

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Rhode Island Republican State Central Committee

ADDRESS (number and street) 413 Knight Street
 Check if different than previously reported. (ACC)
Warwick RI 02886

2. **FEC IDENTIFICATION NUMBER** C00078196
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 08 01 2006 through 08 31 2006

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

Type or Print Name of Treasurer Marc Tondreau

Signature of Treasurer Electronically Filed by Marc Tondreau Date 09 20 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Rhode Island Republican State Central Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		68539.92
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	153312.29									
(c) Total Receipts (from Line 19)	152100.00	396991.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	305412.29	465530.94								
7. Total Disbursements (from Line 31)	96085.20	256203.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	209327.09	209327.09								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	20011.92									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Rhode Island Republican State Central Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	11261.60
(i) Itemized (use Schedule A)	0.00	315.00
(ii) Unitemized	0.00	11576.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	0.00	0.00
(b) Political Party Committees	0.00	5000.00
(c) Other Political Committees (such as PACs)	0.00	16576.60
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	152100.00	380414.42
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (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))	152100.00	396991.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	152100.00	396991.02

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	6974.12
(ii) Non-Federal Share.....	0.00	40817.01
(b) Other Federal Operating Expenditures.....	94085.20	206412.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	94085.20	254203.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	2000.00	2000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	96085.20	256203.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	96085.20	215386.84

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	0.00	16576.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	16576.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	94085.20	213386.84
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	94085.20	213386.84

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 35
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Republican Natl Committee		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 310 First Street, SE		Transaction ID: SA12.5269
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 40900.00	
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 ▼ 167200.00	

Full Name (Last, First, Middle Initial) B. Republican Natl Committee		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6
Mailing Address 310 First Street, SE		Transaction ID: SA12.5270
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 15000.00	
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 ▼ 182200.00	

Full Name (Last, First, Middle Initial) C. Republican Natl Committee		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 310 First Street, SE		Transaction ID: SA12.5271
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 48100.00	
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 ▼ 230300.00	

SUBTOTAL of Receipts This Page (optional) ▶	104000.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 35
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Republican Natl Committee		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 310 First Street, SE		Transaction ID: SA12.5272	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 46100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 276400.00		

Full Name (Last, First, Middle Initial) B. Rhode Island Republican State Central Committee		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 6	
Mailing Address 413 Knight Street		Transaction ID: SA12.5268	
City State Zip Code Warwick RI 02886	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00078196			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 40471.65		

Reimbursement for state only expense

SUBTOTAL of Receipts This Page (optional) ▶	48100.00
TOTAL This Period (last page this line number only) ▶	152100.00

