FEC FORM 3X	AN	PORT OF ID DISBU Other Than An	RSEME	NTS		Office Use Only	
1. NAME OF COMMITTEE (in fi		FEC MAILING LAB	EL Examp over th	le:If typing, type e lines			
Rhode Island Repu		ntral Committee					· · · · · · · · · · · · · · · · · · ·
Check if differ than previousl reported. (AC	У	/arwick					-
2. FEC IDENTIFICAT		▼	CITY A 3. IS THIS REPORT	X NEW (N)		ZIPCO AMENDED (A)	DE 🔺
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) Mid-Year on-election	(d) 30-Day Post -Electi Report for th	n Co ne: Co Election on C	X May 20 Jun 20 Jul 20 imary (12P) onvention (12C) eneral (30G)	(M6) (M7) Gene Spec	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) eral (12G) cial (12G) in the State content of the state of the sta	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer NOTE : Submission of the second	reasurer <u>N</u>	Marc Tondreau / Filed by Marc To	ny knowledge and		Date	05 20	2 0 0 9 S.C 437g.
Office Use Only						FEC FOR (Rev. 12/20	

Image# 29992203540

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 MM D D Y W ММ D D 04 01 2009 0.4 30 2009 Report Covering the Period: From: To: **COLUMN A** COLUMN B **This Period** Calendar Year-to-Date 6. (a) Cash on Hand 45602.99 2009 January 1 (b) Cash on Hand at 45818.15 Begining of Reporting Period 10491.70 23857.86 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 56309.85 69460.85 6(a) and 6(c) for Column B) 5641.79 18792.79 7. Total Disbursements (from Line 31) Cash on Hand at Close of 8. **Reporting Period** 50668.06 50668.06 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed то the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

 10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)
 BY

 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

FE6AN026

Write or Type Committee Name Rhode Island Republican State Central Co	ommittee	
Report Covering the Period: From:	D D 1 Y Y Y Y Y 0 1 2 0 0 9	To:
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Contributions (other than loans) From: (a) Individuals/Persons Other 		·
Than Political Committees	5550.00	15550.00
(i) Itemized (use Schedule A)	4892.00	5717.00
(ii) Unitemized(iii) TOTAL (add	10442.00	21267.00
Lines 11(a)(i) and (ii) P		
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(b) Citile Foliaca Committees (such as PACs)	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ►	10442.00	21267.00
12. Transfers From Affiliated/Other Party Committees	0.00	1000.00
13. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	49.70	340.86
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	1250.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	1250.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	10491.70	23857.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10491.70	22607.86

DETAILED SUMMARY PAGE OF RECEIPTS

Page 3

Image# 29992203541

FEC Form 3X (Rev. 06/2004)

Image# 29992203542

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	2031.05	6765.44
(ii) Non-Federal Share	3610.74	12027.35
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	5641.79	18792.79
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
3. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
4. Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
 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
9. Other Disbursements	0.00	0.00
 6. 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
1. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5641.79	18792.79
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2031.05	6765.44

Image# 29992203543

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)			Page	
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)	10442.00	21267.00	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	10442.00	21267.00	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2031.05	6765.44	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	49.70	340.86	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1981.35	6424.58	

