

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

ADDRESS (number and street) 1800 POST ROAD SUITE 17-I WARWICK RI 02886

Check if different than previously reported. (ACC)

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

C C00078196

3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

### 4. TYPE OF REPORT

- (a) Quarterly Reports: [X] April 15 Quarterly Report (Q1) [ ] July 15 Quarterly Report (Q2) [ ] October 15 Quarterly Report (Q3) [ ] January 31 Year-End Report (YE) [ ] July 31 Mid-Year Report (Non-election Year Only) (MY) [ ] Termination Report (TER)

- (b) Monthly Report Due On: [ ] Feb 20 (M2) [ ] May 20 (M5) [ ] Aug 20 (M8) [ ] Nov 20 (M11) (Non-Election Year Only) [ ] Mar 20 (M3) [ ] Jun 20 (M6) [ ] Sep 20 (M9) [ ] Dec 20 (M12) (Non-Election Year Only) [ ] Apr 20 (M4) [ ] Jul 20 (M7) [ ] Oct 20 (M10) [ ] Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: [ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12S) Election on [ ] 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 01 / 01 / 2014 through 03 / 31 / 2014

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 Michael Grossi

Signature of Treasurer Michael Grossi [Electronically Filed] Date 07 / 10 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="14889.01"/>	<input type="text" value="14889.01"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="14889.01"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="35130.00"/>	<input type="text" value="35130.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="50019.01"/>	<input type="text" value="50019.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29818.22"/>	<input type="text" value="29818.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20200.79"/>	<input type="text" value="20200.79"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9980.00	9980.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9980.00	9980.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9980.00	9980.00
12. Transfers From Affiliated/Other Party Committees.....	16250.00	16250.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	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).....	8900.00	8900.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	8900.00	8900.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	35130.00	35130.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26230.00	26230.00

# DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	2576.69	2576.69
(ii) Non-Federal Share.....	9693.32	9693.32
(b) Other Federal Operating Expenditures .....	9980.00	9980.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	22250.01	22250.01
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 Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	7568.21	7568.21
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	7568.21	7568.21
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29818.22	29818.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20124.90	20124.90

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9980.00	9980.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9980.00	9980.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	12556.69	12556.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12556.69	12556.69

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

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

FOR LINE NUMBER: PAGE 6 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

**A. Russell Hryzan**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 California Avenue

City Providence State RI Zip Code 02905

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

Name of Employer Pfizer, Inc Occupation Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9980.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : SA11AI.4415**

Amount of Each Receipt this Period  
9980.00

In-kind - 20 Surface Tablets and Keyboards

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9980.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9980.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
<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**

**A. REPUBLICAN NATIONAL COMMITTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 310 First Street, SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2014  
**Transaction ID : SA12.4350**

Amount of Each Receipt this Period  
200.00

From RNC

**B. REPUBLICAN NATIONAL COMMITTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 310 First Street, SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4150.00

Date of Receipt  
MM / DD / YYYY  
01 / 07 / 2014  
**Transaction ID : SA12.4347**

Amount of Each Receipt this Period  
3950.00

Party Building

**C. REPUBLICAN NATIONAL COMMITTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 310 First Street, SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8100.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2014  
**Transaction ID : SA12.4348**

Amount of Each Receipt this Period  
3950.00

Party Building

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
<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 NATIONAL COMMITTEE**

Mailing Address 310 First Street, SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2014

**Transaction ID : SA12.4351**

Amount of Each Receipt this Period  

4200.00
---------

transfer from RNC

Full Name (Last, First, Middle Initial)  
**B. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 First Street, SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
16250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2014

**Transaction ID : SA12.4349**

Amount of Each Receipt this Period  

3950.00
---------

Party Building

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period  

--

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	16250.00



**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. Russell Hryzan**

Mailing Address 236 California Avenue

City Providence State RI Zip Code 02905

Purpose of Disbursement  
In-kind - 20 Surface Tablets and Keyboards

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 22 / 2014

**Transaction ID : SB21B.4416**

Amount of Each Disbursement this Period

9980.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

9980.00

9980.00

**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 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 checked="" 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 Paquin**

Mailing Address 1191 Tower Hill Rd

City North Kingstown State RI Zip Code 02852

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 16 / 2014

**Transaction ID : SB30B.5096**

Amount of Each Disbursement this Period

707.03

Full Name (Last, First, Middle Initial)

**B. Robert Paquin**

Mailing Address 1191 Tower Hill Rd

City North Kingstown State RI Zip Code 02852

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 07 / 2014

**Transaction ID : SB30B.5099**

Amount of Each Disbursement this Period

1190.96

Full Name (Last, First, Middle Initial)

**C. Robert Paquin**

Mailing Address 1191 Tower Hill Rd

City North Kingstown State RI Zip Code 02852

Purpose of Disbursement  
salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 21 / 2014

