

**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

CITY

STATE

ZIP CODE

C00078196

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- X 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 (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

04

01

2004

through

06

30

2004

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

Merrill C. Drew

Signature of Treasurer

Electronically Filed by Merrill C. Drew

Date

07

14

2004

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

**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: ^M04 ^D01 ^Y2004 To: ^M06 ^D30 ^Y2004

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 ^Y 2004 ^M ^D | | 7569.53 |
| (b) Cash on Hand at Beginning of Reporting Period | 7569.53 | |
| (c) Total Receipts (from Line 19) | 22550.00 | 22550.00 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 30119.53 | 30119.53 |
| <hr/> | | |
| 7. Total Disbursements (from Line 31) | 7.00 | 7.00 |
| <hr/> | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 30112.53 | 30112.53 |
| <hr/> | | |
| 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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Rhode Island Republican State Central Committee

Report Covering the Period: From: ^M04 ⁻01 ⁻2004 To: ^M06 ⁻30 ⁻2004

| 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) | 22400.00 | |
| (ii) Unitemized | 150.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) | 22550.00 | 22550.00 |
| (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) | 22550.00 | 22550.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 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) | 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)) | 22550.00 | 22550.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 22550.00 | 22550.00 |

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) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 7.00 | 7.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 7.00 | 7.00 |
| 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..... | 0.00 | 0.00 |
| 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 ActMty (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)).. | 7.00 | 7.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 7.00 | 7.00 |

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) | 22550.00 | 22550.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 22550.00 | 22550.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 7.00 | 7.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 7.00 | 7.00 |

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

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

FOR LINE NUMBER: PAGE 6 / 15

(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Peter Arnold | | Date of Receipt M / D / Y 04 / 16 / 2004 |
| Mailing Address 20 Grey's Point Road | | Transaction ID: SA11A1.4522 |
| City Charlestown | State RI | Zip Code 02813 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer self employed | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Herbert J. Brennan | | Date of Receipt M / D / Y 04 / 16 / 2004 |
| Mailing Address 794 Major Potter Rd. | | Transaction ID: SA11A1.4518 |
| City East Greenwich | State RI | Zip Code 02818 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self-employed | Occupation Physician | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Thomas J. Daniels | | Date of Receipt M / D / Y 04 / 16 / 2004 |
| Mailing Address 48 John Mowry Rd. | | Transaction ID: SA11A1.4525 |
| City Smithfield | State RI | Zip Code 02917 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer State of Rhode Island | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 3000.00 |
| 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: PAGE 7 / 15

(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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Lee Alan Duckworth | | Date of Receipt M / D / Y 05 / 07 / 2004 |
| Mailing Address 40 Wild River Court | | Transaction ID: SA11A1.4550 |
| City Wakefield | State RI | Zip Code 02852 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self-employed | Occupation Certified Financial Planner | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Richard P. Esposito | | Date of Receipt M / D / Y 05 / 28 / 2004 |
| Mailing Address 716 East Shore Rd. | | Transaction ID: SA11A1.4529 |
| City Jamestown | State RI | Zip Code 02835 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer ENNervations | Occupation Executive | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Jonathan Ferreira | | Date of Receipt M / D / Y 04 / 16 / 2004 |
| Mailing Address 341 Child St | | Transaction ID: SA11A1.4523 |
| City Warren | State RI | Zip Code 02885 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer G & S Donuts | Occupation Franchise | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3000.00 |
| 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: PAGE 8 / 15

(check only one)

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

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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Kenneth A. Freeborn | | Date of Receipt M / D / Y 04 / 16 / 2004 |
| Mailing Address 22 Eagle Dr. | | Transaction ID: SA11A1.4527 |
| City North Kingstown | State RI | Zip Code 02852 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 400.00 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Robert T. Galin | | Date of Receipt M / D / Y 06 / 10 / 2004 |
| Mailing Address 110 Elsie St. | | Transaction ID: SA11A1.4542 |
| City Cranston | State RI | Zip Code 02910 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Nasco Products Corp. | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Saul Kaplan | | Date of Receipt M / D / Y 06 / 07 / 2004 |
| Mailing Address 741 Elm Grove Ave. | | Transaction ID: SA11A1.4535 |
| City Providence | State RI | Zip Code 02908 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer R.I.E.D.C. | Occupation Director of Business Development | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2400.00 |
| 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: PAGE 9 / 15

