

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2005 through 12 31 2005

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

Type or Print Name of Treasurer Marc Tondreau

Signature of Treasurer Electronically Filed by Marc Tondreau Date 11 20 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Rhode Island Republican State Central Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		45112.53
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	34467.04									
(c) Total Receipts (from Line 19) .....	61720.00	61720.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	96187.04	106832.53								
7. Total Disbursements (from Line 31) .....	27647.12	38292.61								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	68539.92	68539.92								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	20011.92									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Rhode Island Republican State Central Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	9850.00	9850.00
(i) Itemized (use Schedule A) .....	25770.00	25770.00
(ii) Unitemized .....	35620.00	35620.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	2000.00	2000.00
(c) Other Political Committees (such as PACs) .....	37620.00	37620.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	24100.00	24100.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	61720.00	61720.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	61720.00	61720.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	362.75	362.75
(ii) Non-Federal Share.....	1364.61	1364.61
(b) Other Federal Operating Expenditures.....	14715.85	25361.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	16443.21	27088.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	11203.91	11203.91
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	11203.91	11203.91
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	27647.12	38292.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	26282.51	36928.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	37620.00	37620.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37620.00	37620.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15078.60	25724.09
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15078.60	25724.09

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Gordon R. Archibald		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 5	
Mailing Address 23A Eagle Run		Transaction ID: SA11A1.4726	
City East Greenwich	State RI	Zip Code 02818	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Gordon R Archibald Inc	Occupation Civil Engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Elizabeth S. Betteridge		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 5	
Mailing Address 37 Meadow Ave.		Transaction ID: SA11A1.4693	
City Westerly	State RI	Zip Code 02891	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Stanley C. Bodell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5	
Mailing Address 67 Lloyd Ave.		Transaction ID: SA11A1.4714	
City Providence	State RI	Zip Code 02906	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> James W. Bowers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 5
Mailing Address 638 Main St.		Transaction ID: SA11A1.4745
City State Zip Code Wakefield RI 02879	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Herbert J. Brennan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 794 Major Potter Rd.		Transaction ID: SA11A1.4763
City State Zip Code East Greenwich RI 02818	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Internal Medicine Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Lucy Calcagni		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address 48 Colwell Rd.		Transaction ID: SA11A1.4747
City State Zip Code Greenville RI 02828	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer A. Calcagni Construction	Occupation Tree Farmer / Builder	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Giovanni Cicione Mailing Address 86 Ferry Lane City State Zip Code Barrington RI 02806 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.4764 Amount of Each Receipt this Period 250.00
Name of Employer: Giovanni D. Cicione Esq. PC Occupation: Lawyer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) David Dunn Mailing Address 1446 Wapping Rd. City State Zip Code Middletown RI 02842 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.4728 Amount of Each Receipt this Period 250.00
Name of Employer: ETCO Inc. Occupation: Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Marvin Keith, Jr. Mailing Address 17 Leroy City State Zip Code Newport RI 02840 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.4766 Amount of Each Receipt this Period 500.00
Name of Employer: First Cambridge Capital, Inc. Occupation: Financial Broker / Pres. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) G. Dickson Kenney		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address PO Box 365		<b>Transaction ID:</b> SA11A1.4749
City Saunderstown	State RI	Zip Code 02874
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kenney Manufacturing Co.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Stephen P. Koch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 556 Tollgate Rd.		<b>Transaction ID:</b> SA11A1.4739
City Warwick	State RI	Zip Code 02886
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Koch Eye Association	Occupation President / Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Roderick H. Lichtenfels		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address		<b>Transaction ID:</b> SA11A1.4758
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer W. R. Cobb Co.	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 118 Waterview Ave.

City State Zip Code  
Riverside RI 02915

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

Name of Employer Occupation  
Gordon R Archibald Inc Transport Driver

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.4732

Amount of Each Receipt this Period  
250.00

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

Mailing Address 120 Congdon St.

City State Zip Code  
Providence RI 02906

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.4743

Amount of Each Receipt this Period  
250.00

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

Mailing Address 95 Clyde Ave

City State Zip Code  
East Providence RI 02914

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

Name of Employer Occupation  
State of Rhode Island Environmental Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 5

Transaction ID: SA11A1.4716

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
William McManus

Mailing Address 57 Rockridge Rd.