**Transaction ID : SB30B.5102**

Amount of Each Disbursement this Period

1190.96

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

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

3088.95

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

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

FOR LINE NUMBER:  
(check only one)

<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 type="checkbox"/> 29	<input checked="" 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 Paquin**

Mailing Address 1191 Tower Hill Rd

City North Kingstown State RI Zip Code 02852

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.5104**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Robert Paquin**

Mailing Address 1191 Tower Hill Rd

City North Kingstown State RI Zip Code 02852

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.5105**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
Tax and fringe benefits - payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.5093**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" 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**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB30B.5094**

Amount of Each Disbursement this Period

**B. PAYCHEX**

Full Name (Last, First, Middle Initial)

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB30B.5095**

Amount of Each Disbursement this Period

**C. PAYCHEX**

Full Name (Last, First, Middle Initial)

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
fringe

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB30B.5097**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" 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**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
Fringe benefits

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 07 / 2014

**Transaction ID : SB30B.5098**

Amount of Each Disbursement this Period

314.72

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
Fringe/taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 21 / 2014

**Transaction ID : SB30B.5100**

Amount of Each Disbursement this Period

314.72

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**

Mailing Address 501 WOMANOAG TRAIL

City RIVERSIDE State RI Zip Code 02915

Purpose of Disbursement  
Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 21 / 2014

**Transaction ID : SB30B.5101**

Amount of Each Disbursement this Period

42.35

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

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

671.79

7568.21

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

NAME OF COMMITTEE (In Full)  
 RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	MM / DD / YYYY 02 / 14 / 2014	400.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	400.00
<b>Transaction ID : H3.5071</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC) .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred).....	

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

NAME OF COMMITTEE (In Full)  
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	MM / DD / YYYY 02 / 18 / 2014	300.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	300.00
<b>Transaction ID : H3.5074</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred).....	

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

NAME OF COMMITTEE (In Full)  
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	MM / DD / YYYY 03 / 03 / 2014	1900.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	1900.00
<b>Transaction ID : H3.5076</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred).....	



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

NAME OF COMMITTEE (In Full)  
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	MM / DD / YYYY 03 / 19 / 2014	1000.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	1000.00
<b>Transaction ID : H3.5078</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred).....	

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

NAME OF COMMITTEE (In Full)  
 RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	MM / DD / YYYY 03 / 21 / 2014	1500.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	1500.00
<b>Transaction ID : H3.5080</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred).....	

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

NAME OF COMMITTEE (In Full)  
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	MM / DD / YYYY 03 / 27 / 2014	2500.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	2500.00
<b>Transaction ID : H3.5082</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred).....	

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

NAME OF COMMITTEE (In Full)  
 RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	MM / DD / YYYY 03 / 31 / 2014	1300.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	1300.00
<b>Transaction ID : H3.5084</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	8900.00
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred).....	8900.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Form A: Town of West Greenwich RI, Transaction ID: H4.4382, Allocated Activity or Event: Voter Drive, Date: 02/12/2014, Total Amount: 440.02

Form B: Red Maverick Media, Transaction ID: H4.4389, Allocated Activity or Event: Voter Drive, Date: 02/20/2014, Total Amount: 4171.00

Form C: Red Maverick Media, Transaction ID: H4.4399, Allocated Activity or Event: Voter Drive, Date: 03/07/2014, Total Amount: 493.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1071.84, 4032.18, 5104.02

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.4363</b> <b>LANCE CHAPPELL</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 428		Allocated Activity or Event Year-To-Date _____ 500.00	
City State Zip Code SAUNDERSTOWN RI 02874	003 Category/ Type	Date <input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Reimbursement		Allocated Activity or Event Year-To-Date _____ 500.00	
Activity or Event Identifier: <b>Administrative</b>			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
_____ 105.00 _____ 395.00 _____ 500.00			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.4367</b> <b>Airport Plaza Associates</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1800 Post Road		Allocated Activity or Event Year-To-Date _____ 659.46	
City State Zip Code Warwick RI 02886	001 Category/ Type	Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: utilities		Allocated Activity or Event Year-To-Date _____ 659.46	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
_____ 33.49 _____ 125.97 _____ 159.46			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.4368</b> <b>Hartland Check</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date _____ 702.71	
City State Zip Code AZ	001 Category/ Type	Date <input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Check Printing		Allocated Activity or Event Year-To-Date _____ 702.71	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
_____ 9.08 _____ 34.17 _____ 43.25			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 147.57		_____ 555.14		_____ 702.71

