

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)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, 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 10 / 01 / 2023 through 12 / 31 / 2023

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 01 / 31 / 2024

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"/>		<input type="text" value="26795.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4405.14"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="41643.63"/>	<input type="text" value="95148.63"/>
(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="46048.77"/>	<input type="text" value="121943.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29371.75"/>	<input type="text" value="105266.94"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="16677.02"/>	<input type="text" value="16677.02"/>
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).....	527.06	33647.06
(ii) Unitemized .....	866.57	5251.57
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1393.63	38898.63
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	40000.00	40000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	41393.63	78898.63
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).....	250.00	16250.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	250.00	16250.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	41643.63	95148.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	41393.63	78898.63

**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 .....	23871.75	99766.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	23871.75	99766.94
22. Transfers to Affiliated/Other Party Committees.....	5500.00	5500.00
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)) ..	29371.75	105266.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29371.75	105266.94

**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) .....	41393.63	78898.63
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41393.63	78898.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	23871.75	99766.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	23871.75	99766.94

**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 19  
(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. 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 ▼ 450.00

Date of Receipt 12 / 04 / 2023  
**Transaction ID : SA11AI.7559**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. 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 ▼ 750.00

Date of Receipt 11 / 01 / 2023  
**Transaction ID : SA11AI.7554**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Pardee, Jonathan H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 540 Belleview Ave  
 City Newport State RI Zip Code 02840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Belleview Capital Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 01 / 2023  
**Transaction ID : SA11AI.7542**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**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 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

**A. 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 ▼ 376.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2023  
**Transaction ID : SA11AI.7571**  
 Amount of Each Receipt this Period 26.03  
 Memo Item

**B. Whalen, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 132 Harris St  
 City Pawtucket State RI Zip Code 02861  
 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 ▼ 725.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2023  
**Transaction ID : SA11AI.7496**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Whalen, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 132 Harris St  
 City Pawtucket State RI Zip Code 02861  
 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 ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023  
**Transaction ID : SA11AI.7556**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.03
<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 8 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Whalen, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 132 Harris St  
 City Pawtucket State RI Zip Code 02861  
 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 ▼ 776.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2023  
**Transaction ID : SA11AI.7576**  
 Amount of Each Receipt this Period 26.03  
 Memo Item

**B. Whalen, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 132 Harris St  
 City Pawtucket State RI Zip Code 02861  
 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 ▼ 801.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2023  
**Transaction ID : SA11AI.7579**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Whalen, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 132 Harris St  
 City Pawtucket State RI Zip Code 02861  
 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 ▼ 851.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2023  
**Transaction ID : SA11AI.7580**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	101.03
<b>TOTAL</b> This Period (last page this line number only).....▶	527.06



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Chris Chrsite For President**

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

Mailing Address P.O Box 999

City Edison	State NJ	Zip Code 08818
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FEC ID number of contributing federal political committee. **C** C00580399

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2023

**Transaction ID : SA11C.7490**

Amount of Each Receipt this Period  
10000.00

Memo Item

**B. Donald J. Trump For President 2024, INC**

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

Mailing Address P.O. Box 1357

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00828541

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2023

**Transaction ID : SA11C.7486**

Amount of Each Receipt this Period  
10000.00

Memo Item

**C. Nikki Haley for President**

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

Mailing Address 186 Seven Farms Drive  
Ste-f370

City Daniel Island	State SC	Zip Code 29492
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FEC ID number of contributing federal political committee. **C** C00833392

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2023

**Transaction ID : SA11C.7484**

Amount of Each Receipt this Period  
10000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30000.00
<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 10 OF 19  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Ron DeSantis For President**

Mailing Address P.O. Box 3696

City Tallahassee	State FL	Zip Code 32315
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FEC ID number of contributing federal political committee. **C** c00841130

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2023

**Transaction ID : SA11C.7482**

Amount of Each Receipt this Period  
10000.00

Memo Item

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

Mailing Address

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	40000.00

**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. American Airlines**

Mailing Address 1 Skyview Drive

City  
Forth Worth

State  
TX

Zip Code  
76155

Purpose of Disbursement

RNC Meeting

002

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
12			21			2023			

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.7530

Amount of Each Disbursement this Period

537.10
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Memo Item

Full Name (Last, First, Middle Initial)

**B. Boston Globe**

Mailing Address 1 exchange Place

City  
Boston

State  
MA

Zip Code  
02109

Purpose of Disbursement

Subscription

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
11			01			2023			

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.7511

Amount of Each Disbursement this Period

27.72
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Memo Item

Full Name (Last, First, Middle Initial)

