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#### FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Rhode Island Republican State Central Committee 3351 Post Road ADDRESS (number and street) Check if different than previously RI 02886 Warwick reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00078196 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 08 0 1 2006 8 0 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Marc Tondreau Type or Print Name of Treasurer Electronically Filed by Marc Tondreau 04 13 2007 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003) Only

FEC Form 3X (Rev. 02/2003)

#### SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS

Page 2

Report Covering the Period: From:	01 2006	To: 0 8 3 1 2 0 0
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand  January 1  Y2006  Y2006		68539.92
(b) Cash on Hand at Begining of Reporting Period	148887.98	
(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)	300987.98	465530.94
Total Disbursements (from Line 31)	96085.20	260628.16
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	204902.78	204902.78
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	20011.92	
This Committee has qualified as a multicandidate	te committee. (see FEC FORM 1M)	
Fo	or further information contact:	
	Federal Election Commission 999 E street, NW	

#### **DETAILED SUMMARY PAGE** OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

Rhode Island Republican State Central Committee

(subtract Line 18(c) from Line 19) .....

0 1 3<sup>D</sup>1 м м 8 0 0 8 M 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 2750.00 (i) Itemized (use Schedule A) .......... 0.00 8826.60 (ii) Unitemized ..... (iii) TOTAL (add 0.00 11576.60 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 5000.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 0.00 16576.60 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 152100.00 341942.77 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 38471.65 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 38471.65 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 152100.00 396991.02 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 152100.00 358519.37

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

	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)	0.00	10292.42
	(i) Federal Share	0.00	TOZOZ.TZ
	(ii) Non-Federal Share	0.00	34410.42
	(b) Other Federal Operating	94085.20	153542.43
	Expenditures(c) Total Operating Expenditures	34003.20	133342.43
	(add 21(a)(i), (a)(ii) and (b))	94085.20	198245.27
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
<u>'</u> 4.	Independent Expenditure (use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	202	
	(use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	
	(add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	2000.00	2000.00
ıΩ	Federal Election Activity (2 U.S.C 431(20))		
٠	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	60382.89
	(c) Total Federal Election Activity (add	0.00	60382.89
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
1.	Total Disbursements (add Lines 21(c), 22,	00005.00	00000040
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	96085.20	260628.16
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	96085.20	226217.74
	from Line 31)	30000.20	220217.74

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures				
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	163834.85		
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	163834.85		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 35 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	11a 11b 11c X 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Rhode Island Republican State Central	Committee	)	
Α.	Full Name (Last, First, Middle Initial) Republican Natl Committee  Mailing Address 310 First Street, SE  City Washington  FEC ID number of contributing federal political committee.  Name of Employer	State DC C		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 167200.00	
3.	Full Name (Last, First, Middle Initial) Republican Natl Committee  Mailing Address 310 First Street, SE  City  Washington  FEC ID number of contributing	State DC	Zip Code 20003	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee.  Name of Employer  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Aggregate	n e Year-to-Date ▼ 182200.00	
C.	Full Name (Last, First, Middle Initial) Republican Natl Committee  Mailing Address 310 First Street, SE  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State DC  C Occupation Aggregate	Zip Code 20003  n  e Year-to-Date ▼ 230300.00	Date of Receipt  M M M / 30 / 2006  Transaction ID: SA12.5271  Amount of Each Receipt this Period  48100.00
s	UBTOTAL of Receipts This Page (optional)	104000.00		
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/35 (check only one)  11a 11b 11c X 12 13 14 15 16							
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$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Rhode Island Republican State Central (	Committee	;								
Α.	Full Name (Last, First, Middle Initial) Republican Natl Committee  Mailing Address 310 First Street, SE  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State DC C Occupation Aggregate	Zip Code 20003	Date of Receipt  M M J D D  O 8  Transaction ID: SA  Amount of Each Rec							
3.	Full Name (Last, First, Middle Initial) Rhode Island Republican State Central Committee Mailing Address 3351 Post Road  City Warwick  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:	Occupation	Zip Code 02886 0078196 n	Date of Receipt  M M / D D  O 8 1 1  Transaction ID: SA  Amount of Each Rec  Reimbursement fo only expense	ceipt this Period						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00								

SUBTOTAL of Receipts This Page (optional)	•	48100.00
TOTAL This Period (last page this line number only)	<u> </u>	152100.00