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
_____	_____	_____

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) <b>Payden and Co</b>		Transaction ID : <b>H4.4370</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 530 Main St				Allocated Activity or Event Year-To-Date 1952.71		
City East Greenwich	State RI	Zip Code 02818		Date 01 / 17 / 2014		
Purpose of Disbursement: Promotional and Party Building Materials		003				
Activity or Event Identifier: Administrative		Category/ Type				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
262.50			987.50			1250.00

B. Full Name (Last, First, Middle Initial) <b>COX COMMUNICATIONS</b>		Transaction ID : <b>H4.4372</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 621 WILLIAM ST.				Allocated Activity or Event Year-To-Date 2502.65		
City EAST ORANGE	State NJ	Zip Code 07017		Date 01 / 21 / 2014		
Purpose of Disbursement: Utility Phone, TV, Internet		001				
Activity or Event Identifier: Administrative		Category/ Type				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
115.49			434.45			549.94

C. Full Name (Last, First, Middle Initial) <b>LANCE CHAPPELL</b>		Transaction ID : <b>H4.4373</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO BOX 428				Allocated Activity or Event Year-To-Date 2738.62		
City SAUNDERSTOWN	State RI	Zip Code 02874		Date 01 / 21 / 2014		
Purpose of Disbursement: Reimbursemnt		003				
Activity or Event Identifier: Administrative		Category/ Type				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
49.55			186.42			235.97

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
427.54		1608.37		2035.91

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.4375</b> <b>Double D Lock</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Warwick Ave		Allocated Activity or Event Year-To-Date _____ 2848.38	
City Warwick State RI Zip Code 02886	001 Category/ Type	Date MM / DD / YYYY 02 / 07 / 2014	
Purpose of Disbursement: Lock Change Activity or Event Identifier: Administrative			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
_____ 23.05		_____ 86.71	_____ 109.76

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.4380</b> <b>LANCE CHAPPELL</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 428		Allocated Activity or Event Year-To-Date _____ 3348.38	
City SAUNDERSTOWN State RI Zip Code 02874	003 Category/ Type	Date MM / DD / YYYY 02 / 10 / 2014	
Purpose of Disbursement: Consulting Activity or Event Identifier: Administrative			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
_____ 105.00		_____ 395.00	_____ 500.00

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.4381</b> <b>UNITED STATES POSTAL SERVICE</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 24 CORLISS ST		Allocated Activity or Event Year-To-Date _____ 3568.38	
City PROVIDENCE State RI Zip Code 02904	001 Category/ Type	Date MM / DD / YYYY 02 / 11 / 2014	
Purpose of Disbursement: Postage Activity or Event Identifier: Administrative			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
_____ 46.20		_____ 173.80	_____ 220.00

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 174.25		_____ 655.51		_____ 829.76

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____		_____		_____



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Form A: Airport Plaza Associates. Transaction ID: H4.4384. Allocated Activity or Event: Administrative. Date: 02/13/2014. Total Amount: 575.00.

Form B: DUNKIN DONUTS. Transaction ID: H4.4379. Allocated Activity or Event: Administrative. Date: 02/18/2014. Total Amount: 28.96.

Form C: Justin Haskins. Transaction ID: H4.4386. Allocated Activity or Event: Administrative. Date: 02/18/2014. Total Amount: 17.64.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 130.53, 491.07, 621.60.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

<b>A. Full Name (Last, First, Middle Initial)</b> <b>PIZZA KING</b> Mailing Address 1800 POST ROAD		<b>Transaction ID : H4.4388</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City WARWICK	State RI	Zip Code 02886	Allocated Activity or Event Year-To-Date 4232.59 Date <input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
Purpose of Disbursement: Food and Bev for Exec Comm Mtg.		Category/ Type <input type="text" value="001"/>	
Activity or Event Identifier: <b>Administrative</b>			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="8.95"/> + <input type="text" value="33.66"/> = <input type="text" value="42.61"/>			

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Aggragate Aggragate</b> Mailing Address		<b>Transaction ID : H4.4394</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City Aggragate	State RI	Zip Code 00000	Allocated Activity or Event Year-To-Date 4273.63 Date <input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
Purpose of Disbursement: Food for Volunteers		Category/ Type <input type="text" value="001"/>	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="8.62"/> + <input type="text" value="32.42"/> = <input type="text" value="41.04"/>			

<b>C. Full Name (Last, First, Middle Initial)</b> <b>RI SHRINERS</b> Mailing Address ONE RHODES PLACE		<b>Transaction ID : H4.4395</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City CRANSTON	State RI	Zip Code 02905	Allocated Activity or Event Year-To-Date 4398.63 Date <input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
Purpose of Disbursement: State Central Meeting		Category/ Type <input type="text" value="001"/>	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="26.25"/> + <input type="text" value="98.75"/> = <input type="text" value="125.00"/>			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="43.82"/>		<input type="text" value="164.83"/>		<input type="text" value="208.65"/>

