14.08 | | 22.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 7.92 | | 14.08 | | 22.00 |

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

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| 2674.77 | 4755.15 | 7429.92 |