City State Zip Code  
Lincoln RI 02865

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

Name of Employer Occupation  
CVS Inc. Category Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 5

**Transaction ID:** SA11A1.4753

Amount of Each Receipt this Period  
300.00

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

Mailing Address 502 Cards Pond Rd

City State Zip Code  
Wakefield RI 02880

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

Name of Employer Occupation  
Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

**Transaction ID:** SA11A1.4718

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Henry H. Meyer, Jr.

Mailing Address 502 Cards Pond Rd.

City State Zip Code  
Matunuck RI 02879

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 5

**Transaction ID:** SA11A1.4751

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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.** Full Name (Last, First, Middle Initial)  
Thomas A. Rodgers

Mailing Address

City State Zip Code  
Fall River MA 02722

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

Name of Employer Retired Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 5

Transaction ID: SA11A1.4741

Amount of Each Receipt this Period  
500.00

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

Mailing Address 30 Pojac Point Rd.

City State Zip Code  
North Kingsown RI 02852

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

Name of Employer Retired Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 5

Transaction ID: SA11A1.4737

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 25 Sheep Farm Rd.

City State Zip Code  
East Greenwich RI 02818

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

Name of Employer Affiliates in Oral and Music Occupation  
Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 5

Transaction ID: SA11A1.4720

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
John W. Wall

Mailing Address 106 Prospect St.

City State Zip Code  
Providence RI 02906

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

Name of Employer Retired Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 5

**Transaction ID:** SA11A1.4722

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4 Ledgeмонт Dr.

City State Zip Code  
Warwick RI 02886

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

Name of Employer F.M. Global Insurance Occupation Insurance underwriter

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 5

**Transaction ID:** SA11A1.4724

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9850.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 38
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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.** Full Name (Last, First, Middle Initial)  
Friends of Jackvony

Mailing Address

City State Zip Code  
Warwick RI

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 5

**Transaction ID:** SA11C.4691

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
Metropolitan Life Insurance Co.

Mailing Address 27-01 Queens Plaza North

City State Zip Code  
New York NY

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 5

**Transaction ID:** SA11C.4689

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 38
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Republican Natl Committee

Mailing Address 310 First Street, SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	0	5

**Transaction ID:** SA12.4710

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 310 First Street, SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
24100.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	5

**Transaction ID:** SA12.4711

Amount of Each Receipt this Period  
19100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	24100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	24100.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Andrew Berg</b>		Transaction ID: SB21B.5602 Date of Disbursement 10 / 04 / 2005	
Mailing Address 27 Winsor Ave.		Amount of Each Disbursement this Period 1270.65	
City Johnston State RI Zip Code 02919	Purpose of Disbursement Travel reimbursement Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	002 Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Southwest Airline</b>		Transaction ID: SB21B.5602.0 Date of Disbursement 10 / 04 / 2005	
Mailing Address P.O. Box 36647 Love Field		Amount of Each Disbursement this Period 185.90	
City Dallas State TX Zip Code 75235	Purpose of Disbursement Airfare Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	002 Category/ Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Hyatt Regency Crystal City</b>		Transaction ID: SB21B.5602.1 Date of Disbursement 10 / 04 / 2005	
Mailing Address 2799 Jefferson Davis Highway		Amount of Each Disbursement this Period 986.75	
City Arlington State VA Zip Code 22202	Purpose of Disbursement Lodging Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	002 Category/ Type

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1270.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Deckman</b>		Transaction ID: SB21B.4654 Date of Disbursement MM / DD / YYYY 08 / 12 / 2005
Mailing Address 14A North Road		Amount of Each Disbursement this Period 943.61
City Shannock State RI Zip Code 02875	Purpose of Disbursement Reimbursement for travel Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Southwest Airline</b>		Transaction ID: SB21B.4654.0 Date of Disbursement MM / DD / YYYY 08 / 12 / 2005
Mailing Address P.O. Box 36647 Love Field		Amount of Each Disbursement this Period 197.30
City Dallas State TX Zip Code 75235	Purpose of Disbursement Airfare Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Omni William Penn Hotel</b>		Transaction ID: SB21B.4654.1 Date of Disbursement MM / DD / YYYY 08 / 12 / 2005
Mailing Address 530 William Penn Place		Amount of Each Disbursement this Period 590.53
City Pittsburgh State PA Zip Code 15219	Purpose of Disbursement Lodging / Dinner Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	943.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Deckman</b>		<b>Transaction ID: SB21B.4658</b> Date of Disbursement 10 / 28 / 2005
Mailing Address 14A North Road		Amount of Each Disbursement this Period 1242.76
City Shannock State RI Zip Code 02875	Purpose of Disbursement Reimbursement - Laptop Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Best Buy</b>		<b>Transaction ID: SB21B.4658.0</b> Date of Disbursement 10 / 28 / 2005
Mailing Address Bald Hill Rd.		Amount of Each Disbursement this Period 1242.76
City Warwick State RI Zip Code 02886	Purpose of Disbursement Laptop computer Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Johnston Consulting, Inc.</b>		<b>Transaction ID: SB21B.4660</b> Date of Disbursement 11 / 04 / 2005
Mailing Address 139 Main St.		Amount of Each Disbursement this Period 5236.53
City Montpelier State VT Zip Code 05602	Purpose of Disbursement Professional fee for party fundraising Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6479.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 38