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	Full Name (Last, First, Middle Initial)					Trans	action	ID: SF	321B.	5190	 6			
۹.	AAA of Southern New England					Date	of Disbu	urseme						
	Mailing Address 110 Royal Little Drive					08 7 30 7 2006								
		State RI	Zip Code 02904			Amount of Each Disbursement this Period								
	Purpose of Disbursement Gas cards				002	] L.		•		. 1	579.0	00		
	Candidate Name				ategory/ Type									
	Senate President	ment For: Primary Other (spec	General ify) ▼											
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3.	Full Name (Last, First, Middle Initial)  AAA of Southern New England						saction of Disbu	urseme						
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		State RI	Zip Code 02886			Amou	ınt of Ea	ach Dis	sburser					
	Purpose of Disbursement Office Equipment				001	<u> </u>		•			154.0	06		
	Candidate Name				ategory/ Type									
	Office Sought:  Senate  President  State:  Disburse  Disburse	ment For: Primary Other (spec	General ify) ▼											
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President	Other (specify)								
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Full Name (Last, First, Middle Initial)  Jonathan D Black						ID: SB21E	3.5148		
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Mailing Address 490 Wellington Ave.				0.8		03 /	20	) Ó 6 Ĭ	
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$\vdash$	NAME OF COMMITTEE (In Full)														
$ \rangle$	Rhode Island Republican State Central Co	mmittee													
Α.	Full Name (Last, First, Middle Initial) Jonathan D Black						Transaction ID: SB21B.5150 Date of Disbursement								
	Mailing Address 490 Wellington Ave.						0 <sup>M</sup> 8	М	/ [	17	? /	Y	ž o ŏ	3 Y	
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	y Information copied from such Reports and State												ns
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$ \rangle$	Rhode Island Republican State Central C	committee											
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Α.	Cox Communications							of D м		ement	Y	Y Y	Y
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C.	Full Name (Last, First, Middle Initial) Cox Communications								-	: SB2 ement	1B.51	41	
	Mailing Address P. O. Box 39 9 J. P. Murphy Hwy.						0 <sup>M</sup> 8	М	/ D2	25	Y	žoŏ	6 <sup>Y</sup>
	City Newark	State Zip Code NJ 02893					Amou	ınt o	f Each	n Disbu	ırseme	nt this	
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Rhode Island Republican State Central Con	nmittee										
Full Name (Last, First, Middle Initial)  Delfine M. Martin & Arthur G. Hanoian						n ID:	SB21B ment	.5142	2		
Mailing Address 221 3rd St. Admiral Gate Towers 5th	Flr.			8 <sup>M</sup> 0	M /	<sup>D</sup> 1	D /	ž Ž	0 ŏ 6	Y	
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Mailing Address 221 3rd St. Admiral Gate Towers 5th				0.8		<sup>D</sup> 2	8	2	0 ŏ 6		
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Mailing Address 801 S. Pitt St. # 432				0.8		0	3	2	0 ŏ 6		
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Purpose of Disbursement Salaries		00-	1	] L.		-			821.9	5	_
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Α.	Mary Diamond							_	isburs	ement	V	V . V	V
	Mailing Address 801 S. Pitt St. # 432						0 <sup>M</sup> 8		′ <u> </u>	Ŏ		ž 0 ŏ (	3
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_	Full Name (Last, First, Middle Initial)						Tuona		ion ID	CDO	1B.51	71	
В.	Mary Diamond						Date		isburs	ement			Y
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_	Full Name (Last, First, Middle Initial)						Trans	sact	ion ID:	: SB2	1B.52	 35	
Α.	Robert DiLeonardo								isburs				_
	Mailing Address 2348 Post Road						0 <sup>M</sup> 8	М	/ D 1	8	Y :	ž 0 Ď (	3 <sup>Y</sup>
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	Mailing Address 101 West Warwick Road	i					8 <sup>M</sup> 0	М	/ D 1	8	Y	ž 0 Ŏ (	6 Y
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Full Name (Last, First, Middle Initial) Matthew Frank	•							tion ID: Disburse	: SB21B ement	3.520	2	
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Α.	Matthew Frank							of D	isburs			V V	V
	Mailing Address 15 Lake St.						8 <sup>M</sup> 0	IVI	້ _ ້ 2	24	Ĺ.	ž 0 ŏ	6
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В.	Matthew Frank							_	isburs			V V	. V
	Mailing Address 15 Lake St.						8 <sup>M</sup> 0	М	<sup>/</sup> 3	3 1	/ L	žoŏ	6 <sup>*</sup>
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	State: District:	cure (epeciny) V											
C.	Full Name (Last, First, Middle Initial) Law Office of William Harsch								on ID:		21B.51	63	
	Mailing Address 170 Westminster St.						8 <sup>M</sup> 0	М	<sup>/</sup> 3	3 O	/ Y	ž 0 ŏ	6 <sup>Y</sup>
	City Providence	State Zip Code					Amou	nt o	f Each	Dist	ourseme	ent this	Period
	Purpose of Disbursement Phone bank reimbursement				·		<u> </u>					635	.73
	Candidate Name				egory/ /pe								
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$\rangle$	NAME OF COMMITTEE (In Full) Rhode Island Republican State Central Co								
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Α.	Macnair Travel Management				Date of	Disbursem	_	Υ	Υ
	Mailing Address 1215 17th Street, NW Suite 100				0 8	2 1	2	0 Ď 6	
		State Zip Code DC 20036			Amount	of Each D	isbursement	this P	eriod
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	Full Name (Last, First, Middle Initial)				Transac	tion ID: S	B21B.516	 7	
В.	Majority Communications				Date of	Disbursem	nent		
	Mailing Address 274 Marconi Blvd. Suite 260				0 <sup>M</sup> 8 0	21	2	0 Ď 6	Y
		State Zip Code OH 43215			Amount	of Each D	isbursement	this P	eriod
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	Candidate Name		Catego Type	ry/					
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C.	Full Name (Last, First, Middle Initial) Charles Newton					Disbursem		9	
	Mailing Address 125 Bow St.				0 <sup>M</sup> 8 M	0 3	B / Y 2	0 Ď 6	Y
		State Zip Code RI 02818			Amount	of Each D	isbursement	this P	eriod
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	Mailing Address 125 Bow St.							8 <sup>M</sup> 0	М	<sup>/</sup> 3	3 1	/ LY	žoŏ	6 <sup>Y</sup>
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В.	Northeast Strategies, LLC							Date		isburs	emer	21B.5		V
	Mailing Address 28 Edwards Road							0 8	IVI	′ _ ບ	2	Ĺ	žoŏ	6
	City West Newton		o Code 2465					Amou	nt o	f Each	Disk	ursem	ent this	
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	Candidate Name			Са	-	gory/								
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C.	Northeast Strategies, LLC									isburs			-10	
	Mailing Address 28 Edwards Road							8 <sup>M</sup> 0	М	/ D 1	1	/ Y	200	6 <sup>Y</sup>
	City West Newton		o Code 2465					Amou	nt o	f Each	Disk	ursem	ent this	
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_	Full Name (Last, First, Middle Initial)					Т	ransa	acti	on ID:	: SB2	21B.52	219	
Α.	Paychex							_	isburs		ıt		
	Mailing Address 501 Wampanoag Trail					7 L	0 8		0	) 4	/ L	ž 0 ŏ	6 <sup>Y</sup>
		State Zip Code RI 02915				Α	mour	nt of	f Each	Dist	oursem	ent this	Period
	Purpose of Disbursement	02010		U	-	-						219	.22
	Payroll service		-	_	01								
	Candidate Name				egory/ vpe								
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)											
	State: District:	Other (specify)											
	Full Name (Last, First, Middle Initial)					т	ranes	octi	on ID	· SR	21B.52	220	
В.	Paychex							f Di	isburse	_	_		Υ
	Mailing Address 501 Wampanoag Trail					L	0 8		0	) 4		žoŏ	6
	•	State Zip Code RI 02915				A	Mour	nt of	Each	Disb	oursem	ent this	
	Purpose of Disbursement Payroll taxes			0	01	7 L		-				1383	.98
	Candidate Name				egory/ vpe								
	Office Sought: House Disburse Senate	ment For: Primary General											
	President State: District:	Other (specify)											
_	Full Name (Last, First, Middle Initial)								-		21B.52	222	
Ο.	Paychex						Date of	_	isburse	emen	ıt	V ° V	
	Mailing Address 501 Wampanoag Trail						0 8			1		žoŏ	6
		State Zip Code RI 02915				Δ.	Mour	nt of	f Each	Dist	oursem	ent this	Period
	Purpose of Disbursement Payroll taxes			0	01	L						1383	.98
	Candidate Name		Ca	ate	egory/ rpe								
	Senate President	ment For: Primary General Other (specify)			-								
_	State: District:												
s	UBTOTAL of Disbursements This Page (optional) .				. •	[						2987	.18
Т	OTAL This Period (last page this line number only)				•								

