

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 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, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2022 through 09 / 30 / 2022

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 CHAPPELL, LANCE, , ,

Signature of Treasurer CHAPPELL, LANCE, , , Date 09 / 06 / 2023

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="2022"/>	<input type="text" value="123315.65"/>	<input type="text" value="123315.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="115765.75"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="131725.00"/>	<input type="text" value="187148.08"/>
(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="247490.75"/>	<input type="text" value="310463.73"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="83884.40"/>	<input type="text" value="146857.38"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="163606.35"/>	<input type="text" value="163606.35"/>
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 the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**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).....	1805.00	3486.05
(ii) Unitemized .....	920.00	1602.03
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2725.00	5088.08
(b) Political Party Committees .....	128400.00	181400.00
(c) Other Political Committees (such as PACs).....	600.00	600.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	131725.00	187088.08
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	60.00
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)).....▶	131725.00	187148.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	131725.00	187148.08

**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	62972.98
(b) Other Federal Operating Expenditures .....	83771.41	83771.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	83771.41	146744.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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).....	112.99	112.99
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)) ..	83884.40	146857.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83884.40	83884.40

**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) .....	131725.00	187088.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	131725.00	187088.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	83771.41	83771.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	83771.41	83771.41

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

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

FOR LINE NUMBER: PAGE 6 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Appt, Geoffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 550 Division Rd  
 City East Greenwich State RI Zip Code 02818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GVorp Management Occupation (for Individual) SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2022  
**Transaction ID : SA11AI.7179**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Mitchell, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 Olney Arnold Rd  
 City Cranston State RI Zip Code 02921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Field Sales Engineering Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2022  
**Transaction ID : SA11AI.7172**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Patrick, Donovan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Harrison Ave  
 City Newport State RI Zip Code 02840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Requested Occupation (for Individual) Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 11 / 2022  
**Transaction ID : SA11AI.7170**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** 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 7 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Pinsky, Tara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 560 Cole Ave  
 City Providence State RI Zip Code 02906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Homemaker Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 07 / 06 / 2022  
**Transaction ID : SA11A1.7183**  
 Amount of Each Receipt this Period 305.00  
 Memo Item

**B. Sanborn, Mary Louise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Bay View Drive  
 City Jamestown State RI Zip Code 02835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 11 / 2022  
**Transaction ID : SA11A1.7168**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 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  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	805.00
<b>TOTAL</b> This Period (last page this line number only).....	1805.00

**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 28
<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
--------------------	-------------	-------------------

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 ▼  
54000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2022

**Transaction ID : SA11B.6827**

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
--------------------	-------------	-------------------

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 ▼  
68700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2022

**Transaction ID : SA11B.6828**

Amount of Each Receipt this Period  
14700.00

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
--------------------	-------------	-------------------

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 ▼  
81400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2022

**Transaction ID : SA11B.6829**

Amount of Each Receipt this Period  
12700.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	28400.00
<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 9 OF 28  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 First Street, SE

City Washington State DC Zip Code 20003

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
181400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 15 / 2022

**Transaction ID : SA11B.6834**

Amount of Each Receipt this Period  
100000.00

Memo Item

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

Mailing Address

City State Zip Code

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 Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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 Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	128400.00

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

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

FOR LINE NUMBER: PAGE 10 OF 28  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. East Greenwich Republican Town Committee**

Mailing Address PO Box 1853

City East Greenwich State RI Zip Code 02818

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 ▼  
 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2022

**Transaction ID : SA11C.7177**

Amount of Each Receipt this Period  
 100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Lathrop for State Treasurer**

Mailing Address PO Box 383

City North Kingstown State RI Zip Code 02852

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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2022

**Transaction ID : SA11C.7175**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	600.00

**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)

**A. Airport Plaza Associates**

Mailing Address 1800 Post ROad

City  
Warwick

State  
RI

Zip Code  
02886

Purpose of Disbursement

Rent

001

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
0	7		0	6		2	0	2	2

FEC Identification Number

C  
**Transaction ID : SB21B.6876**

Amount of Each Disbursement this Period

625.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Airport Plaza Associates**

Mailing Address 1800 Post ROad

City  
Warwick

State  
RI

Zip Code  
02886

Purpose of Disbursement

Rent

001

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
0	8		0	2		2	0	2	2

FEC Identification Number

C  
**Transaction ID : SB21B.6888**

Amount of Each Disbursement this Period

625.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Airport Plaza Associates**

Mailing Address 1800 Post ROad

City  
Warwick

State  
RI

Zip Code  
02886

Purpose of Disbursement

Rent

001

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
0	8		0	2		2	0	2	2

FEC Identification Number

C  
**Transaction ID : SB21B.6909**

Amount of Each Disbursement this Period

625.00

Memo Item

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

1875.00

**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

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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 1550 Old Annetta