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Johnston Consulting, Inc.</p>		<p><b>Transaction ID:</b> SB21B.4671 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	3		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		2	3		2	0	5														
<p>Mailing Address 139 Main St.</p>		<p><b>Amount of Each Disbursement this Period</b>  <table border="1"> <tr> <td>3742.06</td> </tr> </table> </p>	3742.06																			
3742.06																						
<p>City Montpelier State VT Zip Code 05602</p>	<p><b>Category/Type</b>  <table border="1"> <tr> <td>003</td> </tr> </table> </p>		003																			
003																						
<p>Purpose of Disbursement Professional fee for party fundraising</p>																						
<p>Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p><b>B.</b> Full Name (Last, First, Middle Initial) Patricia Morgan</p>		<p><b>Transaction ID:</b> SB21B.4652 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	2		2	0	5														
<p>Mailing Address 411 Wakefield St.</p>		<p><b>Amount of Each Disbursement this Period</b>  <table border="1"> <tr> <td>678.48</td> </tr> </table> </p>	678.48																			
678.48																						
<p>City West Warwick State RI Zip Code 02893</p>	<p><b>Category/Type</b>  <table border="1"> <tr> <td></td> </tr> </table> </p>																					
<p>Purpose of Disbursement Reimbursement for travel expenses</p>																						
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p><b>C.</b> Full Name (Last, First, Middle Initial) Southwest Airline</p>		<p><b>Transaction ID:</b> SB21B.4652.0 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	2		2	0	5														
<p>Mailing Address P.O. Box 36647 Love Field</p>		<p><b>Amount of Each Disbursement this Period</b>  <table border="1"> <tr> <td>197.30</td> </tr> </table> </p> <p><b>[MEMO ITEM]</b></p>	197.30																			
197.30																						
<p>City Dallas State TX Zip Code 75235</p>	<p><b>Category/Type</b>  <table border="1"> <tr> <td>002</td> </tr> </table> </p>		002																			
002																						
<p>Purpose of Disbursement Airfare</p>																						
<p>Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>4420.54</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 38

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

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

Full Name (Last, First, Middle Initial) <b>A. Omni William Penn Hotel</b>		<b>Transaction ID:</b> SB21B.4652.1	
Mailing Address 530 William Penn Place		Date of Disbursement 08 / 12 / 2005	
City Pittsburgh	State PA	Zip Code 15219	Amount of Each Disbursement this Period 441.18
Purpose of Disbursement Lodging		002 Category/ Type	
Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI District:			

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Sandra Winslow</b>		<b>Transaction ID:</b> SB21B.4706	
Mailing Address 28 Mast St		Date of Disbursement 12 / 29 / 2005	
City Jamestown	State RI	Zip Code 02835	Amount of Each Disbursement this Period 1577.76
Purpose of Disbursement Reimbursement - fundraising expense		003 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Stop &amp; Shop</b>		<b>Transaction ID:</b> SB21B.4706.0	
Mailing Address 250 Bellevue Ave.		Date of Disbursement 12 / 29 / 2005	
City Newport	State RI	Zip Code	Amount of Each Disbursement this Period 315.52
Purpose of Disbursement Refreshments for fundraiser		003 Category/ Type	
Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI District:			

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1577.76
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dave's Market</b>		Transaction ID: SB21B.4706.1 Date of Disbursement 12 / 29 / 2005
Mailing Address		Amount of Each Disbursement this Period 486.43  <b>[MEMO ITEM]</b>
City	State Zip Code	
Purpose of Disbursement Refreshments for fundraiser	003 Category/ Type	
Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District:		

