## **FORM 3X**

#### **REPORT OF RECEIPTS AND DISBURSEMENTS**

_		For O	ther Than An	Authorize	d Commit	tee		Office Use Or	nly
1.	NAME OF COMMITTEE (in full)		EC MAILING LAE		ample:If typing er the lines	g, type			
L	Rhode Island Republican Sta	ate Centi	ral Committee						
		1 1							
AD	DRESS (number and street)	413	B Knight Street						
	Check if different								
L	than previously reported. (ACC)	Wa	rwick				RI	02886	3
2.	FEC IDENTIFICATION NUM	<b>MBER</b>	<b>~</b>	CITY 🛕		5	STATE A	ZIP	CODE 🛕
	C00078196		:	3. IS THIS REPORT		NEW (N) OR		MENDED A)	
4.	TYPE OF REPORT (Choose One)	(b)	) Monthly Report Due On:	Feb 20 (M2	)	May 20 (M5)	Au	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Duc On.	Mar 20 (M3	)	Jun 20 (M6)	Se	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M4)	)	Jul 20 (M7)	Oc	t 20 (M10)	Jan 31 (YE)
	Quarterly Report(C	Q1)	(c) 12-Day		Primary (12l	P)	General	(12G)	Runoff (12R)
	July 15 Quarterly Report(C	Q2)	PRE-Election Report for the		Convention	· -	Special		. /
	October 15 Quarterly Report(C	Q3)	rioport for ti	ic.	Convention	(120)	Opeciai	(120)	
	X January 31 Quarterly Report(Y	<b>(E)</b>	E	Election on				in t Sta	he ate of
	July 31 Mid-Year Report(Non-election Year Only) (MY)		(d) 30-Day Post -Elect Report for the		General (30	G)	Runoff (	30R)	Special (30S)
	Termination Repor (TER)	t	·	Election on				in t Sta	he ate of
5.	Covering Period 1	1	28 200	3	through	12	31	2006	
	ertify that I have examined this	•	and to the best of n	ıy knowledge	and belief it is	s true, correct a	and complete	•	
Тур	oe or Print Name of Treasurer	IVIC	arc ronureau						
Sig	nature of Treasurer Electro	onically F	Filed by Marc To	ndreau		D.	ate 0 1	3 1	2007
NC	TE : Submission of false, erro	neous, c	or incomplete inform	nation may s	ubject the pers	son signing this	s Report to th	e penalties of 2	2 U.S.C 437g.
	Office Use							FEC FO	ORM 3X 2/2003)

FEC Form 3X (Rev. 02/2003)

#### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Rhode Island Republican State Central Committee D D " D 28 12 2006 3 1 2006 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 68539.92 <sup>°</sup>2006 January 1 (b) Cash on Hand at 176593.47 Begining of Reporting Period ..... 0.00 847969.88 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 176593.47 916509.80 6(a) and 6(c) for Column B) ..... 56460.98 796377.31 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 120132.49 120132.49 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) ..... 0.00 10. Debts and Obligations owed the committee (Itemize all on 20011.92 Schedule C and/or Schedule D) ..... 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

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

Rhode Island Republican State Central Committee

(subtract Line 18(c) from Line 19) .....

2<sup>D</sup>8 м N 1 1 м м 1 2 3<sup>D</sup>1 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 2750.00 (i) Itemized (use Schedule A) .......... 0.00 10092.60 (ii) Unitemized ..... (iii) TOTAL (add 0.00 12842.60 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 10000.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 0.00 22842.60 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 757675.89 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 28979.74 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 38471.65 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 38471.65 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 0.00 847969.88 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 0.00 809498.23

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

(i) Federal Share.....

(ii) Non-Federal Share.....

Expenditures.....

Committees.....

Federal Candidates/Committees.....and Other Political Committees.....

26. Loan Repayments Made.....

(b) Political Party Committees(c) Other Political Committees

(d) Total Contribution Refunds

29. Other Disbursements.....

30. Federal Election Activity (2 U.S.C 431(20))(a) Shared Federal Election Activity

(i) Federal Share .....

With Federal Funds ......(c) Total Federal Election Activity (add

31. Total Disbursements (add Lines 21(c), 22,

32. Total Federal Disbursements

from Line 31).....

