

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Rhode Island Republican State Central Committee

ADDRESS (number and street) 1800 Post Road

Check if different than previously reported. (ACC) Suite 17-I

Warwick RI 02886

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of  

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of RI

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 through M M / D D / Y Y Y Y Y Y 11 / 26 / 2012

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

Type or Print Name of Treasurer Barbara May Holmes

Signature of Treasurer Barbara May Holmes [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 06 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Rhode Island Republican State Central Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="590.32"/>	<input type="text" value="590.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="219219.24"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="32410.00"/>	<input type="text" value="455382.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="251629.24"/>	<input type="text" value="455972.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="242795.01"/>	<input type="text" value="447138.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8834.23"/>	<input type="text" value="8834.23"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="11511.92"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Rhode Island Republican State Central Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11900.00	13215.00
(ii) Unitemized .....	510.00	1060.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12410.00	14275.00
(b) Political Party Committees .....	15000.00	300000.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	32410.00	319275.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	135000.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	1107.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	32410.00	455382.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32410.00	455382.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	242795.01	436943.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	242795.01	436943.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	875.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	9250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	69.96
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	242795.01	447138.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	242795.01	447138.09

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	32410.00	319275.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32410.00	319275.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	242795.01	436943.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1107.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	242795.01	435836.13

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. aggregate 11/02/2012 aggregate 11/02/2012**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2012			

**Transaction ID : SA11AI.7632**

Amount of Each Receipt this Period  

300.00
--------

**B. David Bourque**

Full Name (Last, First, Middle Initial)  
Mailing Address 20 Stone Ridge Road

City State Zip Code  
North Attleboro MA 02760

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

Name of Employer Occupation  
MA Trial Court Court Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2012			

**Transaction ID : SA11AI.7570**

Amount of Each Receipt this Period  

2500.00
---------

**C. Gerald J Diebold**

Full Name (Last, First, Middle Initial)  
Mailing Address 324 Brook St. Box H

City State Zip Code  
Providence RI 02912

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

Name of Employer Occupation  
Brown University Professor Emeritas

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2012			

**Transaction ID : SA11AI.7578**

Amount of Each Receipt this Period  

300.00
--------

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input 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. Joseph R Esposito**  
Full Name (Last, First, Middle Initial)

Mailing Address 225 Dupont Drive

City Providence	State RI	Zip Code 02907
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Esposito Designs Inc.
--------------------------	-------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

**Transaction ID : SA11AI.7588**

Amount of Each Receipt this Period  

1000.00
---------

contributions

**B. Ellen M Gower**  
Full Name (Last, First, Middle Initial)

Mailing Address 5101 N Highway A1A # 209

City Vero Beach	State FL	Zip Code 32963
--------------------	-------------	-------------------

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

Name of Employer Self	Occupation Home Maker
--------------------------	--------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2012

**Transaction ID : SA11AI.7576**

Amount of Each Receipt this Period  

1000.00
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Contribution

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

Mailing Address 180 Boston Neck Rd.

City Narragansett	State RI	Zip Code 02882
----------------------	-------------	-------------------

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

Name of Employer Guill Tools	Occupation Owner
---------------------------------	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

**Transaction ID : SA11AI.7567**

Amount of Each Receipt this Period  

1000.00
---------

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	





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

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

FOR LINE NUMBER: PAGE 9 OF 20  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. Republican Natl Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 310 First Street, SE  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 150000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012  
**Transaction ID : SA11B.7596**  
 Amount of Each Receipt this Period  
 15000.00

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input 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. RAYTHEON COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD  
SUITE 1500

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2012

**Transaction ID : SA11C.7580**

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Balloons over Rhode Island**

Mailing Address 52 Walnut Grove Avenue

City Cranston State RI Zip Code 02920

Purpose of Disbursement  
Advertising

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7598**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Balloons over Rhode Island**

Mailing Address 52 Walnut Grove Avenue

City Cranston State RI Zip Code 02920

Purpose of Disbursement  
Advertising

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7610**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Barbara M. Holmes CPA, CFP, MS, LLC**

Mailing Address 420 Middle Highway

City Barrington State RI Zip Code 02806

Purpose of Disbursement  
Bookkeeping Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7616**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Cox Communications**

Mailing Address P. O. Box 39  
9 J. P. Murphy Hwy.

City Newark State NJ Zip Code 02893

Purpose of Disbursement  
Office Expenses

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7618**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. East Side Printers**

Mailing Address 730 Kingstown Rd.