FE6AN026

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 6/20
	· · ·		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
	ITEMIZED RECEIPTS			X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	Rhode Island Republican State Centra			
Α.	Full Name (Last, First, Middle Initial) Marisa Allegra	Date of Receipt		
	Mailing Address 220 Blackstone Blvd	M M / D D / Y		
	City	State	Zip Code	Transaction ID: SA11AI.6868
	Providence	RI	02906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Self Employed	Occupatio Physicial		_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		350.00	1
	Other (specify)	0 0		1
в.	Full Name (Last, First, Middle Initial) Hermino Correia			Date of Receipt
	Mailing Address 65 Island Drive			M M / D D / Y Y Y Y 04 03 2009
	City	State	Zip Code	Transaction ID: SA11AI.6800
	Coventry	RI	02816	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SE	Occupatio	n	_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		250.00	1
		0.0		
C.	Full Name (Last, First, Middle Initial) Michael Cronin			Date of Receipt
-	Mailing Address 72 Cliff Rd.			04 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.6752
	Westio	MA	02493	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupatio	n	1
	Receipt For:	Aggregate	e Year-to-Date 🔻	-
	Primary General		1000.00	1
	Other (specify)			J
	SUBTOTAL of Receipts This Page (optional) .		·····	1600.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	for Def	e separate schedule(s) each category of the ailed Summary Page e sold or used by any perso	FOR LINE NUMBER: PAGE 7 / 20 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions rom such as militate 10 17			
		r for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full) Rhode Island Republican State Central Committee					
۷ A.	Full Name (Last, First, Middle Initial) John Friends of John Loughlin	Date of Receipt					
	Mailing Address 	State Z	ip Code	M M / D D / Y			
	Ony			Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C HORI0106	5	250.00			
	Name of Employer	Occupation					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-1	to-Date ▼ 250.00]			
- В.	Full Name (Last, First, Middle Initial) Warren Galkin			Date of Receipt			
	Mailing Address 29 Sage Drive			04 03 Y Y Y Y 094 03 2009			
	City		ip Code	Transaction ID: SA11AI.6801			
	Warwick	<u>RI 0</u>	2886	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Natco Products Corp	Occupation					
	Receipt For:	Aggregate Year-	to-Date 🔻				
	Primary General Other (specify) ▼		500.00]			
- С.	Full Name (Last, First, Middle Initial) Daniel Harrop Vicotry Fund			Date of Receipt			
	Mailing Address			04 D D / Y Y Y Y 04 29 2009			
	City	State Z	ip Code	Transaction ID: SA11AI.6908 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer	Occupation					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	to-Date ▼ 250.00]			
ſ	SUBTOTAL of Receipts This Page (optional)		••••••	1000.00			
	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 8 / 20 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		
	Rhode Island Republican State Centra	I Committee	
Α.	Full Name (Last, First, Middle Initial) Kernan King	Date of Receipt	
	Mailing Address 115 Crosswynds Drive	04 [/] 17 [/] 2009	
	City	State Zip Code	Transaction ID: SA11AI.6861
	Saunderstown	RI 02874	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	-
	Receipt For:	Aggregate Year-to-Date	-1
	Primary General	1250.00	1
	Other (specify) ▼		
- В.	Full Name (Last, First, Middle Initial) Christopher Ottiano		Date of Receipt
	Mailing Address 141 Kenyon Hill Trail	M M / D D / Y Y Y Y Y 0 4 22 2009	
	City	State Zip Code	Transaction ID: SA11AI.6893
	Wyoming	RI 02898	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Brain & Spine Neurosurgic- al	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.00]
- C.	Full Name (Last, First, Middle Initial) Daniel Reilly	I	Date of Receipt
0.	Mailing Address 105 Hedi Drive		0 4 2 2 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.6891
	Portsmouth	RI 02871	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Student	Occupation Student	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00]
ſ	SUBTOTAL of Receipts This Page (optional)	······	850.00
	TOTAL This Period (last page this line number	only)	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any person name and address of any political committee to	FOR LINE NUMBER: PAGE 9 / 20 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions room solicit contributions 14 15 16 17
	NAME OF COMMITTEE (In Full) Rhode Island Republican State Centra		
A.	Full Name (Last, First, Middle Initial) Linda Robitaille Mailing Address	Date of Receipt	
	City	State Zip Code	Transaction ID: SA11AI.6807 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Joseph H. Weaver Mailing Address 4 Ledgemont Dr.	<u> </u>	Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.6754
	Warwick FEC ID number of contributing federal political committee.	RI 02886	Amount of Each Receipt this Period
	Name of Employer F.M. Global Insurance	Occupation Insurance underwriter	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 1000.00]
с.	Full Name (Last, First, Middle Initial) Joseph H. Weaver Mailing Address 4 Ledgemont Dr.		Date of Receipt
	City	State Zip Code	0 4 1 4 2 0 0 9 Transaction ID: SA11AI.6842
	Warwick FEC ID number of contributing federal political committee.	RI 02886	Amount of Each Receipt this Period
	Name of Employer F.M. Global Insurance	Occupation Insurance underwriter	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00]
s	UBTOTAL of Receipts This Page (optional)	L	2100.00
	OTAL This Period (last page this line number		5550.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 20 (check only one) 11a 11a 11b 11c 12 13 14 X 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements main name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	Rhode Island Republican State Central	I Committee	e	
Α.	Full Name (Last, First, Middle Initial) Paychex Mailing Address 501 Wampanoag Trail			Date of Receipt
	City East Providence	State RI	Zip Code 02915	Transaction ID: SA15.6917 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C Name of Employer Occupation			49.70
			n	State Unemployment
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 230.86	

