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RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

643 East Avenue, Unit 101
Warwick, Rhode Island 02886

PO Box 7868
Warwick, Rhode Island 02887

(401) 822-0500
(401) 823-7835 Fax

July 18, 2002

Federal Election Commission
Reports Analysis Division
Attn: Jim Krebs
999 E Street NW
Washington, DC 20463

Re: C00078196

Dear Mr. Krebs,

The attached document is a complete amended 2000-Year End report. I have made the required changes in order to address the issues raised in paragraph 3 of your letter of May 1, 2002.

I am in the process of completing an amended 2001 Mid Year report to address the remaining issues in your letter. That report will be forthcoming soon.

I appreciate your assistance and patience with these ongoing matters and I can assure you that I am diligently trying to clear all of these issues up as expeditiously as possible.

Please feel free to call upon me if you have any questions.

Respectfully Submitted,



Jonathan R. Wheeler
Treasurer, Rhode Island Republican Party

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

RI REPUBLICAN PARTY

Report Covering the Period:

From:

11 28 2000

To:

12 31 2000

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2000		5,161.51
(b) Cash on Hand at Beginning of Reporting Period	24,783.20	
(c) Total Receipts (from Line 19)	45,510.56	413,860.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	70,293.76	419,021.85
7. Total Disbursements (from Line 30)	45,734.36	394,462.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24,559.40	24,559.40
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)	35,139.09	

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 (Revised 1/01)

Page 3

Write or Type Committee Name

RI REPUBLICAN PARTY

Report Covering the Period: From: **11 28 2000** To: **12 31 2000**

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Then Political Committees		
(i) Itemized (use Schedule A)	0.00	
(ii) Unitemized	0.00	
(ii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	1,038,000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1,000,000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	0.00	1,138,000.00
12. Transfers From Affiliated/Other Party Committees	353,285.56	221,928.56
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 36, page 4)	182.00	182.00
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 Nonfederal Account for Joint Activity	1,000,000.00	77,949.78
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	455,10.56	413,860.34
20. Total Federal Receipts (subtract Line 16 from Line 19)	35,510.56	335,910.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/01)

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	44,333.65	57,751.32
(ii) Non-Federal Share	5,877.15	7,8962.36
(b) Other Federal Operating Expenditures	35,423.56	257,748.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	45,734.36	394,462.45
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 Expenditures (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) Individual/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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	45,734.36	394,462.45
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	39,857.21	315,500.09
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	113,800.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	0.00	113,800.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	39,857.21	315,500.09
36. Offsets to Operating Expenditures (from Line 15, page 3)	182.00	182.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)	39,675.21	315,318.09

**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 1 OF 1	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14

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)
RI REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. SENATOR CHAFEE COMMITTEE		Date of Receipt M M D D D D Y Y Y Y 1 2 2 7 2 0 0 0
Mailing Address 153 VAUGHN AVENUE		Amount of Each Receipt this Period 35,328.56
City WARWICK	State Zip Code RI 02889	
FEC ID number of contributing federal political committee. C		
Name of Employer NIA	Occupation NIA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) TRANSFER OF EXCESS FUNDS	Aggregate Year-to-Date 35,328.56	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M D D D D Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M D D D D Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	35,328.56

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

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

FOR LINE NUMBER:		PAGE 1 OF 1	
(check only one)			
<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"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)
RI REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. PITNEY BOWES		Date of Receipt 12 27 2000
Mailing Address PO Box 5151		Amount of Each Receipt this Period 182.00
City NORWALK	State Zip Code CT 06856	
FEC ID number of contributing federal political committee. C		
Name of Employer NIA	Occupation NIA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) REFUND	Aggregate Year-to-Date 182.00	

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	182.00

**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)

PAGE 1 OF 2

21b 22 23 24 25
 26 27 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)

RI REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A

CARRIAGE INN
Mailing Address
1065 TOWER HILL ROAD
City **N. KINGSTOWN** State **RI** Zip Code **02852**

Date of Disbursement
M N D D Y Y Y Y
12 27 2000

Purpose of Disbursement
ROOM RENTAL & FOOD EXPENSE

Amount of Each Disbursement this Period
35,328.56

Candidate Name
007
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **POST ELECTION HOLIDAY PARTY**

State: _____ District: _____

B.