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	,		NUMBER:	P.	GE 2	4 / 35	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,	(check on X 21b 27	ly one) 22 23 28a 28l	24 28c	25	$\square$	6 0b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Rhode Island Republican State Central Cor				Sicil Contributions	Troil Scott	)OHIIIIII		
۹.	Full Name (Last, First, Middle Initial) Paychex				Transaction Date of Disbu			Ý 6 Ý	
	Mailing Address 501 Wampanoag Trail				0.8	18	20	0 6	
		State Zip Code RI 02915			Amount of Ea	ch Disburse			1
	Purpose of Disbursement Payroll taxes Candidate Name		_	001 ategory/			155	52.49	
	Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)		Туре					
3.	Full Name (Last, First, Middle Initial) Paychex				Transaction Date of Disbu	rsement		V. V.	_
	Mailing Address 501 Wampanoag Trail				08 /	25	ž o	ό 6 Υ	
	•	State Zip Code RI 02915			Amount of Ea	ch Disburse			1
	Purpose of Disbursement Payroll taxes Candidate Name		C	001 ategory/ Type			155	50.34	J
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼							
Э.	Full Name (Last, First, Middle Initial) Postmaster Providence				Transaction Date of Disbu	rsement	5241		_
	Mailing Address 24 Corliss Landing				08 /	18	ž o	ό 6 Υ	
		State Zip Code RI 02903			Amount of Ea	ch Disburse			1
	Purpose of Disbursement Postage Candidate Name			004 ategory/ Type			32	20.00	
	Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)	<u>I</u>	•					
S	UBTOTAL of Disbursements This Page (optional)			▶			342	2.83	]
T	OTAL This Period (last page this line number only)			•					

