

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 (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) [X], July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER). (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on MM/DD/YYYY in the State of. (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on MM/DD/YYYY in the State of.

5. Covering Period 07/01/2021 through 12/31/2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Shepherd, David, , , Type or Print Name of Treasurer

Signature of Treasurer Shepherd, David, , , [Electronically Filed] Date 01/22/2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2021"/>	<input type="text" value="3047.03"/>	<input type="text" value="3047.03"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16813.47"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="67075.00"/>	<input type="text" value="91782.25"/>
(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="83888.47"/>	<input type="text" value="94829.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13620.84"/>	<input type="text" value="24561.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="70267.63"/>	<input type="text" value="70267.63"/>
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

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).....	2850.00	27350.00
(ii) Unitemized .....	4225.00	4432.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7075.00	31782.25
(b) Political Party Committees .....	60000.00	60000.00
(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) .....	67075.00	91782.25
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 Transfers (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)).....▶	67075.00	91782.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	67075.00	91782.25

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	13120.84	24061.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	13120.84	24061.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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 .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13620.84	24561.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13620.84	24561.65

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	67075.00	91782.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	67075.00	91782.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	13120.84	24061.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13120.84	24061.65

**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 6 OF 24
<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. Cote, Phil, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Westmoreland Street  
 City Narragansett State RI Zip Code 02882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 28 / 2021  
**Transaction ID : SA11AI.6608**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Darlington, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Rodman Lane  
 City North Kingstown State RI Zip Code 02852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2021  
**Transaction ID : SA11AI.6544**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Durfee, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 Deerfield Drive  
 City North Scituate State RI Zip Code 02857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Durfee Hardware Occupation (for Individual) Business Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2021  
**Transaction ID : SA11AI.6546**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<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: PAGE 7 OF 24  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Harrop, Daniel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Tower Drive #1201

City Portsmouth	State RI	Zip Code 02871
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Psychiatrist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		28		2021

**Transaction ID : SA11AI.6545**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Johnson, Joel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 Gough Ave.

City Coventry	State RI	Zip Code 02816
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-employed	Occupation (for Individual)
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		28		2021

**Transaction ID : SA11AI.6542**

Amount of Each Receipt this Period  
300.00

Memo Item

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	2850.00

**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 8 OF 24
<input type="checkbox"/> 11a	<input checked="" 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**

**A. REPUBLICAN NATIONAL COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 310 First Street, SE

City Washington	State DC	Zip Code 20003
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FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2021

**Transaction ID : SA11B.6553**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. REPUBLICAN NATIONAL COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 310 First Street, SE

City Washington	State DC	Zip Code 20003
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FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2021

**Transaction ID : SA11B.6561**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C. REPUBLICAN NATIONAL COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 310 First Street, SE

City Washington	State DC	Zip Code 20003
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FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
8000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2021

**Transaction ID : SA11B.6562**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8000.00
<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 9 OF 24
<input type="checkbox"/> 11a	<input checked="" 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**

**A. REPUBLICAN NATIONAL COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 310 First Street, SE

City Washington	State DC	Zip Code 20003
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FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2021

**Transaction ID : SA11B.6577**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. REPUBLICAN NATIONAL COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 310 First Street, SE

City Washington	State DC	Zip Code 20003
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FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
59000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2021

**Transaction ID : SA11B.6578**

Amount of Each Receipt this Period  
50000.00

Memo Item

**C. REPUBLICAN NATIONAL COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 310 First Street, SE

City Washington	State DC	Zip Code 20003
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FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
60000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2021

**Transaction ID : SA11B.6590**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	52000.00
<b>TOTAL</b> This Period (last page this line number only).....	60000.00

**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"/> 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) <b>A. Airport Plaza Associates</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2021	
Mailing Address 1800 Post ROad		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6514</b> Amount of Each Disbursement this Period [REDACTED] 625.00	
City Warwick	State RI	Zip Code 02886	Category/ Type 001
Purpose of Disbursement Rent			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Airport Plaza Associates</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2021	
Mailing Address 1800 Post ROad		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6522</b> Amount of Each Disbursement this Period [REDACTED] 164.42	
City Warwick	State RI	Zip Code 02886	Category/ Type 001
Purpose of Disbursement Gas/Electric			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Airport Plaza Associates</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2021	
Mailing Address 1800 Post ROad		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6521</b> Amount of Each Disbursement this Period [REDACTED] 282.35	
City Warwick	State RI	Zip Code 02886	Category/ Type 001
Purpose of Disbursement Gas/Electric			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1071.77
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

# 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Airport Plaza Associates**

Full Name (Last, First, Middle Initial)

Mailing Address 1800 Post ROad

City Warwick State RI Zip Code 02886

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2021

FEC Identification Number: C

Transaction ID : **SB21B.6524**

Amount of Each Disbursement this Period: 625.00

Memo Item

**B. Airport Plaza Associates**

Full Name (Last, First, Middle Initial)