FLEET BANK
Mailing Address
100 WESTMINSTER STREET
City **PROVIDENCE** State **RI** Zip Code **02903**

Date of Disbursement
M N D D Y Y Y Y
11 30 2000

Purpose of Disbursement
BANK CHARGES

Amount of Each Disbursement this Period
45.50

Candidate Name
001
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

C.

FLEET BANK
Mailing Address
100 WESTMINSTER STREET
City **PROVIDENCE** State **RI** Zip Code **02903**

Date of Disbursement
M N D D Y Y Y Y
12 22 2000

Purpose of Disbursement
BANK CHARGES

Amount of Each Disbursement this Period
25.00

Candidate Name
001
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional)

35,399.06

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)

PAGE 2 OF 2

<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				

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NAME OF COMMITTEE (in full)

RI REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

<p>A</p> <p>FLEET BANK</p> <p>Mailing Address 100 WESTMINSTER STREET</p> <p>City PROVIDENCE State RI Zip Code 02903</p> <p>Purpose of Disbursement BANK CHARGES</p> <p>Candidate Name</p>		<p>Date of Disbursement</p> <p>12 29 2000</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: _____ District: _____</p>		<p>Amount of Each Disbursement this Period</p> <p>6.50</p> <p>Category/Type 001</p>

<p>B</p> <p>TOWN OF EAST GREENWICH</p> <p>Mailing Address 111 PIERCE ROAD</p> <p>City EAST GREENWICH State RI Zip Code 02818</p> <p>Purpose of Disbursement VOTER DISK</p> <p>Candidate Name</p>		<p>Date of Disbursement</p> <p>11 30 2000</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: _____ District: _____</p>		<p>Amount of Each Disbursement this Period</p> <p>18.00</p> <p>Category/Type 001</p>

<p>C</p> <p>_____</p> <p>Mailing Address</p> <p>City _____ State _____ Zip Code _____</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p>		<p>Date of Disbursement</p> <p>_____</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: _____ District: _____</p>		<p>Amount of Each Disbursement this Period</p> <p>_____</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

24.50
35,423.56

**SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS**

Excluding Loans

NAME OF COMMITTEE (in Full)
RI REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAPITAL VIEW ASSOCIATES	Nature of Debt (Purpose): RENT
Mailing Address 400 SMITH ST	
City State Zip Code PROVIDENCE RI 02908	
Outstanding Balance Beginning This Period 3,500.00	
Amount Incurred This Period 0.00	Payment This Period 0.00
Outstanding Balance at Close of This Period 3,500.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HALSEY PROPERTIES	Nature of Debt (Purpose): RENT + UTILITIES
Mailing Address 18 BUNSLIC ST	
City State Zip Code BRISTOL RI 02809	
Outstanding Balance Beginning This Period 1,587.39	
Amount Incurred This Period 0.00	Payment This Period 0.00
Outstanding Balance at Close of This Period 1,587.39	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NORMA WILLIS	Nature of Debt (Purpose): BACK PAY
Mailing Address 1191 NORTH RD	
City State Zip Code JAMESTOWN RI 02835	
Outstanding Balance Beginning This Period 4,000.00	
Amount Incurred This Period 0.00	Payment This Period 0.00
Outstanding Balance at Close of This Period 4,000.00	

1) SUBTOTALS This Period This Page (optional) ▶	9,087.39
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