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. AAA of Southern New England		Transaction ID: SB21B.5196 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 110 Royal Little Drive		Amount of Each Disbursement this Period 1579.00
City Providence State RI Zip Code 02904	Purpose of Disbursement Gas cards Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. AAA of Southern New England		Transaction ID: SB21B.5244 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 110 Royal Little Drive		Amount of Each Disbursement this Period 789.50
City Providence State RI Zip Code 02904	Purpose of Disbursement Gas card Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Best Buy		Transaction ID: SB21B.5185 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address Bald Hill Rd.		Amount of Each Disbursement this Period 154.06
City Warwick State RI Zip Code 02886	Purpose of Disbursement Office Equipment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2522.56
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. Best Buy		Transaction ID: SB21B.5186 Date of Disbursement MM / DD / YYYY 08 / 11 / 2006
Mailing Address Bald Hill Rd.		Amount of Each Disbursement this Period 1267.92
City Warwick State RI Zip Code 02886	Purpose of Disbursement Computer Equipment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) B. Jonathan D Black		Transaction ID: SB21B.5148 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address 490 Wellington Ave.		Amount of Each Disbursement this Period 415.31
City Cranston State RI Zip Code 02910	Purpose of Disbursement Salaries Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) C. Jonathan D Black		Transaction ID: SB21B.5149 Date of Disbursement MM / DD / YYYY 08 / 10 / 2006
Mailing Address 490 Wellington Ave.		Amount of Each Disbursement this Period 415.31
City Cranston State RI Zip Code 02910	Purpose of Disbursement Salaries Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	2098.54
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. Jonathan D Black		Transaction ID: SB21B.5150 Date of Disbursement MM / DD / YYYY 08 / 17 / 2006	
Mailing Address 490 Wellington Ave.		Amount of Each Disbursement this Period 415.31	
City Cranston State RI Zip Code 02910	Purpose of Disbursement Salaries Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jonathan D Black		Transaction ID: SB21B.5151 Date of Disbursement MM / DD / YYYY 08 / 24 / 2006	
Mailing Address 490 Wellington Ave.		Amount of Each Disbursement this Period 415.31	
City Cranston State RI Zip Code 02910	Purpose of Disbursement Salaries Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jonathan D Black		Transaction ID: SB21B.5152 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006	
Mailing Address 490 Wellington Ave.		Amount of Each Disbursement this Period 415.31	
City Cranston State RI Zip Code 02910	Purpose of Disbursement Salaries Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1245.93
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. Giovanni Cicione		Transaction ID: SB21B.5147 Date of Disbursement MM / DD / YYYY 08 / 25 / 2006
Mailing Address 86 Ferry Lane		Amount of Each Disbursement this Period 5000.00
City Barrington	State RI	
Zip Code 02806	Purpose of Disbursement Legal fees	
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: SB21B.5184 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006
Mailing Address PO Box 17587		Amount of Each Disbursement this Period 211.93
City Baltimore	State MD	
Zip Code 21297-1587	Purpose of Disbursement Cell Phone	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Communications Unlimited		Transaction ID: SB21B.5134 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006
Mailing Address 3194 Post Rd.		Amount of Each Disbursement this Period 390.00
City Warwick	State RI	
Zip Code 02886	Purpose of Disbursement Phone rental	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	5601.93
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)

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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

A. Communications Unlimited Full Name (Last, First, Middle Initial) Mailing Address 3194 Post Rd. City Warwick State RI Zip Code 02886 Purpose of Disbursement Phone rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.5135 Date of Disbursement 08 / 02 / 2006 Amount of Each Disbursement this Period 130.00 001 Category/Type
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B. Connelly Travel, LLC Full Name (Last, First, Middle Initial) Mailing Address 18 Edgar Nock Road City Wickford State RI Zip Code 02852 Purpose of Disbursement Phone bank reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.5136 Date of Disbursement 08 / 30 / 2006 Amount of Each Disbursement this Period 6.63 001 Category/Type
--	--	--

C. CoWorx Staffing Service Full Name (Last, First, Middle Initial) Mailing Address 1375 Plainfield Avenue City Watchung State NJ Zip Code 07069 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.5137 Date of Disbursement 08 / 31 / 2006 Amount of Each Disbursement this Period 5000.00 001 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	5136.63
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 35

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

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

Full Name (Last, First, Middle Initial) A. Cox Communications		Transaction ID: SB21B.5139 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006
Mailing Address P. O. Box 39 9 J. P. Murphy Hwy.		Amount of Each Disbursement this Period 1968.24
City Newark State NJ Zip Code 02893	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Cox Communications		Transaction ID: SB21B.5140 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006
Mailing Address P. O. Box 39 9 J. P. Murphy Hwy.		Amount of Each Disbursement this Period 932.83
City Newark State NJ Zip Code 02893	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Cox Communications		Transaction ID: SB21B.5141 Date of Disbursement MM / DD / YYYY 08 / 25 / 2006
Mailing Address P. O. Box 39 9 J. P. Murphy Hwy.		Amount of Each Disbursement this Period 877.42
City Newark State NJ Zip Code 02893	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3778.49
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)