		Use seperate schedule(s	3)		OR LINE check onl		:H:		L	PAGE	: 25/	35
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Š		22 28a		23 28b	2 2	4 8c	25 29	26 30b
	y Information copied from such Reports and Statem											ıs
Or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any political	ai com	IIII	illee to so	DIICIL COITL	ribui	ions ir	om su	on com	millee	
$ \rangle$	Rhode Island Republican State Central Co	ommittee										
_	Full Name (Last, First, Middle Initial)					Trans	sact	ion ID	: SB2	1B.52	73	
Α.	Postmaster Providence						of D м	isburs		V	v v	V
	Mailing Address 24 Corliss Landing					0 8	IVI	´	2 8 /	. 2	ž o ŏ (	6
	City Providence	State Zip Code RI 02903				Amou	ınt c	f Each	Disbu	irseme	nt this	Period
	Purpose of Disbursement	RI 02903	1							2	4000.	00
	Postage			0	04			•			-	
	Candidate Name				egory/ rpe							
	Senate President	ement For: Primary General Other (specify)										
_	State: District: Full Name (Last, First, Middle Initial)					_						
В.	Progressive Casualty Insurance Co.					Date	of D	ion ID: isburs	ement	1B.52		V
	Mailing Address 6300 Wilson Mills Road					0 8	М	′ [3	3 <b>1</b>	1 2	ž 0 ŏ (	6
	Mayfield Village	State Zip Code OH 44143				Amou	ınt c	f Each	Disbu	irseme		
	Purpose of Disbursement Insurance			0	01	L.	-	-			5759.	00
	Candidate Name				egory/ rpe							
	Senate President	ement For: Primary General Other (specify)										
	State: District:											
C.	Full Name (Last, First, Middle Initial) Kelly M. Reynolds					Date	of D	isburs	ement	1B.51		_
	Mailing Address 18720 Willow Creek Dr.					8 <sup>M</sup> 0	М	/ D 1	7	Y 2	ž 0 Ď (	3 <sup>Y</sup>
	City Goddard	State Zip Code KS 67052				Amou	ınt c	f Each	Disbu	irseme	nt this	Period
	Purpose of Disbursement Salaries			0	01	L.		-			415.	31
	Candidate Name				egory/ rpe							
	Senate President	ement For: Primary General Other (specify)	•									
_	State: District:											
s	UBTOTAL of Disbursements This Page (optional)				<u> </u>					30	)174.	31
т	OTAL This Period (last page this line number only)	)			•							