NAME OF COMMITTEE (In Full)
RI REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor JAMES E. MURPHY, JR		Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 117 UPSHIRE CIRCLE		
City State Zip Code GAITHERSBURG MD 20878		
Outstanding Balance Beginning This Period 1,778.86	Amount Incurred This Period 0.00	Payment This Period 0.00
		Outstanding Balance at Close of This Period 1,778.86

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RICHARD KAZARIAN		Nature of Debt (Purpose): PHOTOGRAPHY
Mailing Address 377 JASTRAM ST		
City State Zip Code PROVIDENCE RI 02908		
Outstanding Balance Beginning This Period 600.00	Amount Incurred This Period 0.00	Payment This Period 0.00
		Outstanding Balance at Close of This Period 600.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RALPH STUART BAND		Nature of Debt (Purpose): BAND
Mailing Address 3 REGENCY PLAZA		
City State Zip Code PROVIDENCE RI 02903		
Outstanding Balance Beginning This Period 325.00	Amount Incurred This Period 0.00	Payment This Period 325.00
		Outstanding Balance at Close of This Period 325.00

1) SUBTOTALS This Period This Page (optional)	2,703.86
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 3 OF 4

FOR LINE NUMBER: (check only one) 8 10

NAME OF COMMITTEE (In Full)
RI REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PROVIDENCE MARRIOTT HOTEL		Nature of Debt (Purpose): ELECTION NIGHT EXPENSES	
Mailing Address NORTH MAIN STREET			
City PROVIDENCE RI	State RI	Zip Code 02903	
Outstanding Balance Beginning This Period 0.00			
Amount Incurred This Period 2,648.53	Payment This Period 0.00	Outstanding Balance at Close of This Period 2,648.53	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor JLM CONSULTING		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period 0.00			
Amount Incurred This Period 1,000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1,000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RHODE ISLAND REPUBLICAN PARTY STATE ACCOUNT		Nature of Debt (Purpose): ALLOCATED EXPENSES	
Mailing Address 643 EAST AVE, UNIT 101			
City WARWICK	State RI	Zip Code 02886	
Outstanding Balance Beginning This Period 8,041.79			
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8,041.79	

1) SUBTOTALS This Period This Page (optional)	1,169.32
2) TOTALS This Period (last page this line number only)	3,5139.09
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 4 OF 4

FOR LINE NUMBER: (check only one) 8 10

NAME OF COMMITTEE (In Full)
RI REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DIRECT MAIL SERVICES	Nature of Debt (Purpose): DIRECT MAIL
Mailing Address 1450 AUTOMOBILE BLVD	
City State Zip Code ST PETERSBURG FL	

Outstanding Balance Beginning This Period 4,007.52	Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4,007.52
--------------------------------------------------------------	--------------------------------------------	------------------------------------	----------------------------------------------------------------

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor JOAN QUICK	Nature of Debt (Purpose): BACK PAY
Mailing Address 166 MULLEN HILL RD	
City State Zip Code LITTLE COMPTON RI 02837	

Outstanding Balance Beginning This Period 7,650.00	Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7,650.00
--------------------------------------------------------------	--------------------------------------------	------------------------------------	----------------------------------------------------------------

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
-------------------------------------------	-----------------------------	---------------------	---------------------------------------------

1) SUBTOTALS This Period This Page (optional)	11,657.52
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 H3 (FEC Form 3X)
TRANSFERS FROM NON-FEDERAL ACCOUNTS**

NAME OF COMMITTEE (In Full)
RI REPUBLICAN PARTY

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	12 / 27 / 2000	10,000.00

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

i) Total Administrative/Voter Drive **10,000.00**

ii) Direct Fundraising

(List Events-Amount For Each)

DIRECT FUNDRAISING AMOUNT

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For Direct Fundraising ..

iii) Exempt Activity/Direct Candidate Support

(List Events-Amount For Each)

**EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT**

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For
Exempt Activity/Direct Candidate Support