City  
Aledo

State  
TX

Zip Code  
76008

Purpose of Disbursement

001

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
0	7			0	5			2	0	2	2		

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.6873

Amount of Each Disbursement this Period

[Redacted] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Campaign Sidekick

Mailing Address 1550 Old Annetta

City  
Aledo

State  
TX

Zip Code  
76008

Purpose of Disbursement

001

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
0	7			0	5			2	0	2	2		

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.6874

Amount of Each Disbursement this Period

[Redacted] 136.38

Memo Item

Full Name (Last, First, Middle Initial)

### C. Campaign Sidekick

Mailing Address 1550 Old Annetta

City  
Aledo

State  
TX

Zip Code  
76008

Purpose of Disbursement

001

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
0	8			0	1			2	0	2	2		

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.6886

Amount of Each Disbursement this Period

[Redacted] 1.00

Memo Item

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

[Redacted] 1137.38

**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. Campaign Sidekick

Mailing Address 1550 Old Annetta

City  
Aledo

State  
TX

Zip Code  
76008

Purpose of Disbursement

001

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
08		02		2022

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.6887

Amount of Each Disbursement this Period

[Redacted]	1000.00
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

### B. Campaign Sidekick

Mailing Address 1550 Old Annetta

City  
Aledo

State  
TX

Zip Code  
76008

Purpose of Disbursement

001

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
08		02		2022

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.6889

Amount of Each Disbursement this Period

[Redacted]	60.00
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

### C. Campaign Sidekick

Mailing Address 1550 Old Annetta

City  
Aledo

State  
TX

Zip Code  
76008

Purpose of Disbursement

001

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
09		02		2022

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.6908

Amount of Each Disbursement this Period

[Redacted]	1000.00
------------	---------

Memo Item

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

[Redacted]	2060.00
------------	---------

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)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b.

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NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. Cienki, Sue, , ,

Mailing Address 85 Walnut Drive

City East Greenwich

State RI

Zip Code 02818

Purpose of Disbursement

002

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection box: MM/DD/YYYY (09/07/2022)

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.6863

Amount of Each Disbursement this Period

Amount box: 1546.48

Memo Item

Full Name (Last, First, Middle Initial)

B. Cienki, Suzanne, , ,

Mailing Address 85 Walnut Street

City East Greenwich

State RI

Zip Code 02818

Purpose of Disbursement

002

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection box: MM/DD/YYYY (08/02/2022)

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.6851

Amount of Each Disbursement this Period

Amount box: 679.61

Memo Item

Full Name (Last, First, Middle Initial)

C. Conservative Caucus Committee

Mailing Address 3010 Old Ranch Parkwaqt Suite 260

City Seal Beach

State CA

Zip Code 90740

Purpose of Disbursement

007

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection box: MM/DD/YYYY (07/12/2022)

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.6879

Amount of Each Disbursement this Period

Amount box: 215.91

Memo Item

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

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

Amount box: 2442.00

Amount box: [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
08		01		2022

Mailing Address 1601 Trapelo Road

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.6885**

Amount of Each Disbursement this Period

[Redacted] 133.75

City Waltham State MA Zip Code 02451

Purpose of Disbursement [Redacted] **004** Category/Type

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. Constant Contact**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2022

Mailing Address 1601 Trapelo Road

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.6898**

Amount of Each Disbursement this Period

[Redacted] 133.75

City Waltham State MA Zip Code 02451

Purpose of Disbursement [Redacted] **001** Category/Type

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cotoia, Ron, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2022

Mailing Address 136 George Waterman Rd

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.6855**

Amount of Each Disbursement this Period

[Redacted] 456.00

City Johnston State RI Zip Code 02919

Purpose of Disbursement Field Operations [Redacted] **001** Category/Type

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

State: District:

Memo Item

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

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

[Redacted] 723.50

[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. D'Ellena, Anthony, , ,**

Mailing Address 118 Bonnet Shores Rd

City  
Naraganssett

State  
RI

Zip Code  
02882

Purpose of Disbursement

Field Operations

001

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2022

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6849**

Amount of Each Disbursement this Period

[REDACTED] 1450.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. D'Ellena, Anthony, , ,**

Mailing Address 118 Bonnet Shores Rd

City  
Naraganssett

State  
RI

Zip Code  
02882

Purpose of Disbursement

Field Operations

001

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2022

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6860**

Amount of Each Disbursement this Period

[REDACTED] 1450.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DAVES MARKETPLACE**

Mailing Address AIRPORT ROAD

City  
WARWICK

State  
RI

Zip Code  
02886

Purpose of Disbursement

Candidate Name

001

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2022

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6923**

Amount of Each Disbursement this Period

[REDACTED] 139.87

Memo Item

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

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

[REDACTED] 3039.87

[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. Dollar Tree**

Mailing Address 1700 Post Road

City  
Warwick

State  
RI

Zip Code  
02886

Purpose of Disbursement

007

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C [Redacted]