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) <b>Airport Plaza Associates</b>		Transaction ID : <b>H4.4396</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1800 Post Road			Allocated Activity or Event Year-To-Date 4989.93	
City Warwick	State RI	Zip Code 02886	Date 02 / 27 / 2014	
Purpose of Disbursement: Utilities and Heat		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
124.17			467.13	591.30

B. Full Name (Last, First, Middle Initial) <b>CANNON FINANCIAL SERVICES</b>		Transaction ID : <b>H4.4398</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 100 GAITHER DR			Allocated Activity or Event Year-To-Date 5449.87	
City MT LAUREL	State NJ	Zip Code 08054	Date 03 / 03 / 2014	
Purpose of Disbursement: Copier		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
96.59			363.35	459.94

C. Full Name (Last, First, Middle Initial) <b>Aggragate Aggragate</b>		Transaction ID : <b>H4.4397</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date 5567.72	
City Aggregate	State RI	Zip Code 00000	Date 03 / 07 / 2014	
Purpose of Disbursement: Food for Volunteers		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
24.75			93.10	117.85

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
245.51		923.58		1169.09

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.4400</b> <b>Airport Plaza Associates</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1800 Post ROad		Allocated Activity or Event Year-To-Date 6142.72	
City State Zip Code Warwick RI 02886	001 Category/ Type	Date <input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Rent		Allocated Activity or Event Year-To-Date 6142.72	
Activity or Event Identifier: <b>Administrative</b>			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text" value="120.75"/>		<input type="text" value="454.25"/>	<input type="text" value="575.00"/>

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.4401</b> <b>LANCE CHAPPELL</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 428		Allocated Activity or Event Year-To-Date 6642.72	
City State Zip Code SAUNDERSTOWN RI 02874	001 Category/ Type	Date <input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Consulting		Allocated Activity or Event Year-To-Date 6642.72	
Activity or Event Identifier: Administrative			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text" value="105.00"/>		<input type="text" value="395.00"/>	<input type="text" value="500.00"/>

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.4403</b> <b>UNITED STATES POSTAL SERVICE</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 24 CORLISS ST		Allocated Activity or Event Year-To-Date 6691.72	
City State Zip Code PROVIDENCE RI 02904	001 Category/ Type	Date <input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Postage		Allocated Activity or Event Year-To-Date 6691.72	
Activity or Event Identifier: Administrative			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text" value="10.29"/>		<input type="text" value="38.71"/>	<input type="text" value="49.00"/>

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="236.04"/>		<input type="text" value="887.96"/>		<input type="text" value="1124.00"/>

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : H4.4404**  
**PIZZA KING**  
Mailing Address 1800 POST ROAD

City State Zip Code  
WARWICK RI 02886

Purpose of Disbursement:  
Food for Volunteers

Activity or Event Identifier:  
**Administrative**

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
6740.17

Date 03 / 22 / 2014

Category/Type  
001

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.17		38.28		48.45

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : H4.4407**  
**Minuteman Press**  
Mailing Address 155 Jefferson Blvd

City State Zip Code  
Warwick RI 02886

Purpose of Disbursement:

Activity or Event Identifier:  
Administrative

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
6786.17

Date 03 / 27 / 2014

Category/Type  
003

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.66		36.34		46.00

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : H4.4409**  
**Airport Plaza Associates**  
Mailing Address 1800 Post ROad

City State Zip Code  
Warwick RI 02886

Purpose of Disbursement:  
Utilities

Activity or Event Identifier:  
Administrative

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
7060.99

Date 03 / 27 / 2014

Category/Type  
001

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
57.71		217.11		274.82

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
77.54		291.73		369.27

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : H4.4359** Allocated Activity or Event:  
**Aggragate Aggragate**  Administrative  Fundraising  Exempt  
Mailing Address  Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
City State Zip Code  
Aggragate RI 00000  
Purpose of Disbursement: Bank Fees to TD Bank  
Activity or Event Identifier: **Administrative**  
001  
Category/Type  
Allocated Activity or Event Year-To-Date: 7165.99  
Date: 03 / 31 / 2014

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.05		82.95		105.00

**B.** Full Name (Last, First, Middle Initial) Allocated Activity or Event:  
Mailing Address  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
City State Zip Code  
Purpose of Disbursement:  
Activity or Event Identifier:  
Category/Type  
Allocated Activity or Event Year-To-Date:  
Date: / /

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

**C.** Full Name (Last, First, Middle Initial) Allocated Activity or Event:  
Mailing Address  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
City State Zip Code  
Purpose of Disbursement:  
Activity or Event Identifier:  
Category/Type  
Allocated Activity or Event Year-To-Date:  
Date: / /

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.05		82.95		105.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
2576.69		9693.32		12270.01