SUBTOTAL of Receipts This Page (optional)	►	49.70
TOTAL This Period (last page this line number only)	►	49.70

SCHEDULE C (FEC Form 3X)

SCHEDULE C (FEC Form 3X)			PAGE 11/20
LOANS		Use separate schedule for each category of the Detailed Summary Pag	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full) Rhode Island Republican State Central C	committee	Tran	saction ID: SC/10.4439
LOAN SOURCE Full Name (Last, First, M Carcieri for Governor	iddle Initial)		Election: Primary General
Mailing Address P. O. Box 20415			Other (specify)
City Cranston	State RI ZIP Code	e 02920	
Original Amount of Loan	Cumulative Payment To I	Date Balar	nce Outstanding at Close of This Period
3500.00		0.00	3500.00
TERMS Date Incurred	Date Due	Interest	Rate Secured:
M M D D Y		0.0000	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Lo	oan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
			3500.00
SUBTOTALS This Period This Page (optional)		. [.00
Carry outstanding balance only to LINE 3, Sche			propriate line of Summary.

FEC Schedule C (Form 3X) (Revised 02/2003)

SCHEDULE C (FEC Form 3X)

SCHEDULE C (FEC Form 3X)			PAGE 12/20
LOANS		Use separate schedule(s) for each category of the Detailed Summary Page	
NAME OF COMMITTEE (In Full)			
Rhode Island Republican State Central Con	mmittee	Tra	nsaction ID: SC/10.4441
LOAN SOURCE Full Name (Last, First, Mide Carcieri for Governor	dle Initial)		Election: Primary General
Mailing Address P. O. Box 20415			Other (specify)
City Cranston	State RI ZIP Code	9 02920	
Original Amount of Loan	Cumulative Payment To D	Date Bala	nce Outstanding at Close of This Period
5000.00		0.00	5000.00
TERMS Date Incurred	Date Due	Interest	Rate Secured:
M M D P Y		0.0000	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loa	n Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		. Γ	5000.00
TOTALS This Period (last page in this line only)			8500.00
Carry outstanding balance only to LINE 3, Schedu	Ile D, for this line. If no Sched	lule D, carry forward to ap	propriate line of Summary.

FEC Schedule C (Form 3X) (Revised 02/2003)

SCHEDULE D (FEC I	Form 3X)		(LISA	separate	PAGE 13 / 20
DEBTS AND OBLIGA			sch	edule(s)	FOR LINE NUMBER:
				or each bered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)			,	X 10
Rhode Island Republic		nittee			
A. Full Name (Last, Fi Campaign Solutions	rst, Middle Initial) of Debto S	r or Creditor			ebt (Purpose): il Back Debt
Mailing Address 228	South Washington Str	eet			
City Alexandria	State VA	ZIP Code 22314			
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: SD10.4144
	1500.00				
Amount Incur	rred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			1500.00
B. Full Name (Last, Fi Timothy Costa	rst, Middle Initial) of Debto	r or Creditor		Nature of D Back Pay	ebt (Purpose):
Mailing Address 84 E	Enfield Avenue				
City Providence	State RI	ZIP Code 02908			
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: SD10.4146
	2500.00				
Amount Incur	rred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			2500.00
C. Full Name (Last, Fi Hasley Properties	rst, Middle Initial) of Debto	r or Creditor		Nature of D Rent Back	lebt (Purpose): k Debt
Mailing Address 18 E	Burnside Street				
City Bristol	State RI	ZIP Code 02809			
	e Beginning This Period			Tra	nsaction ID: SD10.4148
	1587.39				
Amount Incur	rred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			1587.39
1) SUBTOTALS This P	eriod This Page (ontional)			•	5587.39
		only)	<u> </u>		
3) TOTAL OUTSTANDIN	· · · ·	ule C (last page only)			
		line of Summary Page (last page only	—.		