Full Name (Last, First, Middle Initial) <b>B. Kingstown Liquor Mart</b>		Transaction ID: SB21B.4706.2 Date of Disbursement 12 / 29 / 2005
Mailing Address 6800 Post Rd.		Amount of Each Disbursement this Period 436.52  <b>[MEMO ITEM]</b>
City	State Zip Code	
Purpose of Disbursement Refreshments for fundraiser	003 Category/ Type	
Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District:		

Full Name (Last, First, Middle Initial) <b>C. Pastry Gourmet</b>		Transaction ID: SB21B.4706.3 Date of Disbursement 12 / 29 / 2005
Mailing Address 45 Brown St.		Amount of Each Disbursement this Period 166.00  <b>[MEMO ITEM]</b>
City	State Zip Code	
Purpose of Disbursement Refreshments for fundraiser	003 Category/ Type	
Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Rhode Island Republican State Central Committee

Full Name (Last, First, Middle Initial)

**A.** Sam's Club

Mailing Address 25 PACE BLVD

City Warwick State RI Zip Code 02886

Purpose of Disbursement  
Refreshments for fundraiser

Candidate Name  
R. I. REPUBLICAN STATE CENTRAL COMM

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: RI District:

Transaction ID: SB21B.4706.4

Date of Disbursement

12 / 29 / 2005

Amount of Each Disbursement this Period

173.29

**[MEMO ITEM]**

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

0.00

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

14691.85

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Andrew Berg</b>		Transaction ID: SB30B.5557 Date of Disbursement 10 / 28 / 2005	
Mailing Address 27 Winsor Ave.		Amount of Each Disbursement this Period 1027.72	
City Johnston State RI Zip Code 02919	Purpose of Disbursement Wages Category/Type 001	Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Andrew Berg</b>		Transaction ID: SB30B.5559 Date of Disbursement 11 / 04 / 2005	
Mailing Address 27 Winsor Ave.		Amount of Each Disbursement this Period 1027.72	
City Johnston State RI Zip Code 02919	Purpose of Disbursement Wages Category/Type 001	Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Andrew Berg</b>		Transaction ID: SB30B.5563 Date of Disbursement 11 / 18 / 2005	
Mailing Address 27 Winsor Ave.		Amount of Each Disbursement this Period 1027.72	
City Johnston State RI Zip Code 02919	Purpose of Disbursement Wages Category/Type 001	Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3083.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Andrew Berg</b>		Transaction ID: SB30B.5564 Date of Disbursement 12 / 05 / 2005	
Mailing Address 27 Winsor Ave.		Amount of Each Disbursement this Period 543.76	
City Johnston State RI Zip Code 02919	Purpose of Disbursement Wages Category/Type 001	Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Andrew Berg</b>		Transaction ID: SB30B.5565 Date of Disbursement 12 / 15 / 2005	
Mailing Address 27 Winsor Ave.		Amount of Each Disbursement this Period 513.83	
City Johnston State RI Zip Code 02919	Purpose of Disbursement Wages Category/Type 001	Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Andrew Berg</b>		Transaction ID: SB30B.5566 Date of Disbursement 12 / 22 / 2005	
Mailing Address 27 Winsor Ave.		Amount of Each Disbursement this Period 513.83	
City Johnston State RI Zip Code 02919	Purpose of Disbursement Wages Category/Type 001	Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1571.42
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Andrew Berg</b>		Transaction ID: SB30B.5567 Date of Disbursement 12 / 29 / 2005	
Mailing Address 27 Winsor Ave.		Amount of Each Disbursement this Period 513.83	
City Johnston State RI Zip Code 02919	Purpose of Disbursement Wages Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Citizens Bank</b>		Transaction ID: SB30B.5579 Date of Disbursement 12 / 02 / 2005	
Mailing Address P. O. Box 789		Amount of Each Disbursement this Period 420.07	
City Providence State RI Zip Code 02901-0789	Purpose of Disbursement Payroll Taxes Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Citizens Bank</b>		Transaction ID: SB30B.5580 Date of Disbursement 12 / 15 / 2005	
Mailing Address P. O. Box 789		Amount of Each Disbursement this Period 840.14	
City Providence State RI Zip Code 02901-0789	Purpose of Disbursement Payroll Taxes Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1774.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Deckman</b>		<b>Transaction ID: SB30B.5573</b> Date of Disbursement 12 / 15 / 2005	
Mailing Address 14A North Road		Amount of Each Disbursement this Period 705.89	
City Shannock State RI Zip Code 02875	Purpose of Disbursement Wages Category/Type 001	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM		