Mailing Address 1800 Post ROad

City Warwick State RI Zip Code 02886

Purpose of Disbursement Gas/Electric

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 11 / 2021

FEC Identification Number: C

Transaction ID : **SB21B.6537**

Amount of Each Disbursement this Period: 264.75

Memo Item

**C. Airport Plaza Associates**

Full Name (Last, First, Middle Initial)

Mailing Address 1800 Post ROad

City Warwick State RI Zip Code 02886

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 03 / 2021

FEC Identification Number: C

Transaction ID : **SB21B.6555**

Amount of Each Disbursement this Period: 625.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1514.75

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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. Airport Plaza Associates**

Full Name (Last, First, Middle Initial)

Mailing Address 1800 Post ROad

City Warwick State RI Zip Code 02886

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 04 / 2021

FEC Identification Number: C

Transaction ID : **SB21B.6564**

Amount of Each Disbursement this Period: 625.00

Memo Item

**B. Airport Plaza Associates**

Full Name (Last, First, Middle Initial)

Mailing Address 1800 Post ROad

City Warwick State RI Zip Code 02886

Purpose of Disbursement Gas/Electric

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2021

FEC Identification Number: C

Transaction ID : **SB21B.6563**

Amount of Each Disbursement this Period: 288.56

Memo Item

**C. Airport Plaza Associates**

Full Name (Last, First, Middle Initial)

Mailing Address 1800 Post ROad

City Warwick State RI Zip Code 02886

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2021

FEC Identification Number: C

Transaction ID : **SB21B.6581**

Amount of Each Disbursement this Period: 625.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1538.56

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

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

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

FOR LINE NUMBER: (check only one)

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

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

**A. Airport Plaza Associates**

Full Name (Last, First, Middle Initial)

Mailing Address 1800 Post ROad

City Warwick State RI Zip Code 02886

Purpose of Disbursement Gas/Electric

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2021

FEC Identification Number: C

Transaction ID : SB21B.6579

Amount of Each Disbursement this Period: 218.67

Memo Item

**B. Airport Plaza Associates**

Full Name (Last, First, Middle Initial)

Mailing Address 1800 Post ROad

City Warwick State RI Zip Code 02886

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 03 / 2021

FEC Identification Number: C

Transaction ID : SB21B.6593

Amount of Each Disbursement this Period: 625.00

Memo Item

**C. American Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address

City Forth Worth State TX Zip Code

Purpose of Disbursement Airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 23 / 2021

FEC Identification Number: C

Transaction ID : SB21B.6528

Amount of Each Disbursement this Period: 321.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1165.47

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. Campaign Sidekick**

Mailing Address

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2021			

City: Dallas State: TX Zip Code

FEC Identification Number

C [REDACTED]

Purpose of Disbursement: Promotion

001  
Category/Type

Transaction ID : SB21B.6585  
Amount of Each Disbursement this Period

[REDACTED] 1000.00

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. Campaign Sidekick**

Mailing Address

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2021			

City: Dallas State: TX Zip Code

FEC Identification Number

C [REDACTED]

Purpose of Disbursement: Promotion

001  
Category/Type

Transaction ID : SB21B.6591  
Amount of Each Disbursement this Period

[REDACTED] 1000.00

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cienki, Suzanne, , ,**

Mailing Address 85 Walnut Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			30			2021			

City: East Greenwich State: RI Zip Code: 02818

FEC Identification Number

C [REDACTED]

Purpose of Disbursement: Travel for RNC Meeting

002  
Category/Type

Transaction ID : SB21B.6538  
Amount of Each Disbursement this Period

[REDACTED] 1819.48

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

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

[REDACTED] 3819.48

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

[REDACTED]

**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"/> 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. City of Warwick**

Mailing Address

City: Warwick State: RI Zip Code

Purpose of Disbursement: Property Tax

001  
Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2021

FEC Identification Number

C  
Transaction ID : SB21B.6536  
Amount of Each Disbursement this Period  
262.22

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. Constant Contact**

Mailing Address 1601 Trapelo Road

City: Waltham State: MA Zip Code: 02451

Purpose of Disbursement: Email service

001  
Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2021

FEC Identification Number

C  
Transaction ID : SB21B.6518  
Amount of Each Disbursement this Period  
133.75

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. Constant Contact**

Mailing Address 1601 Trapelo Road

City: Waltham State: MA Zip Code: 02451

Purpose of Disbursement: Email service

001  
Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2021

FEC Identification Number

C  
Transaction ID : SB21B.6530  
Amount of Each Disbursement this Period  
133.75

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

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

529.72

**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"/> 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) <b>A. Constant Contact</b>			Date of Disbursement MM / DD / YYYY 09 / 27 / 2021		
Mailing Address 1601 Trapelo Road			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6557</b> Amount of Each Disbursement this Period [REDACTED] 133.75		
City Waltham	State MA	Zip Code 02451	Category/Type 001		
Purpose of Disbursement Email service		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: _____ District: _____					
Full Name (Last, First, Middle Initial) <b>B. Constant Contact</b>			Date of Disbursement MM / DD / YYYY 10 / 26 / 2021		
Mailing Address 1601 Trapelo Road			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6571</b> Amount of Each Disbursement this Period [REDACTED] 133.75		
City Waltham	State MA	Zip Code 02451	Category/Type 001		
Purpose of Disbursement Email services		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: _____ District: _____					
Full Name (Last, First, Middle Initial) <b>C. Constant Contact</b>			Date of Disbursement MM / DD / YYYY 11 / 26 / 2021		
Mailing Address 1601 Trapelo Road			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6587</b> Amount of Each Disbursement this Period [REDACTED] 133.75		
City Waltham	State MA	Zip Code 02451	Category/Type 001		
Purpose of Disbursement Email services		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: _____ District: _____					
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[REDACTED] 401.25		
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[REDACTED]		