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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. Delfine M. Martin & Arthur G. Hanoian		Transaction ID: SB21B.5142 Date of Disbursement MM / DD / YYYY 08 / 11 / 2006
Mailing Address 221 3rd St. Admiral Gate Towers 5th Flr.		Amount of Each Disbursement this Period 750.00
City Newport State RI Zip Code 02840		
Purpose of Disbursement Rent Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Delfine M. Martin & Arthur G. Hanoian		Transaction ID: SB21B.5144 Date of Disbursement MM / DD / YYYY 08 / 28 / 2006
Mailing Address 221 3rd St. Admiral Gate Towers 5th Flr.		Amount of Each Disbursement this Period 750.00
City Newport State RI Zip Code 02840		
Purpose of Disbursement Rent Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mary Diamond		Transaction ID: SB21B.5169 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address 801 S. Pitt St. # 432		Amount of Each Disbursement this Period 821.95
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Salaries Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2321.95
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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. Mary Diamond		Transaction ID: SB21B.5170 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address 801 S. Pitt St. # 432		Amount of Each Disbursement this Period 821.95
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Salaries Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Mary Diamond		Transaction ID: SB21B.5171 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 801 S. Pitt St. # 432		Amount of Each Disbursement this Period 821.95
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Salaries Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Mary Diamond		Transaction ID: SB21B.5172 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6
Mailing Address 801 S. Pitt St. # 432		Amount of Each Disbursement this Period 821.95
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Salaries Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2465.85
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)

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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. Mary Diamond		Transaction ID: SB21B.5173 Date of Disbursement 08 / 31 / 2006
Mailing Address 801 S. Pitt St. # 432		Amount of Each Disbursement this Period 821.95
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Salaries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Robert DiLeonardo		Transaction ID: SB21B.5232 Date of Disbursement 08 / 02 / 2006
Mailing Address		Amount of Each Disbursement this Period 31.68
City State Zip Code	Purpose of Disbursement Copies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Robert DiLeonardo		Transaction ID: SB21B.5233 Date of Disbursement 08 / 02 / 2006
Mailing Address		Amount of Each Disbursement this Period 2000.00
City State Zip Code	Purpose of Disbursement Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2853.63
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)

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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. Robert DiLeonardo		Transaction ID: SB21B.5235 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address		Amount of Each Disbursement this Period 250.00	
City	State		Zip Code
Purpose of Disbursement	<input type="text" value="001"/> Category/Type		
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

Full Name (Last, First, Middle Initial) B. Robert DiLeonardo		Transaction ID: SB21B.5236 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6	
Mailing Address		Amount of Each Disbursement this Period 2272.66	
City	State		Zip Code
Purpose of Disbursement	<input type="text" value="001"/> Category/Type		
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

Full Name (Last, First, Middle Initial) C. Express Wireless		Transaction ID: SB21B.5145 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address	101 West Warwick Road	
City	State	Zip Code
Warwick	RI	02886
Purpose of Disbursement	<input type="text" value="001"/> Category/Type	
Cell phone rental		
Candidate Name		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="3378.66"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

**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. Matthew Frank		Transaction ID: SB21B.5199	
Mailing Address 15 Lake St.		Date of Disbursement MM / DD / YYYY 08 / 03 / 2006	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 403.41
Purpose of Disbursement Salaries	Category/ Type 001		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Matthew Frank		Transaction ID: SB21B.5201	
Mailing Address 15 Lake St.		Date of Disbursement MM / DD / YYYY 08 / 10 / 2006	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 403.41
Purpose of Disbursement Salaries	Category/ Type 001		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Matthew Frank		Transaction ID: SB21B.5202	
Mailing Address 15 Lake St.		Date of Disbursement MM / DD / YYYY 08 / 17 / 2006	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 403.41
Purpose of Disbursement Salaries	Category/ Type 001		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	1210.23
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)

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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. Matthew Frank		Transaction ID: SB21B.5203 Date of Disbursement 08 / 24 / 2006	
Mailing Address 15 Lake St.		Amount of Each Disbursement this Period 403.41	
City Warwick	State RI	Zip Code 02886	
Purpose of Disbursement Salaries		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Matthew Frank		Transaction ID: SB21B.5204 Date of Disbursement 08 / 31 / 2006	
Mailing Address 15 Lake St.		Amount of Each Disbursement this Period 403.41	
City Warwick	State RI	Zip Code 02886	
Purpose of Disbursement Salaries		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Law Office of William Harsch		Transaction ID: SB21B.5163 Date of Disbursement 08 / 30 / 2006	
Mailing Address 170 Westminster St.		Amount of Each Disbursement this Period 635.73	
City Providence	State RI	Zip Code	
Purpose of Disbursement Phone bank reimbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1442.55
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)