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Deckman</b>		<b>Transaction ID: SB30B.5574</b> Date of Disbursement 12 / 22 / 2005	
Mailing Address 14A North Road		Amount of Each Disbursement this Period 705.89	
City Shannock State RI Zip Code 02875	Purpose of Disbursement Wages Category/Type 001	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM		

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Deckman</b>		<b>Transaction ID: SB30B.5575</b> Date of Disbursement 12 / 29 / 2005	
Mailing Address 14A North Road		Amount of Each Disbursement this Period 705.89	
City Shannock State RI Zip Code 02875	Purpose of Disbursement Wages Category/Type 001	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2117.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		<b>Transaction ID: SB30B.5583</b>	
Mailing Address 501 Wampanoag Trail		Date of Disbursement 12 / 16 / 2005	
City East Providence	State RI	Zip Code 02915	Amount of Each Disbursement this Period 1069.58
Purpose of Disbursement Payroll Taxes		001 Category/ Type	
Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		<b>Transaction ID: SB30B.5584</b>	
Mailing Address 501 Wampanoag Trail		Date of Disbursement 12 / 23 / 2005	
City East Providence	State RI	Zip Code 02915	Amount of Each Disbursement this Period 710.55
Purpose of Disbursement Payroll Taxes		001 Category/ Type	
Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District:		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		<b>Transaction ID: SB30B.5585</b>	
Mailing Address 501 Wampanoag Trail		Date of Disbursement 12 / 30 / 2005	
City East Providence	State RI	Zip Code 02915	Amount of Each Disbursement this Period 709.94
Purpose of Disbursement Payroll Taxes		001 Category/ Type	
Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2490.07</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. State of Rhode Island Division of Taxation</b>		<b>Transaction ID:</b> SB30B.5614
Mailing Address		Date of Disbursement
City State Zip Code		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
Purpose of Disbursement Payroll Taxes	<input type="text" value="001"/> Category/ Type	Amount of Each Disbursement this Period
Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM		<input type="text" value="55.85"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: RI District:		

Full Name (Last, First, Middle Initial) <b>B. State of Rhode Island Division of Taxation</b>		<b>Transaction ID:</b> SB30B.5615
Mailing Address		Date of Disbursement
City State Zip Code		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
Purpose of Disbursement Payroll taxes	<input type="text" value="001"/> Category/ Type	Amount of Each Disbursement this Period
Candidate Name R. I. REPUBLICAN STATE CENTRAL COMM		<input type="text" value="111.70"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: RI District:		

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

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

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 29 / 38 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)  
Rhode Island Republican State Central Committee

**Transaction ID: SC/10.4439**

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

Original Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: center;">3500.00</div>	Cumulative Payment To Date <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">3500.00</div>
--	--	--

**TERMS**

Date Incurred <div style="display: flex; justify-content: space-between;"><span>M M 0 3</span><span>D D 2 4</span><span>Y Y Y Y 2 0 0 3</span></div>	Date Due <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Interest Rate <div style="border: 1px solid black; width: 100%; height: 20px;"></div> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	--	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<div style="border: 1px solid black; padding: 2px; text-align: center;">3500.00</div>
<b>TOTALS</b> This Period (last page in this line only) .....	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 30 / 38 FOR LINE 13 OF FORM 3X
---	--

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

**Transaction ID: SC/10.4441**

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

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

**TERMS**

Date Incurred MM DD YYYY 06 10 2003	Date Due [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Interest Rate [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	--	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	5000.00
<b>TOTALS</b> This Period (last page in this line only) .....	8500.00
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

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

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

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

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

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

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

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

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

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

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

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

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



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

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

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

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

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

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

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>4098.53</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	<b>11511.92</b>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Beacon Mutual Insurance			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P. O. Box 33195			Allocated Activity or Event Year-To-Date 339.00	
City Hartford	State CT	Zip Code 06150	Date M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Purpose of Disbursement: Workman's compensation insurance			Category/ Type 001	
Activity or Event Identifier: Administrative			Transaction ID: H4.4683	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
71.19		267.81		339.00