**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"/> 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. Constant Contact**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		27		2021

Mailing Address 1601 Trapelo Road

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6595**  
Amount of Each Disbursement this Period

[REDACTED] 133.75

Memo Item

City Waltham State MA Zip Code 02451

Purpose of Disbursement Email services  
Candidate Name  
Category/Type 001

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. Facebook**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2021

Mailing Address 1601 S. California i Ave

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6519**  
Amount of Each Disbursement this Period

[REDACTED] 98.31

Memo Item

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement Promotion  
Candidate Name  
Category/Type 001

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. Facebook**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2021

Mailing Address 1601 S. California i Ave

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6531**  
Amount of Each Disbursement this Period

[REDACTED] 101.66

Memo Item

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement Promotion  
Candidate Name  
Category/Type 001

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

[REDACTED] 333.72

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

[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Facebook**

Full Name (Last, First, Middle Initial)

Mailing Address 1601 S. California i Ave

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement Promotion

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 27 / 2021

FEC Identification Number: C

Transaction ID : SB21B.6558

Amount of Each Disbursement this Period: 36.51

Memo Item

**B. Facebook**

Full Name (Last, First, Middle Initial)

Mailing Address 1601 S. California i Ave

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement Promotion

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2021

FEC Identification Number: C

Transaction ID : SB21B.6573

Amount of Each Disbursement this Period: 26.00

Memo Item

**C. Intuit, Inc**

Full Name (Last, First, Middle Initial)

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Accounting Software

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 02 / 2021

FEC Identification Number: C

Transaction ID : SB21B.6554

Amount of Each Disbursement this Period: 26.75

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 89.26

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. Intuit, Inc**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Accounting software

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	2	1		

FEC Identification Number  
  
**Transaction ID : SB21B.6568**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Intuit, Inc**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Accounting software

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	2			2	0	2	1		

FEC Identification Number  
  
**Transaction ID : SB21B.6582**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Intuit, Inc**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Accounting Software

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	2			2	0	2	1		

FEC Identification Number  
  
**Transaction ID : SB21B.6592**  
 Amount of Each Disbursement this Period

Memo Item

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Liberty Mutual**

Mailing Address 175 Berkeley Street

City Boston State MA Zip Code 02116

Purpose of Disbursement Insurance

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
12 / 10 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B.6597**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Nationbuilder**

Mailing Address 520 So Grand Ave

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement Database

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
07 / 26 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B.6517**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Nationbuilder**

Mailing Address 520 So Grand Ave

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement Database service

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
08 / 24 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B.6529**  
Amount of Each Disbursement this Period

Memo Item

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Nationbuilder**

Mailing Address 520 So Grand Ave

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement Database services

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.6556**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Nationbuilder**

Mailing Address 520 So Grand Ave

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement Database service

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.6570**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Nationbuilder**

Mailing Address 520 So Grand Ave

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement Database service

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.6586**  
 Amount of Each Disbursement this Period

Memo Item

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

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

**A. Nationbuilder**

Full Name (Last, First, Middle Initial)

Mailing Address 520 So Grand Ave

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement Database service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 24 / 2021

FEC Identification Number: C

Transaction ID : SB21B.6594

Amount of Each Disbursement this Period: 149.00

Memo Item

**B. STAPLES**

Full Name (Last, First, Middle Initial)

Mailing Address 1800 POST ROAD

City WARWICK State RI Zip Code 02886

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 09 / 2021

FEC Identification Number: C

Transaction ID : SB21B.6525

Amount of Each Disbursement this Period: 300.00

Memo Item

**C. STAPLES**

Full Name (Last, First, Middle Initial)

Mailing Address 1800 POST ROAD

City WARWICK State RI Zip Code 02886

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2021

FEC Identification Number: C

Transaction ID : SB21B.6560

Amount of Each Disbursement this Period: 100.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 549.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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. STAPLES**

Mailing Address 1800 POST ROAD

City  
WARWICK

State  
RI

Zip Code  
02886

Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2021

FEC Identification Number

C

Transaction ID : SB21B.6572

Amount of Each Disbursement this Period

54.55

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

54.55

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

12452.78

# 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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. LANCIA, Robert, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 25 CHURCH HILL DRIVE

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: RI District: 02

Date of Disbursement: 08 / 03 / 2021

FEC Identification Number: C HORI02287

Transaction ID : SB23.6533

Amount of Each Disbursement this Period: 500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00