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative/Voter Drive Amount)	10,000.00
TOTAL This Period (Direct Fundraising Amount)	0.00
TOTAL This Period (Exempt Activity/Direct Candidate Support)	0.00
TOTAL This Period (Total Amount Transferred)	10,000.00

**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

PAGE 1 OF 4
FOR LINE 21b OF FORM 3X

NAME OF COMMITTEE (In Full)
RI REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) AMERICA ONLINE			Type of Allocated Activity: <input checked="" type="checkbox"/> Admin./Voter Drive <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support		
Mailing Address 22000 AOL WAY			Event Year-To-Date 121,285.96		
City DALLAS	State TX	Zip Code 20166	001		
Purpose/Event:			Category/Type		
Description: INTERNET FEE			Date 11 30 2000		
FEDERAL SHARE		+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
11.59			15.36		26.95

B. Full Name (Last, First, Middle Initial) AMERICA ONLINE			Type of Allocated Activity: <input checked="" type="checkbox"/> Admin./Voter Drive <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support		
Mailing Address 22000 AOL WAY			Event Year-To-Date 121,312.91		
City DALLAS	State TX	Zip Code 20166	001		
Purpose/Event:			Category/Type		
Description: INTERNET FEE			Date		
FEDERAL SHARE		+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
11.59			15.36		26.95

C. Full Name (Last, First, Middle Initial) BERNARD JACK UOJY			Type of Allocated Activity: <input checked="" type="checkbox"/> Admin./Voter Drive <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support		
Mailing Address 100 PEGWIN DR			Event Year-To-Date 122,624.91		
City EAST GREENWICH	State RI	Zip Code 02818	001		
Purpose/Event:			Category/Type		
Description: TELEPHONE REIMBURSEMENT			Date 12 27 2000		
FEDERAL SHARE		+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
564.16			747.84		1,312.00

SUBTOTAL of Joint Federal and Non-Federal Activity This Page				
FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
587.34		778.56		1,365.90
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and non-Federal share to 21(a)(ii))				
FEDERAL SHARE	NON-FEDERAL SHARE		TOTAL AMOUNT	
TOTAL This Period for the Non-Federal Share (used for line 3f of the detailed summary page)				

**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

PAGE 2 OF 4
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)
RI REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) PAYCHEX		Type of Allocated Activity: <input checked="" type="checkbox"/> Admin./Voter Drive <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support	
Mailing Address 501 WAMPANOAG TRAIL		Event Year-To-Date 122,703.51	
City EAST PROVIDENCE RI	State RI	Zip Code 02915	Category/Type 001
Purpose/Event: PAYROLL TAXES		Date 11 30 2000	
Description:			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT
33.80		44.80	78.60

B. Full Name (Last, First, Middle Initial) PAYCHEX		Type of Allocated Activity: <input checked="" type="checkbox"/> Admin./Voter Drive <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support	
Mailing Address 501 WAMPANOAG TRAIL		Event Year-To-Date 124,373.09	
City EAST PROVIDENCE RI	State RI	Zip Code 02915	Category/Type 001
Purpose/Event: PAYROLL TAXES		Date 12 28 2000	
Description:			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT
717.92		951.66	1,669.58

C. Full Name (Last, First, Middle Initial) PAYCHEX		Type of Allocated Activity: <input checked="" type="checkbox"/> Admin./Voter Drive <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support	
Mailing Address 501 WAMPANOAG TRAIL		Event Year-To-Date 124,395.59	
City EAST PROVIDENCE RI	State RI	Zip Code 02915	Category/Type 001
Purpose/Event: PAYROLL PREP CHARGES		Date 12 11 2000	
Description:			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT
9.68		12.82	22.50

SUBTOTAL of Joint Federal and Non-Federal Activity This Page			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT
761.40		1,009.28	1,770.68
TOTAL This Period (last page for each line only)(Federal share to 21(a)(1) and non-Federal share to 21(a)(6))			
FEDERAL SHARE	NON-FEDERAL SHARE		TOTAL AMOUNT
TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)			