**Transaction ID : SB21B.6920**

Amount of Each Disbursement this Period

[Redacted]	133.75
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jesus Solorio**

Mailing Address 10 Park Row West apt 625

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

001

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
0	7			0	7			2	0	2	2		

FEC Identification Number

C [Redacted]

**Transaction ID : SB21B.6841**

Amount of Each Disbursement this Period

[Redacted]	3846.15
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jesus Solorio**

Mailing Address 10 Park Row West apt 625

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

Travel Refund

002

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
0	7			1	8			2	0	2	2		

FEC Identification Number

C [Redacted]

**Transaction ID : SB21B.6845**

Amount of Each Disbursement this Period

[Redacted]	725.19
------------	--------

Memo Item

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

[Redacted]	4705.09
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**TOTAL** This Period (last page this line number only)..... ▶

[Redacted]	
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**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. Jesus Solorio**

Mailing Address 10 Park Row West apt 625

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

001

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
0	7				2	0		2	0	2	2		

FEC Identification Number

C [Redacted]

**Transaction ID : SB21B.6842**

Amount of Each Disbursement this Period

[Redacted] 3846.15

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jesus Solorio**

Mailing Address 10 Park Row West apt 625

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

001

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
0	8				0	3		2	0	2	2		

FEC Identification Number

C [Redacted]

**Transaction ID : SB21B.6846**

Amount of Each Disbursement this Period

[Redacted] 3846.15

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jesus Solorio**

Mailing Address 10 Park Row West apt 625

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

002

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
0	8				1	1		2	0	2	2		

FEC Identification Number

C [Redacted]

**Transaction ID : SB21B.6848**

Amount of Each Disbursement this Period

[Redacted] 1122.36

Memo Item

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

[Redacted] 8814.66

**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. Jesus Solorio**

Mailing Address 10 Park Row West apt 625

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

001

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
08		17		2022

FEC Identification Number

C  
**Transaction ID : SB21B.6857**

Amount of Each Disbursement this Period

2000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jesus Solorio**

Mailing Address 10 Park Row West apt 625

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

001

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
08		17		2022

FEC Identification Number

C  
**Transaction ID : SB21B.6858**

Amount of Each Disbursement this Period

1846.15
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jesus Solorio**

Mailing Address 10 Park Row West apt 625

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

001

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
09		02		2022

FEC Identification Number

C  
**Transaction ID : SB21B.6862**

Amount of Each Disbursement this Period

3846.15
---------

Memo Item

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

7692.30
---------

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

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**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. Jesus Solorio**

Mailing Address 10 Park Row West apt 625

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

001

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
0	9			1	4			2	0	2	2		

FEC Identification Number

C  
**Transaction ID : SB21B.6864**

Amount of Each Disbursement this Period

3846.15

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jesus Solorio**

Mailing Address 10 Park Row West apt 625

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

001

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
0	9			2	8			2	0	2	2		

FEC Identification Number

C  
**Transaction ID : SB21B.6869**

Amount of Each Disbursement this Period

3846.15

Memo Item

Full Name (Last, First, Middle Initial)