SCHEDULE B (FEC Form 3X)		Use seperate schedule(s)					INE NUMBER: PAGE 26 / 35 only one)							35
<u> </u>	EMIZED DISBURSEMENTS		category of the Summary Page		X	21b 27	22 28a		23 28b	E	24 28c		25 29	26 30
	y Information copied from such Reports and Statem for commercial purposes, other than using the name													S
$\vdash$	NAME OF COMMITTEE (In Full)		71											
$ \rangle$	Rhode Island Republican State Central Co	mmittee												
Α.	Full Name (Last, First, Middle Initial) Kelly M. Reynolds						Trans Date			_		.5157	7	
	Mailing Address 18720 Willow Creek Dr.						0 <sup>M</sup> 8	М	/ D	2 <sup>D</sup>	/	<sup>Y</sup> <sup>Y</sup> 2	o ŏ 6	Y
		State KS	Zip Code 67052				Amou	int o	f Eac	h Di	sburse	ement		
	Purpose of Disbursement Salaries				001								415.0	31
	Candidate Name			С	atego Type	-								
	Senate President	ment For: Primary Other (spe	General ocify) ▼											
_	State: District:													
В.	Full Name (Last, First, Middle Initial) Kelly M. Reynolds						Date	of D	sbur	seme	ent	.5158		
	Mailing Address 18720 Willow Creek Dr.						0 <sup>M</sup> 8	М	/ D	3 1	]	ž	o ŏ e	s <sup>Y</sup>
	•	State KS	Zip Code 67052				Amou	int o	f Eac	h Di	sburse	ement		-
	Purpose of Disbursement Salaries Candidate Name			C	001 atego	-			•	•	•		415.3	31
	Office Sought:  Senate President  State:  Disburse	ment For: Primary Other (spe	General											
С.	Full Name (Last, First, Middle Initial) RR Riverview Associates Ltd.						Trans					.5237	7	
	Mailing Address 68 South Main St.						0 <sup>M</sup> 8	М	/ D	1 1	′ [	Y Y	o ŏ 6	Y
		State RI	Zip Code 02895				Amou	int o	f Eac	h Di	sburse	ement	-	
	Purpose of Disbursement Rent				001								600.0	00
	Candidate Name			С	Catego Type									
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ccify) ▼											
s	UBTOTAL of Disbursements This Page (optional) .					•		•				14	130.6	62
	OTAL This Period (last page this line number only)						$\overline{\Box}$			-	-			-

	CILEDOLL B (I LOT OIIII 3X)	Use seperate schedule(s)	(check only							AGE	= 27/35			
П	EMIZED DISBURSEMENTS	for each category Detailed Summar			X	-	22 28		23 28b	, F	24 28c	F	25 29	26 30b
	y Information copied from such Reports and Staten													is
or	for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)	e and address of an	y political	comi	mı	ttee to s	Olicit co	ntribi	utions	Trom	sucn	comr	nittee	
$ \rangle$	Rhode Island Republican State Central Co	ommittee												
Α.	Full Name (Last, First, Middle Initial) St. Paul Travelers						Da	te of I	Disbu	rsem				V.
	Mailing Address						ľ	8 <sup>M</sup>	/ [	0 2	]	ž	οŏ	3
	City Hartford	State Zip Co CT 0618					An	ount	of Ea	ch Di	sburs	emen	-	
	Purpose of Disbursement Insurance			_	QC						•		524.	00
	Candidate Name				te Typ	gory/ pe								
	Senate President	ement For: Primary Other (specify)	General											
	State: District: Full Name (Last, First, Middle Initial)						_			- 0	D04D			
В.							-	te of I	tion I Disbu	rsem				Y
	Mailing Address 1276 Bald Hill Rd							8 "		0 2	J'L	2	οŏ	6
	City Warwick	State Zip Co RI 0288					An	ount	of Ea	ch Di	sburs	emen		
	Purpose of Disbursement Office Supplies Candidate Name Onto Category/						L				•		11.	76
	Candidate Name				te Typ									
	Senate President	ement For: Primary Other (specify)	General											
	State: District:													
C.	Full Name (Last, First, Middle Initial) Staples						Da	te of I	Disbu	rsem				
	Mailing Address 1276 Bald Hill Rd						O	8	/ [	11	]	ž	0 0 0	5 <sup>Y</sup>
	City Warwick	State Zip Co RI 0288					An	ount	of Ead	ch Di	sburs	emen		
	Purpose of Disbursement Office Equipment				00	)1							164.	73
	Candidate Name				te Typ	gory/ pe								
	Senate President	ement For: Primary Other (specify)	General											
_	State: District:													
s	UBTOTAL of Disbursements This Page (optional)	<u></u>											700.	49
т	OTAL This Period (last page this line number only)	)				•								