**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

NAME OF COMMITTEE (In Full)
RI REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Tim Bonin		Type of Allocated Activity: <input checked="" type="checkbox"/> Admin./Voter Drive <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support	
Mailing Address 42 SANDY GLEN DRIVE		Event Year-To-Date , 126,015.59	
City HOLOGN	State MA	Zip Code 01520	Category/Type 002
Purpose/Event: MILEAGE REIMBURSEMENT		Date 12 27 2000	
Description:			
FEDERAL SHARE		+	NON-FEDERAL SHARE
696.60			923.40
		=	TOTAL AMOUNT
			1,620.00

B. Full Name (Last, First, Middle Initial) Tim Bonin		Type of Allocated Activity: <input checked="" type="checkbox"/> Admin./Voter Drive <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support	
Mailing Address 42 SANDY GLEN DRIVE		Event Year-To-Date , 128,435.59	
City HOLDEN	State MA	Zip Code 01520	Category/Type 001
Purpose/Event: PAY		Date 12 27 2000	
Description:			
FEDERAL SHARE		+	NON-FEDERAL SHARE
1,040.60			1,379.40
		=	TOTAL AMOUNT
			2,420.00

C. Full Name (Last, First, Middle Initial) Tim Costa		Type of Allocated Activity: <input checked="" type="checkbox"/> Admin./Voter Drive <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support	
Mailing Address 84 ENFIELD AVE		Event Year-To-Date , 129,395.59	
City N. PROVIDENCE	State RI	Zip Code 02905	Category/Type 002
Purpose/Event: MILEAGE REIMBURSEMENT		Date 12 27 2000	
Description:			
FEDERAL SHARE		+	NON-FEDERAL SHARE
412.80			547.20
		=	TOTAL AMOUNT
			960.00

SUBTOTAL of Joint Federal and Non-Federal Activity This Page			
FEDERAL SHARE		+	NON-FEDERAL SHARE
2,150.00			2,850.00
		=	TOTAL AMOUNT
			5,000.00
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and non-Federal share to 21(b)(i))			
FEDERAL SHARE		TOTAL AMOUNT	
		NON-FEDERAL SHARE	
TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)			

**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

NAME OF COMMITTEE (In Full)
RI REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) TIM COSTA		Type of Allocated Activity: <input checked="" type="checkbox"/> Admin./Voter Drive <input type="checkbox"/> Exempt <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support	
Mailing Address 84 ENFIELD AVE		Event Year-To-Date 1,31,569.81	
City N. PROVIDENCE	State RI	Zip Code 02905	Category/Type 001
Purpose/Event: PAY		Date 12 27 2000	
Description:			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT
934.91		1,239.31	2,174.22

B. Full Name (Last, First, Middle Initial)		Type of Allocated Activity: <input type="checkbox"/> Admin./Voter Drive <input type="checkbox"/> Exempt <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support	
Mailing Address		Event Year-To-Date	
City	State	Zip Code	Category/Type
Purpose/Event:		Date	
Description:			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT
934.91			

C. Full Name (Last, First, Middle Initial)		Type of Allocated Activity: <input type="checkbox"/> Admin./Voter Drive <input type="checkbox"/> Exempt <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support	
Mailing Address		Event Year-To-Date	
City	State	Zip Code	Category/Type
Purpose/Event:		Date	
Description:			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT

SUBTOTAL of Joint Federal and Non-Federal Activity This Page			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT
934.91		1,239.31	2,174.22
TOTAL This Period (last page for each line only) (Federal share to 21(a)(i) and non-Federal share to 21(a)(ii))			
FEDERAL SHARE		NON-FEDERAL SHARE	TOTAL AMOUNT
44,333.65		5,877.15	10,310.80
TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)			
		5,877.15	

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Ger</i> PREPARER	7-25-08 DATE PREPARED