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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. Macnair Travel Management		Transaction ID: SB21B.5165 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address 1215 17th Street, NW Suite 100		Amount of Each Disbursement this Period 1450.00
City Washington State DC Zip Code 20036		
Purpose of Disbursement Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Majority Communications		Transaction ID: SB21B.5167 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address 274 Marconi Blvd. Suite 260		Amount of Each Disbursement this Period 7811.37
City Columbus State OH Zip Code 43215		
Purpose of Disbursement Absentee Ballot Solicitation Candidate Name		004 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Charles Newton		Transaction ID: SB21B.5129 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 125 Bow St.		Amount of Each Disbursement this Period 828.45
City East Greenwich State RI Zip Code 02818		
Purpose of Disbursement Salaries Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10089.82
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)

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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. Charles Newton		Transaction ID: SB21B.5130 Date of Disbursement 08 / 10 / 2006	
Mailing Address 125 Bow St.		Amount of Each Disbursement this Period 828.45	
City East Greenwich State RI Zip Code 02818	Purpose of Disbursement Salaries Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Charles Newton		Transaction ID: SB21B.5131 Date of Disbursement 08 / 17 / 2006	
Mailing Address 125 Bow St.		Amount of Each Disbursement this Period 828.45	
City East Greenwich State RI Zip Code 02818	Purpose of Disbursement Salaries Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Charles Newton		Transaction ID: SB21B.5132 Date of Disbursement 08 / 24 / 2006	
Mailing Address 125 Bow St.		Amount of Each Disbursement this Period 828.45	
City East Greenwich State RI Zip Code 02818	Purpose of Disbursement Salaries Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2485.35
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. Charles Newton		Transaction ID: SB21B.5133 Date of Disbursement 08 / 31 / 2006	
Mailing Address 125 Bow St.		Amount of Each Disbursement this Period 828.45	
City East Greenwich State RI Zip Code 02818	Purpose of Disbursement Salaries Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Northeast Strategies, LLC		Transaction ID: SB21B.5214 Date of Disbursement 08 / 02 / 2006	
Mailing Address 28 Edwards Road		Amount of Each Disbursement this Period 3096.13	
City West Newton State MA Zip Code 02465	Purpose of Disbursement Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Northeast Strategies, LLC		Transaction ID: SB21B.5218 Date of Disbursement 08 / 11 / 2006	
Mailing Address 28 Edwards Road		Amount of Each Disbursement this Period 3096.13	
City West Newton State MA Zip Code 02465	Purpose of Disbursement Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	7020.71
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. Paychex		Transaction ID: SB21B.5219	
Mailing Address 501 Wampanoag Trail		Date of Disbursement MM / DD / YYYY 08 / 04 / 2006	
City East Providence	State RI	Zip Code 02915	Amount of Each Disbursement this Period 219.22
Purpose of Disbursement Payroll service		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: SB21B.5220	
Mailing Address 501 Wampanoag Trail		Date of Disbursement MM / DD / YYYY 08 / 04 / 2006	
City East Providence	State RI	Zip Code 02915	Amount of Each Disbursement this Period 1383.98
Purpose of Disbursement Payroll taxes		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: SB21B.5222	
Mailing Address 501 Wampanoag Trail		Date of Disbursement MM / DD / YYYY 08 / 11 / 2006	
City East Providence	State RI	Zip Code 02915	Amount of Each Disbursement this Period 1383.98
Purpose of Disbursement Payroll taxes		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	▶	2987.18
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)

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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. Paychex		Transaction ID: SB21B.5223 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 1552.49
City East Providence State RI Zip Code 02915	Purpose of Disbursement Payroll taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: SB21B.5224 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 1550.34
City East Providence State RI Zip Code 02915	Purpose of Disbursement Payroll taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Postmaster Providence		Transaction ID: SB21B.5241 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 24 Corliss Landing		Amount of Each Disbursement this Period 320.00
City Providence State RI Zip Code 02903	Purpose of Disbursement Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3422.83
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)