SCHEDULE D (FEC	Form 3Y	[(1.10-	concrete	PAGE 14 / 20	
-				e separate nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIG	ATIONS		fc	or each ((check only one) 9	
Excluding Loans			num	bered line)	X 10	
NAME OF COMMITTEE	: (In Full) ican State Central Comr	nittee				
	First, Middle Initial) of Debto	r or Creditor			ebt (Purpose):	
JLM Consulting				Travel Ba	ck Debt	
Mailing Address Inf	o Requested					
	onoquotica					
City Alexandria	State VA	ZIP Code				
		22314				
Outstanding Balan	ce Beginning This Period			Tra	nsaction ID: SD10.4150	
	1000.00					
Amount Inc	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			1000.00	
		0.00				
B. Full Name (Last,	First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):	
Kentish Guards				Event Exp	Back Debt	
Mailing Address Ma	nin Stroot					
Ivialility Address IVia						
City	State	ZIP Code				
East Greenwich	RI	02818				
Outstanding Balan	ce Beginning This Period			Tra	nsaction ID: SD10.4152	
	226.00					
Amount Inc	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0 0 0 0	0.00	0.00			226.00	
	0.00	0.00			220.00	
C. Full Name (Last,	First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):	
Richard Kizarian				Event Exp Debt	Photography Back	
Mailing Address 33	7 Sastram Street			DODI		
City	State	ZIP Code				
Providence	RI	02908				
Outstanding Balan	ce Beginning This Period			Tra	nsaction ID: SD10.4160	
	600.00					
Amount Inc	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0 0 0 0	0.00	0.00			600.00	
	0.00	0.00			000.00	
					1000.00	
1) SUBTOTALS This	Period This Page (optional).				1826.00	
2) TOTALS This Perior	l (last page this line number	only))	•		
		···· · ·····				
3) TOTAL OUTSTAND	ING LOANS from Schedu	ule C (last page only))	<u> ا ا ا</u>		
4) ADD 2) and 3) and	carry forward to appropriate	line of Summary Page (last page only)) 🛛			

