

# 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**  
 Check if different than previously reported. (ACC) **WARWICK** **RI** **02886**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** **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 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2023 through  /  /  2023

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

Signature of Treasurer CHAPPELL, LANCE, , , [Electronically Filed] Date  /  /  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="2023"/>		162616.00
(b) Cash on Hand at Beginning of Reporting Period.....	162616.00	
(c) Total Receipts (from Line 19) .....	14675.00	14675.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	177291.00	177291.00
7. Total Disbursements (from Line 31).....	45445.67	45445.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	131845.33	131845.33
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) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5550.00	5550.00
(ii) Unitemized .....	2625.00	2625.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8175.00	8175.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	8175.00	8175.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	6500.00	6500.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	6500.00	6500.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	14675.00	14675.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8175.00	8175.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	45445.67	45445.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	45445.67	45445.67
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).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	45445.67	45445.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45445.67	45445.67

**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) .....	8175.00	8175.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8175.00	8175.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	45445.67	45445.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	45445.67	45445.67

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
<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. Aguiar, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 642 Wood St  
 City Bristol State ID Zip Code 02809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) East Coast Fabrication Occupation (for Individual) Shore Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **02 / 02 / 2023**  
**Transaction ID : SA11AI.7021**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Carroll, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1172 Hope Street  
 City Bristol State RI Zip Code 02809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alert Ambulance Service Inc. Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **02 / 17 / 2023**  
**Transaction ID : SA11AI.7031**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**C. Corrigan, Gayle, , Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Patterson Avenue  
 City Warwick State RI Zip Code 02886  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Accountant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **03 / 28 / 2023**  
**Transaction ID : SA11AI.7026**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
<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. Durfee, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 Deerfield Drive  
 City North Scituate State RI Zip Code 02857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Durfee Hardware Occupation (for Individual) Business Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2023  
**Transaction ID : SA11AI.6952**  
 Amount of Each Receipt this Period  
 700.00  
 Memo Item

**B. Frias, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Garden Hills Drive  
 City Cranston State RI Zip Code 02920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) pending Occupation (for Individual) Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2023  
**Transaction ID : SA11AI.6942**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Hoppe, Tommy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 312 Nausauket Rd  
 City Warwick State RI Zip Code 02886  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Electrician Occupation (for Individual) Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2023  
**Transaction ID : SA11AI.6950**  
 Amount of Each Receipt this Period  
 700.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<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. Juskuv, Marian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 Poisson St  
 City Cumberland State RI Zip Code 02864  
 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 ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2023  
**Transaction ID : SA11AI.7017**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**B. McKay, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Bakers Creek Road  
 City Warwick State RI Zip Code 02886  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2023  
**Transaction ID : SA11AI.6992**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Ricci, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 129 Scituate Ave.  
 City Johnston State RI Zip Code 02919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Toolmaker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2023  
**Transaction ID : SA11AI.7025**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	5550.00



**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 Liquors**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2023

Mailing Address 1800 POST ROAD

FEC Identification Number

C [REDACTED]

City WARWICK State RI Zip Code 02886

**Transaction ID : SB21B.6968**

Purpose of Disbursement Rent

001  
Category/  
Type

Amount of Each Disbursement this Period

[REDACTED] 625.00

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. Airport Plaza Associates**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2023

Mailing Address 1800 Post ROad

FEC Identification Number

C [REDACTED]

City Warwick State RI Zip Code 02886

**Transaction ID : SB21B.6930**

Purpose of Disbursement Rent

001  
Category/  
Type

Amount of Each Disbursement this Period

[REDACTED] 625.00

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. Airport Plaza Associates**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2023

Mailing Address 1800 Post ROad

FEC Identification Number

C [REDACTED]

City Warwick State RI Zip Code 02886

**Transaction ID : SB21B.7005**

Purpose of Disbursement Rent

001  
Category/  
Type

Amount of Each Disbursement this Period

[REDACTED] 625.00

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

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

[REDACTED] 1875.00

**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)

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

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

**A. Airport Plaza Associates**

Full Name (Last, First, Middle Initial)

Mailing Address 1800 Post Road

City Warwick State RI Zip Code 02886

Purpose of Disbursement Utilities

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 21 / 2023

FEC Identification Number: C

Transaction ID : SB21B.6961

Amount of Each Disbursement this Period: 189.54

Memo Item

**B. Cienki, Suzanne, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 85 Walnut Street

City East Greenwich State RI Zip Code 02818

Purpose of Disbursement RNC Meeting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 14 / 2023

FEC Identification Number: C

Transaction ID : SB21B.6997

Amount of Each Disbursement this Period: 588.74

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 85 Walnut Street

City East Greenwich State RI Zip Code 02818

Purpose of Disbursement RNC Meeting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 07 / 2023

FEC Identification Number: C

Transaction ID : SB21B.6955

Amount of Each Disbursement this Period: 2250.36

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3028.64

**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. Constant Contact

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2023

Mailing Address 1601 Trapelo Road

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6932**

Amount of Each Disbursement this Period

[REDACTED] 208.65

Memo Item

City Waltham State MA Zip Code 02451

Purpose of Disbursement Email Subscription Category/Type 001

Candidate Name

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

Full Name (Last, First, Middle Initial)

### B. Constant Contact

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2023

Mailing Address 1601 Trapelo Road

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6936**

Amount of Each Disbursement this Period

[REDACTED] 208.60

Memo Item

City Waltham State MA Zip Code 02451

Purpose of Disbursement Subscription Category/Type 001

Candidate Name

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

Full Name (Last, First, Middle Initial)