City Wakefield State RI Zip Code 02879

Purpose of Disbursement  
Advertising

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7602**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. James Harmon**

Mailing Address 48 Averill Pl

City Branford State CT Zip Code 06405

Purpose of Disbursement  
Reimburse for Victory Phones

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7621**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. James Harmon**

Mailing Address 48 Averill Pl

City Branford State CT Zip Code 06405

Purpose of Disbursement  
Office Expenses Campaign

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2012			

Transaction ID : SB21B.7627

Amount of Each Disbursement this Period

10500.00
----------

Full Name (Last, First, Middle Initial)

**B. Majority Strategies**

Mailing Address 135 Professional Drive  
Suite 104

City Ponte Vedre State FL Zip Code 32082

Purpose of Disbursement  
Adverting

004

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2012			

Transaction ID : SB21B.7532

Amount of Each Disbursement this Period

78872.20
----------

Full Name (Last, First, Middle Initial)

**C. Majority Strategies**

Mailing Address 135 Professional Drive  
Suite 104

City Ponte Vedre State FL Zip Code 32082

Purpose of Disbursement  
Advertising

004

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2012			

Transaction ID : SB21B.7533

Amount of Each Disbursement this Period

21940.74
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

111312.94
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

## A. Majority Strategies

Mailing Address 135 Professional Drive  
Suite 104

City State Zip Code  
Ponte Vedre FL 32082

Purpose of Disbursement  
Advertising

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.7626**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

## B. Majority Strategies

Mailing Address 135 Professional Drive  
Suite 104

City State Zip Code  
Ponte Vedre FL 32082

Purpose of Disbursement  
advertising

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.7628**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

## C. Marriott Hotels

Mailing Address 1 Orms Street

City State Zip Code  
Providence RI 02904

Purpose of Disbursement  
Victory Meetings

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.7609**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Marriott Hotels**

Mailing Address 1 Orms Street

City Providence State RI Zip Code 02904

Purpose of Disbursement Meeting Room

007  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2012

**Transaction ID : SB21B.7613**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. NAACP**

Mailing Address PO Box 5767

City Providence State RI Zip Code 02903

Purpose of Disbursement Event Expense

003  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2012

**Transaction ID : SB21B.7535**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. NAACP**

Mailing Address PO Box 5767

City Providence State RI Zip Code 02903

Purpose of Disbursement Meeting

007  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

**Transaction ID : SB21B.7611**

Amount of Each Disbursement this Period

400.00

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

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

1900.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. RVotes**

Mailing Address 1151 Vineyard Rd.

City Saunderstown State RI Zip Code 02874

Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2012			

Transaction ID : SB21B.7604

Amount of Each Disbursement this Period

600.00
--------

Full Name (Last, First, Middle Initial)

**B. Verizon**

Mailing Address PO Box 28007

City Lehigh Valley State PA Zip Code 18002

Purpose of Disbursement  
Telephone Bank

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2012			

Transaction ID : SB21B.7553

Amount of Each Disbursement this Period

400.00
--------

Full Name (Last, First, Middle Initial)

**C. Mark Zaccaria**

Mailing Address 35 Congdon Rd

City Saunderstown State RI Zip Code 02874

Purpose of Disbursement  
Expense reimbursement, postage advertising, parking

004

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2012			

Transaction ID : SB21B.7534

Amount of Each Disbursement this Period

92.92
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1092.92
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Mark Zaccaria**

Mailing Address 35 Congdon Rd

City Saunterstown State RI Zip Code 02874

Purpose of Disbursement  
Meeting Expense

007

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2012			

Transaction ID : SB21B.7607

Amount of Each Disbursement this Period

15.23
-------

Full Name (Last, First, Middle Initial)

**B. Mark Zaccaria**

Mailing Address 35 Congdon Rd

City Saunterstown State RI Zip Code 02874

Purpose of Disbursement  
reimbursement for advertising

006

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2012			

Transaction ID : SB21B.7608

Amount of Each Disbursement this Period

3029.00
---------

Full Name (Last, First, Middle Initial)

**C. Mark Zaccaria**

Mailing Address 35 Congdon Rd

City Saunterstown State RI Zip Code 02874

Purpose of Disbursement  
Advertising Reimbursement

004

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2012			

Transaction ID : SB21B.7612

Amount of Each Disbursement this Period

6635.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9679.23
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**TOTAL** This Period (last page this line number only)..... ▶

242616.01
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 1500.00	<b>Transaction ID : SD10.4144</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

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

Outstanding Balance Beginning This Period 2500.00	<b>Transaction ID : SD10.4146</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

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

Outstanding Balance Beginning This Period 1587.39	<b>Transaction ID : SD10.4148</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1587.39

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

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

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

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4152</b>	
<input type="text" value="226.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="226.00"/>

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

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4160</b>	
<input type="text" value="600.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="600.00"/>

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

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

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

Outstanding Balance Beginning This Period <input type="text" value="2575.00"/>	<b>Transaction ID : SD10.4156</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2575.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="325.00"/>	<b>Transaction ID : SD10.4158</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="325.00"/>

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