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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. Postmaster Providence		Transaction ID: SB21B.5273 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 24 Corliss Landing		Amount of Each Disbursement this Period 24000.00
City Providence State RI Zip Code 02903	004 Category/ Type	
Purpose of Disbursement Postage		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Progressive Casualty Insurance Co.		Transaction ID: SB21B.5245 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 6300 Wilson Mills Road		Amount of Each Disbursement this Period 5759.00
City Mayfield Village State OH Zip Code 44143	001 Category/ Type	
Purpose of Disbursement Insurance		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kelly M. Reynolds		Transaction ID: SB21B.5155 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 18720 Willow Creek Dr.		Amount of Each Disbursement this Period 415.31
City Goddard State KS Zip Code 67052	001 Category/ Type	
Purpose of Disbursement Salaries		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	30174.31
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. Kelly M. Reynolds		Transaction ID: SB21B.5157 Date of Disbursement MM / DD / YYYY 08 / 24 / 2006	
Mailing Address 18720 Willow Creek Dr.		Amount of Each Disbursement this Period 415.31	
City Goddard State KS Zip Code 67052	Purpose of Disbursement Salaries Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kelly M. Reynolds		Transaction ID: SB21B.5158 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006	
Mailing Address 18720 Willow Creek Dr.		Amount of Each Disbursement this Period 415.31	
City Goddard State KS Zip Code 67052	Purpose of Disbursement Salaries Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. RR Riverview Associates Ltd.		Transaction ID: SB21B.5237 Date of Disbursement MM / DD / YYYY 08 / 11 / 2006	
Mailing Address 68 South Main St.		Amount of Each Disbursement this Period 600.00	
City Woonsocket State RI Zip Code 02895	Purpose of Disbursement Rent Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1430.62
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. St. Paul Travelers		Transaction ID: SB21B.5239 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006
Mailing Address		Amount of Each Disbursement this Period 524.00
City Hartford	State CT	
Zip Code 06183	Purpose of Disbursement Insurance	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: _____ District: _____	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: SB21B.5183 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006
Mailing Address 1276 Bald Hill Rd		Amount of Each Disbursement this Period 11.76
City Warwick	State RI	
Zip Code 02886	Purpose of Disbursement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: _____ District: _____	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: SB21B.5187 Date of Disbursement MM / DD / YYYY 08 / 11 / 2006
Mailing Address 1276 Bald Hill Rd		Amount of Each Disbursement this Period 164.73
City Warwick	State RI	
Zip Code 02886	Purpose of Disbursement Office Equipment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: _____ District: _____	

SUBTOTAL of Disbursements This Page (optional) ▶	700.49
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

A. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 1276 Bald Hill Rd City Warwick State RI Zip Code 02886 Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.5206 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period: 34.18 Category/Type: 001
---	--	---

B. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 1276 Bald Hill Rd City Warwick State RI Zip Code 02886 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.5251 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period: 64.18 Category/Type: 001
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C. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 1276 Bald Hill Rd City Warwick State RI Zip Code 02886 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.5190 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6 Amount of Each Disbursement this Period: 228.92 Category/Type: 001
---	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	327.28
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Richard Triconi

Mailing Address 68 South Main Street

City Woonsocket State RI Zip Code 02895

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5229

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Wal Mart

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5193

Date of Disbursement

/ /

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)

PAGE 30 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Adam J. Gabrault		Transaction ID: SB29.5263	
Mailing Address 190 Cowesett Green Drive		Date of Disbursement MM / DD / YYYY 08 / 10 / 2006	
City Warwick	State RI	Zip Code 01886	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Consulting Fees - State expense only		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Mark E. McKernan		Transaction ID: SB29.5261	
Mailing Address 10 Teakwood Court		Date of Disbursement MM / DD / YYYY 08 / 10 / 2006	
City East Greenwich	State RI	Zip Code 02818	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Consulting Fee - State expense only		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 31 / 35 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
Rhode Island Republican State Central Committee

Transaction ID: SC/10.4439

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

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

TERMS

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

List All Endorsers or Guarantors (if any) to Loan Source

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

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

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 32 / 35 FOR LINE 13 OF FORM 3X
---	--

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

Transaction ID: SC/10.4441

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 10 Y Y Y Y 2003			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%;" type="text" value="5000.00"/>
TOTALS This Period (last page in this line only) ▶	<input style="width: 100%;" type="text" value="8500.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	1826.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	4098.53
2) TOTALS This Period (last page this line number only).....	11511.92
3) TOTALS 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)	