(check only one)

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Malcolm Maguire | | Date of Receipt M / D / Y 05 / 28 / 2004 |
| Mailing Address 80 Canterbury Lane | | Transaction ID: SA11A1.4533 |
| City East Greenwich | State RI | Zip Code 02818 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10000.00 |
| Name of Employer C.C.R.I. Financial Group | Occupation Business Consultant | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 10000.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Ronald J. Mello | | Date of Receipt M / D / Y 04 / 18 / 2004 |
| Mailing Address P. O. Box 1418 | | Transaction ID: SA11A1.4520 |
| City Charlestown | State RI | Zip Code 02813 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self-employed | Occupation Hair Stylist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. J. William Middendorf II | | Date of Receipt M / D / Y 05 / 28 / 2004 |
| Mailing Address 585 west Main Rd. | | Transaction ID: SA11A1.4531 |
| City Little Compton | State RI | Zip Code 02837 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Retired | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|-----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 12000.00 |
| 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: PAGE 10 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. J. William Middendorf II | | Date of Receipt M / D / Y 06 / 25 / 2004 |
| Mailing Address 585 west Main Rd. | | Transaction ID: SA11A1.4545 |
| City Little Compton | State RI | Zip Code 02837 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Retired | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Laszlo S. Siegmund | | Date of Receipt M / D / Y 05 / 07 / 2004 |
| Mailing Address 183 Narragansett Ave. | | Transaction ID: SA11A1.4546 |
| City Jamestown | State RI | Zip Code 02835 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Siegmund & Associates | Occupation Engineer | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 22400.00 |

SCHEDULE C (FEC Form 3X)

LOANS

| | |
|---|------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 11 / 15 |
| | FOR LINE 13 OF FORM 3X |

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 | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 3500.00 | 0.00 | 3500.00 |

TERMS

| | | | |
|--|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 03 rd 24 th 2003 | | % (apr) | <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: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|--|----------------|
| SUBTOTALS This Period This Page (optional) | 3500.00 |
| TOTALS This Period (last page in this line only) | |
| 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 12 / 15 |
| | 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) Carciari 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: |
| | 06 th 10 th 2003 | | % (apr) | <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: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|----------------|
| SUBTOTALS This Period This Page (optional) | 5000.00 |
| TOTALS This Period (last page in this line only) | 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

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

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

FOR LINE NUMBER:
(check only one)

9
 10

| | | | |
|--|---------------------|--|--|
| 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 | | Transaction ID: SD10.4144 | |
| 1500.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 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 | | Transaction ID: SD1D.4148 | |
| 2500.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 2500.00 | |

| | | | |
|---|---------------------|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Halsey Properties | | Nature of Debt (Purpose): Rent Back Debt | |
| Mailing Address 1B Burnside Street | | | |
| City | State | ZIP Code | |
| Bristol | RI | 02809 | |
| Outstanding Balance Beginning This Period | | Transaction ID: SD1D.4148 | |
| 1587.39 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 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

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

FOR LINE NUMBER:
(check only one)

9
 10

Excluding Loans

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 | | Transaction ID: SD10.4150 | |
| 1000.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 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 | | Transaction ID: SD1D.4152 | |
| 226.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 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 | 02808 | |
| Outstanding Balance Beginning This Period | | Transaction ID: SD1D.4160 | |
| 600.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 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

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

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

FOR LINE NUMBER:
(check only one)

9
 10

| | | | |
|---|-----------------------------|---|--|
| 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 | 02803 | |
| 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: SD1D.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 | 02803 | |
| Outstanding Balance Beginning This Period 325.00 | | Transaction ID: SD1D.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) | ▶ | |