**C. Matthews, Cole, , ,**

Mailing Address 55 Westonia Lane

City  
Warwick

State  
RI

Zip Code  
02889

Purpose of Disbursement

Field Operations

001

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
0	8			1	7			2	0	2	2		

FEC Identification Number

C  
**Transaction ID : SB21B.6853**

Amount of Each Disbursement this Period

384.00

Memo Item

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

8076.30

**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. Matthews, Cole, , ,**

Mailing Address 55 Westonia Lane

City  
Warwick

State  
RI

Zip Code  
02889

Purpose of Disbursement

Field Operations

001

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	2

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6861**

Amount of Each Disbursement this Period

[REDACTED]	1450.00
------------	---------

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

Candidate Name

001

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	2	2

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6891**

Amount of Each Disbursement this Period

[REDACTED]	171.00
------------	--------

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

Candidate Name

001

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	2

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6922**

Amount of Each Disbursement this Period

[REDACTED]	171.00
------------	--------

Memo Item

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

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

[REDACTED]	1792.00
------------	---------

[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. Naylor, Kenneth, , ,**

Mailing Address 14 Shady Hill Dr

City  
West Warwick

State  
RI

Zip Code  
02892

Purpose of Disbursement

Field Operations

Candidate Name

001
Category/ Type

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2022

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6838**

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Naylor, Kenneth, , ,**

Mailing Address 14 Shady Hill Dr

City  
West Warwick

State  
RI

Zip Code  
02892

Purpose of Disbursement

Field Operations

Candidate Name

001
Category/ Type

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2022

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6844**

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Naylor, Kenneth, , ,**

Mailing Address 14 Shady Hill Dr

City  
West Warwick

State  
RI

Zip Code  
02892

Purpose of Disbursement

Candidate Name

001
Category/ Type

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2022

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6847**

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item

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

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

[REDACTED] 4500.00

[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. Naylor, Kenneth, , ,**

Mailing Address 14 Shady Hill Dr

City  
West Warwick

State  
RI

Zip Code  
02892

Purpose of Disbursement

Field Operations

Candidate Name

001
Category/ Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2022

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6852

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Naylor, Kenneth, , ,**

Mailing Address 14 Shady Hill Dr

City  
West Warwick

State  
RI

Zip Code  
02892

Purpose of Disbursement

Field Operations

Candidate Name

001
Category/ Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2022

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6859

Amount of Each Disbursement this Period

[REDACTED] 1875.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Naylor, Kenneth, , ,**

Mailing Address 14 Shady Hill Dr

City  
West Warwick

State  
RI

Zip Code  
02892

Purpose of Disbursement

Field Operations

Candidate Name

001
Category/ Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2022

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6866

Amount of Each Disbursement this Period

[REDACTED] 1875.00

Memo Item

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

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

[REDACTED] 5250.00

[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. Naylor, Kenneth, , ,**

Mailing Address 14 Shady Hill Dr

City  
West Warwick

State  
RI

Zip Code  
02892

Purpose of Disbursement

Field Operations

001

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	2	2

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6870**

Amount of Each Disbursement this Period

[REDACTED]	1800.00
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Numinar**

Mailing Address 1202 Wilson Blvd

City  
Arlington

State  
VA

Zip Code  
22209

Purpose of Disbursement

Subscription

001

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	2	2

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7163**

Amount of Each Disbursement this Period

[REDACTED]	1850.00
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Old Harbor Bike Shop**

Mailing Address 432 Water St

City  
New Shoreham

State  
RI

Zip Code  
02807

Purpose of Disbursement

Rental

007

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	2

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7164**

Amount of Each Disbursement this Period

[REDACTED]	330.00
------------	--------

Memo Item

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

[REDACTED]	3980.00
------------	---------

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

[REDACTED]	
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**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. Paiva, Steven, , ,**

Mailing Address 1414 Park Ave  
#1

City  
Cranston

State  
RI

Zip Code  
02920

Purpose of Disbursement

Field Operations

001

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
0	9		0	7		2	0	2	2

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.6903

Amount of Each Disbursement this Period

1	4	5	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. Paiva, Steven, , ,**

Mailing Address 1414 Park Ave  
#1

City  
Cranston

State  
RI

Zip Code  
02920

Purpose of Disbursement

Field Operations

001

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
0	9		2	0		2	0	2	2

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.6905

Amount of Each Disbursement this Period

1	4	5	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. Paiva, Steven, , ,**

Mailing Address 1414 Park Ave  
#1

City  
Cranston

State  
RI

Zip Code  
02920

Purpose of Disbursement

Field Operations

001

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
0	9		0	3		2	0	2	2

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.6906

Amount of Each Disbursement this Period

1	4	5	0	0	0
---	---	---	---	---	---

Memo Item

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

4	3	5	0	0	0
---	---	---	---	---	---

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

4	3	5	0	0	0
---	---	---	---	---	---

# 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. Panera Bread

Mailing Address 4000 Chapel View Blvd

City Cranston State RI Zip Code 02920

Purpose of Disbursement

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.6882**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### B. Radisson Hotel

Mailing Address 2081 Post Road

City Warwick State RI Zip Code 02886

Purpose of Disbursement

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.6865**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C. Stephens, Kevin, , ,

Mailing Address 6 Raub Court

City Stafford State VA Zip Code 22405

Purpose of Disbursement

Category/  
Type

Field Operations

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.6901**  
 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. Stop andShop**

Mailing Address 622 G. Washington Hwy

City Lincoln State RI Zip Code 02865

Purpose of Disbursement

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.6913**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 24 Corliss St

City Providence State RI Zip Code 02904

Purpose of Disbursement

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.6919**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 24 Corliss St

City Providence State RI Zip Code 02904

Purpose of Disbursement

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.6899**  
 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. USPS

Mailing Address 24 Corliss St

City Providence

State RI

Zip Code 02904

Purpose of Disbursement

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	2

FEC Identification Number

C [ ]

Transaction ID : SB21B.6900

Amount of Each Disbursement this Period

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									3500.00

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
[ ]	[ ]		[ ]	[ ]		[ ]	[ ]	[ ]	[ ]

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Memo Item

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

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									3500.00

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

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									82190.24