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) from Line 30(a)(ii)

Lines 30(a)(i), 30(a)(ii) and 30(b))....

(from Schedule H6)

Than Political Committees .....

(such as PACs) .....

(add Lines 28(a), (b), and (c)) .........

(add 21(a)(i), (a)(ii) and (b))............

**II. DISBURSEMENTS** 

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

Loans Made......

 Refunds of Contributions To:
 (a) Individuals/Persons Other

23.

(c) Total Operating Expenditures

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 15249.06 30203.39 10166.03 52892.95 2558.33 597255.03 27973.42 680351.37 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 15632.25 15632.25 0.00 0.00 15632.25 15632.25 2000.00 0.00 0.00 0.00 0.00 0.00 12855.31 98393.69 12855.31 98393.69 56460.98 796377.31

46294.95

743484.36

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	0.00	22842.60
34. Total Contribution Refunds (from Line 28(d))	15632.25	15632.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-15632.25	7210.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	17807.39	627458.42
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	28979.74
38. Net Operating Expenditures (subtract Line 37 from Line 36)	17807.39	598478.68

	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)					LINE NUMBER: PAGE 6 / 21							
<u></u>	EMIZED DISBURSEMENTS		category of the Summary Page		ا أ	21b 27	22 28a		23 28b		24 28c		25 29	26 30k
	y Information copied from such Reports and Statem for commercial purposes, other than using the name													3
$\vdash$	NAME OF COMMITTEE (In Full)													
$ \rangle$	Rhode Island Republican State Central Co	mmittee												
Α.	Full Name (Last, First, Middle Initial) Robert DiLeonardo						Trans Date		-			.6164		
	Mailing Address 2348 Post Road						1 <sup>M</sup> 2	М	/ D	0 5	] / [	ž	o ŏ 6	Y
		State RI	Zip Code 02886				Amou	int o	f Eac	h Di	sburse	ement		-
	Purpose of Disbursement Rent				001			_	-	•		2	250.0	00
	Candidate Name			С	Catego Type	-								
	Senate President	ment For: Primary Other (spe	General ecify) ▼											
_	State: District:													
В.	Full Name (Last, First, Middle Initial) Robert DiLeonardo						Date	of D	isbur	seme	ent	.6165		
	Mailing Address 2348 Post Road						1 <sup>M</sup> 2	М	/ D	0 5	]	Ž (	o ŏ 6	Y
	,	State RI	Zip Code 02886				Amou	int o	f Eac	h Di	sburse	ement		-
	Purpose of Disbursement Rent Candidate Name			C	001 Catego	ory/					•	20	0.00.0	00
	Office Sought:  Senate President  State:  Disburse	ement For: Primary Other (spe	General ecify) ▼											
<b>C</b> .	Full Name (Last, First, Middle Initial) Robert DiLeonardo						Trans					.6166	<b>3</b>	
	Mailing Address 2348 Post Road						<sup>M</sup> 2	М	/ D	0 5	] ′ [	ž	) Ó 6	Y
		State RI	Zip Code 02886				Amou	int o	f Eac	h Di	sburse	ement	this P	eriod
	Purpose of Disbursement Cost of copies				001		L.	_				3	308.3	33
	Candidate Name			С	Catego Type									
	Office Sought:  Senate  President  State:  Disburse  Disburse	ment For: Primary Other (spe	General ecify) ▼											
s	UBTOTAL of Disbursements This Page (optional) .					<b>•</b>		•	- 1			25	58.3	3
	OTAL This Period (last page this line number only)			-								25	58.3	3

#### Image# 27960038888

_	^ / ^ _	•		
S	CHEDULE B (FEC Form 3X	Use seperate schedule(s)		NUMBER: PAGE 7/21
IT	EMIZED DISBURSEMENTS		(check only	y one)  22
	y Information copied from such Reports and for commercial purposes, other than using t			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	Rhode Island Republican State Cen	tral Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB28B.6161
٩.	Rhode Island Republican State Cen	tral Committee		Date of Disbursement
	Mailing Address 413 Knight Street			12 M / D 18 / Y 2006 Y
	City	State Zip Code		Amount of Each Disbursement this Period
	Warwick	RI 02886		
	Purpose of Disbursement Return of Q1 transfer		008	15632.25
	Candidate Name		Category/	
			Туре	
	Office Sought: House [	Disbursement For:		
	Senate	Primary General		
	President	Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	15632.25
	<u> </u>	15632.25
TOTAL This Period (last page this line number only)		13032.23