### C. Constant Contact

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		02		2023

Mailing Address 1601 Trapelo Road

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6965**

Amount of Each Disbursement this Period

[REDACTED] 208.65

Memo Item

City Waltham State MA Zip Code 02451

Purpose of Disbursement Subscription Category/Type 001

Candidate Name

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

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

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

[REDACTED] 625.90

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

### A. Constant Contact

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1601 Trapelo Road

M M M	/	D D D	/	Y Y Y Y Y
03		31		2023

City Waltham State MA Zip Code 02451

FEC Identification Number

Purpose of Disbursement  
Subscription

C [REDACTED]

Candidate Name

001  
Category/  
Type

Transaction ID : SB21B.6978

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

[REDACTED] 208.65

Memo Item

### B. COX COMMUNICATIONS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 621 WILLIAM ST.

M M M	/	D D D	/	Y Y Y Y Y
01		03		2023

City EAST ORANGE State NJ Zip Code 07017

FEC Identification Number

Purpose of Disbursement  
Cable/ Internet

C [REDACTED]

Candidate Name

001  
Category/  
Type

Transaction ID : SB21B.6931

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

[REDACTED] 293.48

Memo Item

### C. Jesus Solorio

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 10 Park Row West apt 625

M M M	/	D D D	/	Y Y Y Y Y
01		04		2023

City Providence State RI Zip Code 02903

FEC Identification Number

Purpose of Disbursement  
Salary

C [REDACTED]

Candidate Name

001  
Category/  
Type

Transaction ID : SB21B.6927

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

[REDACTED] 3846.15

Memo Item

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

[REDACTED] 4348.28

**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 Salary  
Candidate Name  
Category/Type 001

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

Date of Disbursement  
MM / DD / YYYY  
01 / 13 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B.6928  
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 Hotel Reimbursement  
Candidate Name  
Category/Type 002

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

Date of Disbursement  
MM / DD / YYYY  
01 / 23 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B.6929  
Amount of Each Disbursement this Period  
1255.62

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 Salary  
Candidate Name  
Category/Type 001

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

Date of Disbursement  
MM / DD / YYYY  
02 / 01 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B.6996  
Amount of Each Disbursement this Period  
3846.15

Memo Item

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

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

7692.30

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6929

\$1,255.62 RNC Winter Meeting hotel reimbursement

Form/Schedule:

Transaction ID:

**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 Salary

001  
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.6998**  
Amount of Each Disbursement this Period

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 Salary

001  
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.6958**  
Amount of Each Disbursement this Period

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 Salary

001  
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.6962**  
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. Jesus Solorio

Mailing Address 10 Park Row West apt 625

City Providence State RI Zip Code 02903

Purpose of Disbursement Salary  
Candidate Name  
Category/Type 001

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

Date of Disbursement  
MM / DD / YYYY  
03 / 29 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B.6963  
Amount of Each Disbursement this Period  
3846.15

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 Subscription  
Candidate Name  
Category/Type 001

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

Date of Disbursement  
MM / DD / YYYY  
02 / 24 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B.7000  
Amount of Each Disbursement this Period  
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 Subscription  
Candidate Name  
Category/Type 001

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

Date of Disbursement  
MM / DD / YYYY  
03 / 24 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B.6975  
Amount of Each Disbursement this Period  
171.00

Memo Item

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

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

4188.15



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Pronzi Catering**

Full Name (Last, First, Middle Initial)

Mailing Address 10 Rosario Dr

City Providence State RI Zip Code 02909

Purpose of Disbursement Food

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 06 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.7004**

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Pronzi Catering**

Full Name (Last, First, Middle Initial)

Mailing Address 10 Rosario Dr

City Providence State RI Zip Code 02909

Purpose of Disbursement Lincoln Day Dinner -- Food Cost

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 03 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.6956**

Amount of Each Disbursement this Period: 8687.02

Memo Item

**C. The Event Factory**

Full Name (Last, First, Middle Initial)

Mailing Address 144 Metro Center Blv

City Warwick State RI Zip Code 02886

Purpose of Disbursement Venue

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 03 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.6967**

Amount of Each Disbursement this Period: 926.40

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10613.42

**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. The Event Factory

Mailing Address 144 Metro Center Blv

City Warwicj State RI Zip Code 02886

Purpose of Disbursement  
Event Rental

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	3		0	7		2	0	2	3

FEC Identification Number  
  
**Transaction ID : SB21B.6959**  
 Amount of Each Disbursement this Period

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  
  
 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  
  
 Amount of Each Disbursement this Period

Memo Item

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

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

500.00
44410.14

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	MM / DD / YYYY 03 / 15 / 2023	4000.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	4000.00
<b>Transaction ID : H3.6940</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred).....	

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	MM / DD / YYYY 03 / 29 / 2023	1500.00

**BREAKDOWN OF TRANSFER RECEIVED**

- i) **Total Administrative** ..... 1500.00  
**Transaction ID : H3.6941**
- ii) **Generic Voter Drive** .....
- iii) **Exempt Activities** .....
- iv) **Direct Fundraising** (List Activity or Event Identifier)
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) Total Amount Transferred For Direct Fundraising .....
- v) **Direct Candidate Support** (List Activity or Event Identifier)
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) Total Amount Transferred For Direct Candidate Support.....
- vi) **Public Communications Referring Only to Party** (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred).....	

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	MM / DD / YYYY 03 / 30 / 2023	1000.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	1000.00
<b>Transaction ID : H3.6993</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	6500.00
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred).....	6500.00