SCHEDULE B (FEC Form 3X)		Use seperate schedule(s) for each category of the					INE NUMBER: PAGE 28 / 35 conly one)							35
11	EMIZED DISBURSEMENTS		category of the Summary Page		X	21b [ 27	22 28a		23 28b		24 28c		25 29	26 30k
	y Information copied from such Reports and Statem for commercial purposes, other than using the name													3
$\vdash$	NAME OF COMMITTEE (In Full)													
$ \rangle$	Rhode Island Republican State Central Co	mmittee												
Α.	Full Name (Last, First, Middle Initial) Staples						<b>Trans</b> Date			_		.5206	;	
	Mailing Address 1276 Bald Hill Rd						0 <sup>M</sup> 8	М	/ [	11	/	ž (	o ŏ 6	Y
		State RI	Zip Code 02886				Amou	ınt o	f Ead	h Di	sburse	ement		-
	Purpose of Disbursement Office supplies				001		L.	_		•			34.1	18
	Candidate Name			С	atego Type	-								
	Senate President	ment For: Primary Other (spe	General											
_	State: District:													
В.	Full Name (Last, First, Middle Initial) Staples						Date	of D	isbuı	sem	ent	.5251		
	Mailing Address 1276 Bald Hill Rd						0 <sup>M</sup> 8	М	/ [	11	]	Ž (	o ŏ 6	Y
	•	State RI	Zip Code 02886				Amou	ınt o	f Ead	ch Di	sburse	ement		-
	Purpose of Disbursement Office Supplies Candidate Name			C	001 atego	-	L.						64.1	18
	Senate President	ment For: Primary Other (spe	General ♥		. , p c									
	State: District: Full Name (Last, First, Middle Initial)													
C.	Staples						Date		isbuı	sem	ent	.5190		V
	Mailing Address 1276 Bald Hill Rd						0 8	IVI	<u> </u>	2 1	]	2 (	) Ó 6	
	Warwick	State RI	Zip Code 02886				Amou	ınt o	f Ead	ch Di	sburs	ement		-
	Purpose of Disbursement Office Supplies				001		L.		•	^			228.9	12
	Candidate Name  Office Sought: House Disburse	ment For:			Catego Type	-								
	Senate President State: District:	Primary Other (spe	General ecify) ▼											
S	UBTOTAL of Disbursements This Page (optional) .					•						3	27.2	28
	OTAL This Period (last page this line number only)									-	•			

91	CHEDIII E B /EEC Form 2V			-									
	CHEDULE B (FEC Form 3X)	Use seperate so			OR LINE heck on	E NUMBE	R:		PA	GE	29 /	35	
ΙT	EMIZED DISBURSEMENTS	for each catego		X 21b		22	П	23	□ <sub>24</sub>		25		1 26
		Detailed Summ	ary Page	IJ≏	27	28a		28b	- 28c		29	$\vdash$	30b
An	y Information copied from such Reports and Staten	lents may not be s	old or used b	ov anv	person					ontri	bution	ıs	1
	for commercial purposes, other than using the name												
Λ	NAME OF COMMITTEE (In Full)												
$\angle$	Rhode Island Republican State Central Co	mmittee											
_	Full Name (Last, First, Middle Initial)					Trans	actio	on ID:	SB21B.	522	9		
Α.	Richard Triconi					Date of	of Dis	sburse	ment				
	M.W. All					0 <sup>M</sup> 8	M /	<sup>D</sup> 2	D / Y	Ý	οŏθ	Y	
	Mailing Address 68 South Main Street								<u> </u>		000	,	
	City	State Zip C				Amount of Each Disbursement this Perio							od
	Woonsocket	RI 028	95				-	-		-			
	Purpose of Disbursement			-	-	L.					750.	00	
	Rent			00									
	Candidate Name			Cate									
				Тур	ое 								
	Office Sought: House Disburse	ment For:	0										
	President	Primary Other (specify)	General										
	State: District:	Other (specify)	,										
	Full Name (Last, First, Middle Initial)					_			00010				
В.	Wal Mart							טו on טו: sburse	SB21B.	519	3		
							м /			Y	Y	Υ	
	Mailing Address					0 8		3	D / Y	2	οŏ	3	
	City	State Zip (	Code			Amou	nt of	Each	Disburse	men	t this I	Perio	od
	Purpose of Disbursement					1					51.	53	
	Office Supplies			00	1				-				
	Candidate Name Category/				gory/								
	Type												
	Office Sought: House Disburse	ment For:											
	Senate	Primary	General										
	President	Other (specify)	7										

		004 50
SUBTOTAL of Disbursements This Page (optional)		801.53
TOTAL This Period (last page this line number only)	•	93497.07

District:

State:

0		v				
	CHEDULE B (FEC Form 3)	' Use seper	rate schedule(s)	FOR LINE (check only	NUMBER:	PAGE 30/35
ΙT	EMIZED DISBURSEMENT		ategory of the	21b	y one) □ 22   □ 23   □	1 24   □ 25   □ 26
		Detailed S	Summary Page		28a 28b	28c X 29 30b
An	y Information copied from such Reports ar	nd Statements may no	t be sold or used	by any person f		eating contributions
	for commercial purposes, other than using					
Λ	NAME OF COMMITTEE (In Full)					
17	Rhode Island Republican State Ce	ntral Committee				
$\angle$						
Α.	Full Name (Last, First, Middle Initial)				Transaction ID: S	
Α.	Adam J. Gabrault				Date of Disbursem	
	Mailing Address 190 Cowesett Gr	een Drive			08 10	
Mailing Address 190 Cowesett Green Drive						
	City	State	Zip Code		Amount of Each Di	sbursement this Period
	Warwick	RI	01886			1000.00
	Purpose of Disbursement			i		1000.00
	Consulting Fees - State expense only Candidate Name			001		
	Candidate Name			Category/ Type		
	Office Sought: House	Disbursement For:		Турс		
	Senate	Primary	General			
	President	Other (spec	cify) 🔻			
	State: District:		•			
	Full Name (Last, First, Middle Initial)				Transaction ID: S	B29.5261
В.	Mark E. McKernan				Date of Disbursem	
	Mailing Address 40 T 1				0 8 / D D	
	Mailing Address 10 Teakwood Co	urt			00 10	2000
	City	State	Zip Code		Amount of Each Di	sbursement this Period
	East Greenwich	RI	02818			
	Purpose of Disbursement					1000.00
	Consulting Fee - State expense only			001		
	Candidate Name			Category/		
	Office Sought: House	Disbursement For:		Туре		
	Senate	Primary	General			
	President	Other (spec				
	State: District:	3triot (spec	ງ/ ▼			

1		
SUBTOTAL of Disbursements This Page (optional)	<u> </u>	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

		Detailed Sur	nmary Page							
NAME OF COMMITTEE (In Full)			<u> </u>							
Rhode Island Republican State Central Committee										
LOAN COURCE FILM (L. F. LAN)	H. I. St. D.			on ID: SC/10.	4439					
LOAN SOURCE Full Name (Last, First, Midd	ile Initial)		Elec	tion: Primary						
Carcieri for Governor				General						
Mailing Address P. O. Box 20415				Other (specify)	~					
7 . C. Box 20410				(1 3/	•					
City Cranston	State RI ZIP Cod	de 02920								
Original Amount of Loan	Cumulative Payment To	Date	Balance Ou	utstanding at Cl	ose of This	Period				
3500.00		0.00		1 1 1 1	3500.0	0				
		0.00								
TERMS	Data Data		Internal Date		0					
Date Incurred	Date Due		Interest Rate	7	Secured:					
03 24 2003				% (apr)	Yes	X No				
List All Endorsers or Guarantors (if any) to Loar	Source	Name of Francis								
Full Name (Last, First, Middle Initial)		Name of Emplo	byer							
Mailing Address		Occupation								
		,								
		Amount			1 1 1	1				
City State	ZIP Code	Guaranteed Outstanding:								
Full Name (Last First Middle Initial)										
Full Name (Last, First, Middle Initial)		Name of Emplo	byer							
Mailing Address		Occupation								
		·								
		Amount	1 1 1			1				
City State	ZIP Code	Guaranteed Outstanding:								
Full Name (Last, First, Middle Initial)		Name of Emplo	N/Or							
Full Name (Last, First, Middle Illitial)		Name of Empio	byei							
Mailing Address		Occupation								
		,								
		Amount	· · · · ·			1				
City State	ZIP Code	Guaranteed Outstanding:								
Full Name (Last, First, Middle Initial)		Name of Emplo	over							
(2001, 1 1101)		Traine or Empire	.,,							
Mailing Address		Occupation								
	710.0	Amount Guaranteed				1				
City State	ZIP Code	Outstanding:								
				1 1 1						
SUBTOTALS This Period This Page (optional) .		<u></u>	<u> </u>		3500	.00				
TOTALS This Period (last page in this line only)										
Carry outstanding balance only to LINE 3, Schedul	le D, for this line. If no Sche	edule D, carry for	ward to approprai	ite line of Sumn	nary.					

### 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

	Detailed Sumr	mary Page						
NAME OF COMMITTEE (In Full)								
Rhode Island Republican State Central Committee								
		Transactio	n ID: SC/10.4441					
LOAN SOURCE Full Name (Last, First, Middle Initial)		Elect						
Carcieri for Governor		1 —	Primary					
			General					
Mailing Address P. O. Box 20415			Other (specify)					
City Cranston State RI ZIP Co								
Original Amount of Loan Cumulative Payment To	o Date	Balance Out	tstanding at Close of This Period					
5000.00	0.00		5000.00					
TERMS								
Date Incurred Date Due		Interest Rate	Secured:					
0 6 1 0 2 0 0 3			% (apr) Yes X No					
			76 (api)					
List All Endorsers or Guarantors (if any) to Loan Source								
Full Name (Last, First, Middle Initial)	Name of Employe	er						
Mailing Address	Occupation							
	Amount							
City State ZIP Code	Guaranteed							
5.ty 5.ta 2.ta 5.ta 2.ta 5.ta 2.ta 5.ta 2.ta 5.ta 2.ta 5.ta 2.ta 2.ta 2.ta 2.ta 2.ta 2.ta 2.ta 2	Outstanding:							
Full Name (Last, First, Middle Initial)	Name of Employe	er						
Mailing Address	Occupation							
3 2 2 2 2 2	o o o o panon							
	Amount							
City State ZIP Code	Guaranteed							
	Outstanding:							
Full Name (Last, First, Middle Initial)	Name of Employe	er						
Mailing Address	Occupation							
	Amount							
City State ZIP Code	Guaranteed							
	Outstanding:							
Full Name (Last, First, Middle Initial)	Name of Employe	er						
Mailing Address	0							
Mailing Address	Occupation							
	Amount							
City State ZIP Code	Guaranteed							
Oity State Zii Gode	Outstanding:							
!	1							
		-						
SUBTOTALS This Period This Page (optional)	<b>.</b>		5000.00					
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, and the schedule D, for this line.		ard to approprait	te line of Summary.					
Tanana and the contract of the	, carry rorwe							