	ENIZED DISPUBLICATION	Use seperate schedule(s)		heck only one)									
ľ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	F	21b	Á	22 28a	П	23 28b	24 28c		25 29	X	26 30b
	y Information copied from such Reports and Stat			ny persor		the pu		se of so	olicating o		butions		000
or 1	for commercial purposes, other than using the na	ame and address of any political of	comn	nittee to s	solici	t contr	ibuti	ons fro	om such	comr	nittee		
	NAME OF COMMITTEE (In Full)												
/	Rhode Island Republican State Central (	Committee											
	Full Name (Last, First, Middle Initial)					Trans	acti	on ID:	SB30B	.614	5		
٦.	Jonathan D Black						of Di	sburse		Y Y	Y	Υ	
	Mailing Address 490 Wellington Ave.					1 1		3	0 /	2	0 Ď 6		
	City Cranston	State Zip Code RI 02910				Amou	nt of	f Each	Disburse	emen	t this F	erio	d
	Purpose of Disbursement	111 02310									415.3	31	
	Payroll			001			-			-		-	
	Candidate Name			egory/ ype									
	Office Sought: House Disbu	rsement For:											
	Senate	Primary General											
	State: President  State: District:	Other (specify)											
	Full Name (Last, First, Middle Initial)				+				0000	04.4	•		
3.	Jonathan D Black					Date o	of Di	sburse					
	Mailing Address 490 Wellington Ave.					<sup>M</sup> 2	М	0	7 /	ž	0 Ď 6	Y	
	City Cranston	State Zip Code RI 02910				Amou	nt of	f Each	Disburse	emen	t this F	erio	d
	Purpose of Disbursement Payroll			001							415.3	31	
	Candidate Name			egory/ ype									
	Senate President	rsement For: Primary General Other (specify) ▼											
	State: District:												
Э.	Full Name (Last, First, Middle Initial) Mary Diamond							on ID: sburse	SB30B ement	.614	.9		
	Mailing Address 801 S. Pitt St. # 432					1 1	М	<sup>D</sup> 3	0 /	<sup>Y</sup> 2	0 Ď 6	Y	
	City	State Zip Code				Amou	nt of	f Each	Disburse	emen	t this F	erio	d
	Alexandria Purpose of Disbursement	VA 22314									821.9	95	
	Payroll Candidate Name		Cat	egory/									
	Office Sought:    House   Disbu     Senate   President     State: District:	rsement For: Primary General Other (specify)	<u>.</u>	76-									
	oraco. District.					_	_			-		_	_
s	UBTOTAL of Disbursements This Page (optional	al)	·····	<b>&gt;</b>		L.				1	652.5	7	
T	OTAL This Period (last page this line number or					, I					•		

301123022 B (1 201 01111 0X)			Use seperate schedule(s)			(check o			n.		_ P/	AGE	9/2		
ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page			21b 27		22 28a	П	23 28b	24 28c		25 29	X	26 30b			
An	ny Information copied from such Reports an	d Statements ma	av no	ot be sold or used	bv a		n for		rpos						300
	for commercial purposes, other than using														
\	NAME OF COMMITTEE (In Full)														
/	Rhode Island Republican State Cer	ntral Committe	ee												
	Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	SB30B	.615	0		
٩.	Mary Diamond								of Di	isburse		v v	Y	Υ	
	Mailing Address 801 S. Pitt St. # 432							12		0	7 /	2	0 ŏ 6		
	City Alexandria	State VA		Zip Code 22314				Amou	nt o	f Each	Disburse	emen	t this F	erio	d
	Purpose of Disbursement					-							821.9	95	
	Payroll					001									
	Candidate Name					egory/ ype									
	•	Disbursement F		0											
	Senate President	Prima: Other	•	General cify) ▼											
	State: District:		(-	,, •											
_	Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	SB30B	.615	1		
<b>პ</b> .	Mary Diamond								of Di	isburse		V - V	V	V	
	Mailing Address 801 S. Pitt St. # 432							1 <sup>M</sup> 2	IVI	1	<b>4</b> /	ž	0 Ď 6		
	City Alexandria	State VA		Zip Code 22314				Amou	nt o	f Each	Disburse	emen	t this F	erio	d
	Purpose of Disbursement Payroll					001			_	-			821.9	95	
	Candidate Name					egory/ ype									
	Senate President	Disbursement Formal Primal Other	ry	General cify) ▼											
	State: District:														
Э.	Full Name (Last, First, Middle Initial) Mary Diamond									on ID:	SB30B ement	.615	2		
	Mailing Address 801 S. Pitt St. # 432							1 <sup>M</sup> 2	М	2	1 /	Ý Ž	0 Ď 6	Y	
	City Alexandria	State VA		Zip Code 22314				Amou	nt o	f Each	Disburse	emen	t this F	erio	d
	Purpose of Disbursement Payroll					001		<u></u>					822.4	13	
	Candidate Name				Ca	egory/ ype									
	Office Sought: House Senate President	Disbursement Forman Priman Other	ry	General											
	State: District:														
s	SUBTOTAL of Disbursements This Page (o	ptional)				<b>•</b>						2	466.3	3	
T	OTAL This Period (last page this line num)	ber only)				. •									