					PAGE 15 / 20	
SCHEDULE D (FEC	Form 3X)		(Use separ schedule(FOR LINE NUMBER:	
DEBTS AND OBLIG	ATIONS		for each	n	(check only one) 9	
Excluding Loans			numbered l	line)	X 10	
NAME OF COMMITTEE						
Rhode Island Republi	can State Central Comr	nittee				
A Full Name (Least F	Tivet Midelle Initial) of Debte		Natur			
Providence Marriot	First, Middle Initial) of Debtor	r or Greditor			ebt (Purpose): Election 2000	
	L. L		2001			
Mailing Address Orr	ms Street					
City Providence	State RI	ZIP Code 02903				
		02903				
Outstanding Balance	ce Beginning This Period			Trar	isaction ID: SD10.4154	
	1198.53					
Amount Inci	urred This Period	Payment This Period	Outs	standir	g Balance at Close of This Period	
				Standin		
	0.00	0.00			1198.53	
			Nation			
Hon Joan Quick	First, Middle Initial) of Debto	r or Greditor	Back		ebt (Purpose):	
			Daon	(i uy		
Mailing Address 16-	-G Mullen Hill Road					
City	State	ZIP Code				
Little Compton	RI	02837				
				_	saction ID: SD10.4156	
Outstanding Balance	ce Beginning This Period			Trar	Saction ID: 3D10.4136	
Outstanding Balance	2575.00			Trar	Solution ID: 5010.4156	
	2575.00	Payment This Period	Oute			
	2575.00 urred This Period	Payment This Period			g Balance at Close of This Period	
	2575.00	Payment This Period				
Amount Inci	2575.00 urred This Period 0.00	0.00		standir	g Balance at Close of This Period 2575.00	
Amount Inco	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor	0.00	Natur	standir re of De	g Balance at Close of This Period 2575.00 ebt (Purpose):	
Amount Inci	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor	0.00	Natur	standir re of De	g Balance at Close of This Period 2575.00	
Amount Inco	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor	0.00	Natur	standir re of De	g Balance at Close of This Period 2575.00 ebt (Purpose):	
Amount Inco Amount Inco C. Full Name (Last, F Ralph Stuart Band Mailing Address 3 F	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor Regency Plaza	0.00	Natur	standir re of De	g Balance at Close of This Period 2575.00 ebt (Purpose):	
Amount Inco Amount Inco C. Full Name (Last, F Ralph Stuart Band Mailing Address 3 F City	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor Regency Plaza State	r or Creditor ZIP Code	Natur	standir re of De	g Balance at Close of This Period 2575.00 ebt (Purpose):	
Amount Inco Amount Inco C. Full Name (Last, F Ralph Stuart Band Mailing Address 3 F City Providence	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor Regency Plaza State RI	0.00	Natur	e of Dent	g Balance at Close of This Period 2575.00 abt (Purpose): Back Debt	
Amount Inco Amount Inco C. Full Name (Last, F Ralph Stuart Band Mailing Address 3 F City Providence	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor Regency Plaza State	r or Creditor ZIP Code	Natur	e of Dent	g Balance at Close of This Period 2575.00 ebt (Purpose):	
Amount Inco Amount Inco C. Full Name (Last, F Ralph Stuart Band Mailing Address 3 F City Providence	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor Regency Plaza State RI	r or Creditor ZIP Code	Natur	e of Dent	g Balance at Close of This Period 2575.00 abt (Purpose): Back Debt	
Amount Inco Amount Inco C. Full Name (Last, F Ralph Stuart Band Mailing Address 3 F City Providence Outstanding Baland	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor Regency Plaza State RI ce Beginning This Period	r or Creditor ZIP Code	Natur Even	e of Dent Exp	g Balance at Close of This Period 2575.00 abt (Purpose): Back Debt	
Amount Inco Amount Inco C. Full Name (Last, F Ralph Stuart Band Mailing Address 3 F City Providence Outstanding Baland	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor Regency Plaza State Rl ce Beginning This Period 325.00 urred This Period	0.00 r or Creditor ZIP Code 02903 Payment This Period	Natur Even	e of Dent Exp	g Balance at Close of This Period 2575.00 abt (Purpose): Back Debt saction ID: SD10.4158 g Balance at Close of This Period	
Amount Inco Amount Inco C. Full Name (Last, F Ralph Stuart Band Mailing Address 3 F City Providence Outstanding Baland	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor Regency Plaza State RI ce Beginning This Period 325.00	ZIP Code 02903	Natur Even	e of Dent Exp	g Balance at Close of This Period 2575.00 ebt (Purpose): Back Debt saction ID: SD10.4158	
Amount Inco Amount Inco C. Full Name (Last, F Ralph Stuart Band Mailing Address 3 F City Providence Outstanding Baland	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor Regency Plaza State Rl ce Beginning This Period 325.00 urred This Period	0.00 r or Creditor ZIP Code 02903 Payment This Period	Natur Even	e of Dent Exp	g Balance at Close of This Period 2575.00 abt (Purpose): Back Debt saction ID: SD10.4158 g Balance at Close of This Period	
Amount Incu C. Full Name (Last, F Ralph Stuart Band Mailing Address 3 F City Providence Outstanding Balanc Amount Incu	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor Regency Plaza State RI ce Beginning This Period 325.00 urred This Period 0.00	ZIP Code 02903 Payment This Period 0.00	Natur Even	e of Dent Exp	g Balance at Close of This Period 2575.00 bbt (Purpose): Back Debt saction ID: SD10.4158 g Balance at Close of This Period	
Amount Incu Amount Incu C. Full Name (Last, F Ralph Stuart Band Mailing Address 3 F City Providence Outstanding Baland Amount Incu Amount Incu	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor Regency Plaza State RI ce Beginning This Period 325.00 urred This Period 0.00 Period This Page (optional).	ZIP Code 02903 Payment This Period 0.00	Outs	e of Dent Exp	g Balance at Close of This Period 2575.00 ebt (Purpose): Back Debt saction ID: SD10.4158 g Balance at Close of This Period 325.00 4098.53	
Amount Incu Amount Incu C. Full Name (Last, F Ralph Stuart Band Mailing Address 3 F City Providence Outstanding Baland Amount Incu Amount Incu	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor Regency Plaza State RI ce Beginning This Period 325.00 urred This Period 0.00 Period This Page (optional).	ZIP Code 02903 Payment This Period 0.00	Natur Even	e of Dent Exp	g Balance at Close of This Period 2575.00 ebt (Purpose): Back Debt saction ID: SD10.4158 g Balance at Close of This Period 325.00	
Amount Incu Amount Incu C. Full Name (Last, F Ralph Stuart Band Mailing Address 3 F City Providence Outstanding Baland Amount Incu Amount Incu I) SUBTOTALS This F 2) TOTALS This Period	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor Regency Plaza State RI ce Beginning This Period 325.00 urred This Period 0.00 Period This Page (optional).	0.00 r or Creditor ZIP Code 02903 Payment This Period 0.00	Outs	e of Dent Exp	g Balance at Close of This Period 2575.00 ebt (Purpose): Back Debt saction ID: SD10.4158 g Balance at Close of This Period 325.00 4098.53 11511.92	
Amount Incu Amount Incu C. Full Name (Last, F Ralph Stuart Band Mailing Address 3 F City Providence Outstanding Baland Amount Incu Amount Incu	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor Regency Plaza State RI ce Beginning This Period 325.00 urred This Period 0.00 Period This Page (optional).	ZIP Code 02903 Payment This Period 0.00	Outs	e of Dent Exp	g Balance at Close of This Period 2575.00 ebt (Purpose): Back Debt saction ID: SD10.4158 g Balance at Close of This Period 325.00	
Amount Inco Amount Inco C. Full Name (Last, F Ralph Stuart Band Mailing Address 3 F City Providence Outstanding Baland Amount Inco I SUBTOTALS This F 2) TOTALS This Period 3) TOTAL OUTSTANDI	2575.00 urred This Period 0.00 First, Middle Initial) of Debtor Regency Plaza State RI ce Beginning This Period 325.00 urred This Period 0.00 Period This Page (optional). I (last page this line number NG LOANS from Schedu	0.00 r or Creditor ZIP Code 02903 Payment This Period 0.00	Outs	e of Dent Exp	g Balance at Close of This Period 2575.00 ebt (Purpose): Back Debt saction ID: SD10.4158 g Balance at Close of This Period 325.00 4098.53 11511.92	