<b>B. Full Name (Last, First, Middle Initial)</b> Andrew Berg			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 27 Winsor Ave.			Allocated Activity or Event Year-To-Date 427.62	
City Johnston	State RI	Zip Code 02919	Date M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Purpose of Disbursement: Expense reimbursement			Category/ Type 001	
Activity or Event Identifier: Administrative			Transaction ID: H4.4685	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.61		70.01		88.62

<b>C. Full Name (Last, First, Middle Initial)</b> Staples			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1276 Bald Hill Rd			Allocated Activity or Event Year-To-Date 0.00	
City Warwick	State RI	Zip Code 02886	Date M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Purpose of Disbursement: Office supplies			Category/ Type 001	
Activity or Event Identifier: Administrative [MEMO ITEM]			Transaction ID: H4.5618	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.97		14.95		18.92

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
89.80		337.82		427.62

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> RI Secretary of State			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																		
Mailing Address 82 Smith Street   State House Room 217			Allocated Activity or Event Year-To-Date 0.00																		
City   State   Zip Code Providence   RI   02903	Category/ Type 001		Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>2</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>9</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>			M	M	1	2	D	D	0	9	Y	Y	Y	Y	2	0	0	5
M	M																				
1	2																				
D	D																				
0	9																				
Y	Y	Y	Y																		
2	0	0	5																		
Purpose of Disbursement: Filing fee			Transaction ID: H4.5619																		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>																					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.25		19.75		25.00

<b>B. Full Name (Last, First, Middle Initial)</b> Postmaster			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																		
Mailing Address Apponaug Station			Allocated Activity or Event Year-To-Date 0.00																		
City   State   Zip Code Warwick   RI   02887	Category/ Type 001		Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>2</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>9</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>			M	M	1	2	D	D	0	9	Y	Y	Y	Y	2	0	0	5
M	M																				
1	2																				
D	D																				
0	9																				
Y	Y	Y	Y																		
2	0	0	5																		
Purpose of Disbursement: Postage			Transaction ID: H4.5621																		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>																					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.39		35.31		44.70

<b>C. Full Name (Last, First, Middle Initial)</b> Andrew Berg			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																		
Mailing Address 27 Winsor Ave.			Allocated Activity or Event Year-To-Date 477.36																		
City   State   Zip Code Johnston   RI   02919	Category/ Type 001		Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>2</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>3</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>			M	M	1	2	D	D	2	3	Y	Y	Y	Y	2	0	0	5
M	M																				
1	2																				
D	D																				
2	3																				
Y	Y	Y	Y																		
2	0	0	5																		
Purpose of Disbursement: Expense reimbursement			Transaction ID: H4.4686																		
Activity or Event Identifier: Administrative																					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.45		39.29		49.74

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.45		39.29		49.74

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Office Max Mailing Address City State Zip Code Purpose of Disbursement: Office supplies Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date <input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2005"/> <b>Transaction ID:</b> H4.5622
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="10.45"/>		<input type="text" value="39.29"/>		<input type="text" value="49.74"/>

<b>B. Full Name (Last, First, Middle Initial)</b> Carcieri for Governor Mailing Address P. O. Box 20415 City State Zip Code Cranston RI 02920 Purpose of Disbursement: Rent Activity or Event Identifier: Administrative	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2005"/> <b>Transaction ID:</b> H4.4687
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="105.00"/>		<input type="text" value="395.00"/>		<input type="text" value="500.00"/>

<b>C. Full Name (Last, First, Middle Initial)</b> Carcieri for Governor Mailing Address P. O. Box 20415 City State Zip Code Cranston RI 02920 Purpose of Disbursement: Rent Activity or Event Identifier: Administrative	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2005"/> <b>Transaction ID:</b> H4.4688
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="157.50"/>		<input type="text" value="592.50"/>		<input type="text" value="750.00"/>

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="262.50"/>		<input type="text" value="987.50"/>		<input type="text" value="1250.00"/>

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text" value="362.75"/>	<input type="text" value="1364.61"/>	<input type="text" value="1727.36"/>

**Image# 26940597827**

Form/Schedule: **SB21B** Unitemized transactions less than \$200 = 98.00

Transaction ID: **SB21B.5602**

Form/Schedule: **SB21B** Unitemized transactions less than \$200 = 155.78

Transaction ID: **SB21B.4654**

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**Image# 26940597828**

Form/Schedule: **SB21B** Unitemized transaction less than \$200 = 40.00

Transaction ID: **SB21B.4652**

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