**C. Boston Globe**

Mailing Address 1 exchange Place

City  
Boston

State  
MA

Zip Code  
02109

Purpose of Disbursement

Subscription

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
11			14			2023			

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.7517

Amount of Each Disbursement this Period

27.72
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Memo Item

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

592.54
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**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. Boston Globe

Mailing Address 1 exchange Place

City Boston State MA Zip Code 02109

Purpose of Disbursement

Subscripion

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.7529

Amount of Each Disbursement this Period

[REDACTED] 27.72

Memo Item

Full Name (Last, First, Middle Initial)

### B. Event Factory

Mailing Address 144 Metro Center Blvd

City Warwick State RI Zip Code 02886

Purpose of Disbursement

Room Rental

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.7509

Amount of Each Disbursement this Period

[REDACTED] 2978.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Facebook

Mailing Address 1601 S. California i Ave

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement

Advertising

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.7510

Amount of Each Disbursement this Period

[REDACTED] 115.95

Memo Item

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

[REDACTED] 3121.67

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

001

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
11		02		2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7505**

Amount of Each Disbursement this Period

6400.00
---------

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

Salary

001

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
11		10		2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7506**

Amount of Each Disbursement this Period

1000.00
---------

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

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
11		22		2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7507**

Amount of Each Disbursement this Period

400.00
--------

Memo Item

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

6400.00
---------

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

6400.00
---------

**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. Jesus Solorio**

Mailing Address 10 Park Row West apt 625

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

Salary

001

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2023

FEC Identification Number

C

**Transaction ID : SB21B.7508**

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

Salary

001

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2023

FEC Identification Number

C

**Transaction ID : SB21B.7521**

Amount of Each Disbursement this Period

3895.15

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

Salary

001

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2023

FEC Identification Number

C

**Transaction ID : SB21B.7522**

Amount of Each Disbursement this Period

2123.00

Memo Item

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

9864.30

**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. Jesus Solorio**

Mailing Address 10 Park Row West apt 625

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

Salary

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.7523

Amount of Each Disbursement this Period

[REDACTED] 1923.15

Memo Item

Full Name (Last, First, Middle Initial)

**B. Liberty Mutual**

Mailing Address 175 Berkeley Street

City  
Boston

State  
MA

Zip Code  
02116

Purpose of Disbursement

Insurance

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 10 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.7514

Amount of Each Disbursement this Period

[REDACTED] 500.00

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

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 03 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.7513

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] 2594.15

[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. Nationbuilder**

Mailing Address 520 So Grand Ave

City  
Los Angeles

State  
CA

Zip Code  
90071

Purpose of Disbursement

Subscription

Candidate Name

001

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.7518

Amount of Each Disbursement this Period

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

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

Subscription

Candidate Name

001

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			26			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.7531

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Quickbooks**

Mailing Address 2700 Coast Ave

City  
Mountain View

State  
CA

Zip Code  
94043

Purpose of Disbursement

Subscription

Candidate Name

001

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.7503

Amount of Each Disbursement this Period

[REDACTED]	32.10
------------	-------

Memo Item

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

[REDACTED]	374.10
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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. Quickbooks**

Mailing Address 2700 Coast Ave

City  
Mountain View

State  
CA

Zip Code  
94043

Purpose of Disbursement

Subscription

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.7512**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Quickbooks**

Mailing Address 2700 Coast Ave

City  
Mountain View

State  
CA

Zip Code  
94043

Purpose of Disbursement

Subscription

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.7528**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Retina Creative Lab LLC**

Mailing Address 1148 Middle Road

City  
East Greenwich

State  
RI

Zip Code  
02818

Purpose of Disbursement

Photography

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.7526**

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 type="checkbox"/> 21b	<input checked="" 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. RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Mailing Address 1800 POST ROAD  
SUITE 17-I

City  
WARWICK

State  
RI

Zip Code  
02886

Purpose of Disbursement

Admin

001

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2023			

FEC Identification Number

C C00078196

Transaction ID : SB22.7532

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Mailing Address 1800 POST ROAD  
SUITE 17-I

City  
WARWICK

State  
RI

Zip Code  
02886

Purpose of Disbursement

Admin

001

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2023			

FEC Identification Number

C C00078196

Transaction ID : SB22.7534

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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)..... ▶

5500.00

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

5500.00

**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 11 / 28 / 2023	250.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	250.00
<b>Transaction ID : H3.7557</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC) .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	250.00
<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).....	250.00