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FEDERAL/NONFEDE		1		FOR LINE 21a OF FORM 3X	
NAME OF COMMIITTEE (In Full)					
Rhode Island Republican S	tate Central Com	mittee			
A. Full Name (Last, First, Mi	ddle Initial)			Type of Allocated Activity:	
Lammis Vargas				Administrative Fundraising Exempt	
Mailing Address 37 Cato Ave.				Voter Drive Direct Candidate Support	
City	State	Zip Code		Public Comm (ref to party only) by PAC	
Pawtucket	RI	02860	001	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Salary			Category/ Type	13493.60	
Activity or Event Identifier: Administrative				Date 0.4 / 0.3 / 2009 Transaction ID: H4.6738	
FEDERAL SH	IARE +	NONFEDERAL	SHARE	= TOTAL AMOUNT	
	211.72		376.38	588.10	
B. Full Name (Last, First, Mi Paychex	ddle Initial)			Type of Allocated Activity:	
Mailing Address 501 Wampanoag Trail				Voter Drive Direct Candidate Support	
City	State	Zip Code		Public Comm (ref to party only) by PAC	
East Providence	RI	02915	001	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: payroll taxes			Category/ Type	13711.47	
Activity or Event Identifier: Administrative			<u> </u>	Date 0.4 / 0.3 / 2009 Transaction ID: H4.6745	
FEDERAL SH	IARE +	NONFEDERAL	SHARE	= TOTAL AMOUNT	
	78.43		139.44	217.87	
C. Full Name (Last, First, Mi Lammis Vargas	ddle Initial)			Type of Allocated Activity:	
Mailing Address					
37 Cato Ave.				Voter Drive Direct Candidate Support	
City	State	Zip Code		Public Comm (ref to party only) by PAC	
Pawtucket	RI	02860	001	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Salary			Category/ Type	14299.57	
Activity or Event Identifier: Administrative				Date 0.4 / D D / Y Y Y Y Transaction ID: H4.6739	
FEDERAL SH	IARE +	NONFEDERAL	SHARE	= TOTAL AMOUNT	
	211.72		376.38	588.10	
SUBTOTAL of Allocated Federa FEDERAL SH		, ,	SHARE	= TOTAL AMOUNT	
	501.87		892.20	1394.07	
TOTAL This Period (last page for					
FEDERAL SH	IARE	NONFEDERA	L SHARE	TOTAL AMOUNT	
		L			