(Use separate

PAGE 33 / 35

EBTS AND OBLIGATIONS (xcluding Loans		schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9
NAME OF COMMITTEE (In Full) Rhode Island Republican State Central Commit	tee		
A. Full Name (Last, First, Middle Initial) of Debtor or Campaign Solutions	Creditor		Debt (Purpose): ail Back Debt
Mailing Address 228 South Washington Stree	t		
City State Alexandria VA	ZIP Code 22314		
Outstanding Balance Beginning This Period 1500.00		Tra	ensaction ID: SD10.4144
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00	0	1500.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Timothy Costa	Creditor	Nature of D Back Pay	Debt (Purpose):
Mailing Address 84 Enfield Avenue			
City State Providence RI	ZIP Code 02908		
Outstanding Balance Beginning This Period 2500.00		Tra	ansaction ID: SD10.4146
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00	0	2500.00
C. Full Name (Last, First, Middle Initial) of Debtor or Halsey Properties	Creditor	Nature of D Rent Bac	Debt (Purpose): k Debt
Mailing Address 18 Burnside Street			
City State Bristol RI	ZIP Code 02809		
Outstanding Balance Beginning This Period 1587.39		Tra	nnsaction ID: SD10.4148
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		1587.39
SUBTOTALS This Period This Page (optional)		•	5587.39
2) TOTALS This Period (last page this line number onl	у)	<b>&gt;</b>	
3) TOTALS OUTSTANDING LOANS from Schedule	C (last page only)	<b>&gt;</b>	

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

#### PAGE 34 / 35 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Rhode Island Republican State Central Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Travel Back Debt JLM Consulting Mailing Address Info Requested City State ZIP Code VA Alexandria 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4150 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Event Exp Back Debt Kentish Guards Mailing Address Main Street ZIP Code State City East Greenwich 02818 RI Outstanding Balance Beginning This Period Transaction ID: SD10.4152 226.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 226.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Event Exp Photography Back Debt Richard Kizarian Mailing Address 337 Sastram Street ZIP Code City State Providence RI 02908 Outstanding Balance Beginning This Period Transaction ID: SD10.4160 600.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 600.00 1826.00 1) SUBTOTALS This Period This Page (optional)..... 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)

(Use separate

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DEBTS AND OBLIGATIONS  Excluding Loans		schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 X 10		
NAME OF COMMITTEE (In Full) Rhode Island Republican State Central Comm	ittee				
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor Providence Marriot	or Creditor		ebt (Purpose): Election 2000		
Mailing Address Orms Street					
City State Providence RI	ZIP Code 02903				
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.4154		
1198.53					
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period		
0.00	0.00		1198.53		
B. Full Name (Last, First, Middle Initial) of Debtor Hon Joan Quick	or Creditor	Nature of D Back Pay	ebt (Purpose):		
Mailing Address 16-G Mullen Hill Road					
City State Little Compton RI	ZIP Code 02837				
Outstanding Balance Beginning This Period	Tra	nsaction ID: SD10.4156			
2575.00					
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period		
0.00	0.00		2575.00		
C. Full Name (Last, First, Middle Initial) of Debtor Ralph Stuart Band	or Creditor		ebt (Purpose): Back Debt		
Mailing Address 3 Regency Plaza					
City State Providence RI	ZIP Code 02903				
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.4158		
325.00					
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period		
0.00	0.00		325.00		
1) SUBTOTALS This Period This Page (optional)		. •	4098.53		
2) TOTALS This Period (last page this line number o	2) TOTALS This Period (last page this line number only)				
3) TOTALS OUTSTANDING LOANS from Schedul	e C (last page only)	. >			
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)	<b>&gt;</b>			