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ME OF COMMIITTEE (In Full				FOR LINE 21a OF FORM
ode Island Republican		nmittee		
A. Full Name (Last, First, I Lammis Vargas	Middle Initial)			Type of Allocated Activity:
				Administrative Hundraising Exempt
Mailing Address				Voter Drive Direct Candidate Support
37 Cato Ave. City	State	Zip Code	I	Public Comm (ref to party only) by PAC
Pawtucket	RI	02860	001	Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Salary			Category/ Type	14887.67
Activity or Event Identifier: Administrative				Date 0.4 10 2009 Transaction ID: H4.6740
FEDERAL S	SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	211.72		376.38	588.10
B. Full Name (Last, First, I Paychex	Middle Initial)			Type of Allocated Activity:
Mailing Address				Voter Drive Direct Candidate Support
501 Wampanoag Trail				
City	State	Zip Code		Public Comm (ref to party only) by PAC
East Providence	RI	02915	001	Allocated Activity or Event Year-To-Date
Purpose of Disbursement: payroll taxes			Category/ Type	15105.54
Activity or Event Identifier: Administrative				Date 0 4 1 0 2 0 0 9 Transaction ID: H4.6746
FEDERAL S	SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	78.43		139.44	217.87
C. Full Name (Last, First, I Paychex	Middle Initial)			Type of Allocated Activity:
Mailing Address				Voter Drive Direct Candidate Support
501 Wampanoag Trail				
City	State	Zip Code	001	Public Comm (ref to party only) by PAC
East Providence	RI	02915	001	Allocated Activity or Event Year-To-Date
Purpose of Disbursement: payroll taxes			Category/ Type	15323.41
Activity or Event Identifier: Administrative				Date 0.4 10 2009 Transaction ID: H4.6747
			SHVDE	= TOTAL AMOUNT
FEDERAL S	SHARE	+ NONFEDERAL		
FEDERAL S	-	+ NONFEDERAL		
FEDERAL S	5HARE 78.43		139.44	217.87
FEDERAL S	78.43			
	78.43 ral and NonFederal A		139.44	
BTOTAL of Allocated Fede	78.43 ral and NonFederal A	activity This Page	139.44	217.87
BTOTAL of Allocated Fede	78.43 eral and NonFederal A SHARE 368.58 e for each line only)(F	ctivity This Page + NONFEDERAL	139.44 _ SHARE 655.26 d NonFederal shar	= TOTAL AMOUNT 1023.84

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EDERAL/NONFEDER					FOR LINE 21a OF FORM 3X
ME OF COMMITTEE (In Full)					
node Island Republican Sta	te Central Comr	nittee			
A. Full Name (Last, First, Midd Lammis Vargas	lle Initial)			Type of Allocated Activity:	
Mailing Address					Fundraising Exempt
37 Cato Ave.					Direct Candidate Support
,	State	Zip Code		Public Comm (ref to	
	RI	02860	001	Allocated Activity or Ev	ent Year-To-Date
Purpose of Disbursement: Salary			Category/ Type		15911.51
Activity or Event Identifier: Administrative				Date 0 4 1 Transaction ID: H4.6	
FEDERAL SHAF	RE +	NONFEDERAL	SHARE		AMOUNT
2	11.72		376.38		588.10
B. Full Name (Last, First, Midd Lammis Vargas	lle Initial)			Type of Allocated Activity:	undraising Exempt
Mailing Address					Direct Candidate Support
37 Cato Ave.					
,	State	Zip Code	001	Public Comm (ref to	
Pawtucket I Purpose of Disbursement:	RI	02860	001	Allocated Activity or Ev	
Salary			Category/ Type		16499.61
Activity or Event Identifier: Administrative					7 ⁷ 2009 742
FEDERAL SHAF	RE +	NONFEDERAL	SHARE		AMOUNT
2	11.72		376.38		588.10
C. Full Name (Last, First, Midd Paychex	lle Initial)			Type of Allocated Activity:	Fundraising Exempt
Mailing Address					Direct Candidate Support
501 Wampanoag Trail					
,	State	Zip Code	001	Public Comm (ref to	
East Providence I Purpose of Disbursement:	RI	02915	001	Allocated Activity or Ev	
payroll taxes			Category/ Type		16717.48
Activity or Event Identifier: Administrative			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7 / Y Y Y Y 7 2009
FEDERAL SHAF	RE +	NONFEDERAL	SHARE		AMOUNT
	78.43		139.44		217.87
BTOTAL of Allocated Federal a	nd NonFederal Act	ivity This Page			
FEDERAL SHAF		NONFEDERAL	SHARE		AMOUNT
)1.87		892.20		1394.07
	,1.07		032.20		1004.07
TAL This Period (last page for	37.0	()()		()())	
FEDERAL SHAF		NONFEDERA	- SHAKE	TOTAL	AMOUNT

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tate Central Con	nmittee		
ddle Initial)			Type of Allocated Activity:
			Administrative Fundraising Exempt
			Voter Drive Direct Candidate Support
		001	Public Comm (ref to party only) by PAC
RI	02915		Allocated Activity or Event Year-To-Date
		Category/ Type	16935.35
			Date 0 4 1 7 2 0 0 9 Transaction ID: H4.6749
ARF	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
78.43		139.44	217.87
ddle Initial)			Type of Allocated Activity:
			Administrative Fundraising Exempt
			Voter Drive Direct Candidate Support
State	Zin Code		Public Comm (ref to party only) by PAC
		001	Allocated Activity or Event Year-To-Date
10	02000	Category/	17523.45
		Туре	Date 0 4 2 4 2 0 0 9
			Transaction ID: H4.6743
ARE ·	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
211.72		376.38	588.10
ddle Initial)			Type of Allocated Activity: X Administrative Fundraising Exempt
State	Zip Code		Public Comm (ref to party only) by PAC
RI	02860	001	Allocated Activity or Event Year-To-Date
		Category/	18111.55
		, , , , , , , , , , , , , , , , ,	Date 0 4 2 4 2 0 0 9 Transaction ID: H4.6744
ARE ·	+ NONFEDERAL	. SHARE	= TOTAL AMOUNT
211.72		376.38	588.10
		070.00	
I and NonFederal A	ctivity This Page		
	Activity This Page	SHARE	= TOTAL AMOUNT
		. SHARE 892.20	= TOTAL AMOUNT 1394.07
ARE 501.87		892.20 NonFederal sha	1394.07
	ddle Initial) State RI ARE 78.43 ddle Initial) State RI ARE 211.72 ddle Initial) State RI ARE • ARE •	State Zip Code RI 02915	ddle Initial) State Zip Code RI 02915 O1 Category/ Type ARE + 78,43 139,44 ddle Initial) State Zip Code RI 02860 001 Category/ Type ARE + NONFEDERAL SHARE 211.72 - State Zip Code Q2860 001 Category/ Type ddle Initial) - State Zip Code Q2860 001 Category/ Type - ddle Initial) - State Zip Code Q2860 001 Category/ Type ARE + NONFEDERAL SHARE ARE + NONFEDERAL SHARE

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				FOR LINE 21a OF FORM 3X
SAME OF COMMITTEE (In Full)				
Rhode Island Republican S	State Central	Committee		
•				
A. Full Name (Last, First, N	liddle Initial)			Type of Allocated Activity:
Paychex				Administrative Eundraising Exempt
Mailing Address				Voter Drive Direct Candidate Support
501 Wampanoag Trail				
City	State	Zip Code		Public Comm (ref to party only) by PAC
East Providence	RI	02915	001	Allocated Activity or Event Year-To-Date
Purpose of Disbursement: payroll taxes			Category/ Type	18329.42
Activity or Event Identifier: Administrative			Туре	Date 0 4 2 4 2 0 0 9 Transaction ID: H4.6750
FEDERAL SI	HARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	78.43		139.44	217.87
B. Full Name (Last, First, N	1iddle Initial)			Type of Allocated Activity:
Paychex				Administrative - Fundraising - Exempt
Mailing Address				Voter Drive Direct Candidate Support
501 Wampanoag Trail				
City	State	Zip Code		Public Comm (ref to party only) by PAC
East Providence	RI	02915	001	Allocated Activity or Event Year-To-Date
Purpose of Disbursement: payroll taxes			Category/ Type	18547.29
Activity or Event Identifier: Administrative				Date 0 4 2 4 2 0 0 9 Transaction ID: H4.6751
FEDERAL SI	HARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	78.43		139.44	217.87

SUBTOTAL of Allocated Federal and NonFederal Activity This Page		
FEDERAL SHARE - 156.86	+ NONFEDERAL SHARE 278.88	= TOTAL AMOUNT 435.74
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		
2031.05	3610.74	5641.79