		Use seperate schedule(s)			heck only one)								
lΓ	TEMIZED DISBURSEMENTS  for each category of the Detailed Summary Page		21b	$\Box$	22	23		24		25		26	
۸۰	y Information copied from such Reports and State	monte may not be sold or used	<u>     </u>	27		28a		3b	28c	L contri	29	٠.,	30b
	for commercial purposes, other than using the nam											•	
$\overline{}$	NAME OF COMMITTEE (In Full)												
$\rangle$	Rhode Island Republican State Central Co	ommittee											
	Full Name (Last, First, Middle Initial)					Transa	action	ID:	SB30B	.615	3		
٩.	Mary Diamond					Date o	_			/ ° V		V	
	Mailing Address 801 S. Pitt St. # 432					1 2		<sup>D</sup> 2	8 ′	2	0 Ó 6		
	City Alexandria	State Zip Code VA 22314				Amour	nt of E	ach	Disburse	emen		-	t
	Purpose of Disbursement										821.9	)5	
	Payroll Candidate Name			001 egory/									
				уре									
		ement For:											
	Senate President	Primary General Other (specify) ▼											
	State: District:												
_	Full Name (Last, First, Middle Initial)								SB30B	.615	4		
5.	Matthew Frank					Date o					* \	17	
	Mailing Address 15 Lake St.					111		<sup>D</sup> 3	0 /	ž	0 Ď 6	Y	
	City Warwick	State Zip Code RI 02886				Amour	nt of E	ach	Disburse	emen	t this P	erio	t
	Purpose of Disbursement Payroll		Ó	001							403.4	1	
	Candidate Name			egory/ ype									
	Office Sought: House Disburs Senate	ement For: Primary General											
	President State: District:	Other (specify)											
_	Full Name (Last, First, Middle Initial)					Transa	action	ID:	SB30B	.615	5		
<b>)</b> .	Matthew Frank					Date o	f Disb	urse	ment				
	Mailing Address 15 Lake St.					12	/	0	7 /	ž	0 Ď 6	Υ	
	City Warwick	State Zip Code RI 02886				Amour	nt of E	ach	Disburse	emen	t this P	erio	d T
	Purpose of Disbursement Payroll		0	001		<u></u>					403.4	1	
	Candidate Name		Cat	egory/ ype									
	Office Sought: House Disburs Senate President	ement For:  Primary General  Other (specify) ▼											
	State: District:	· 											
s	UBTOTAL of Disbursements This Page (optional)			▶						1	628.7	7	
T	OTAL This Period (last page this line number only	)		. •									

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)		INE NUMBER: PAGE 11 / 21								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 2	3 24 25 8b 28c 29	26 X 30b						
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name											
NAME OF COMMITTEE (In Full)											
Rhode Island Republican State Central Co	mmittee										
Full Name (Last, First, Middle Initial)  A. Paychex			Transaction Date of Disb	ID: SB30B.6156 oursement							
Mailing Address 501 Wampanoag Trail			12	01 / 200	6 <sup>Y</sup>						
City East Providence	State Zip Code RI 02915		Amount of E	ach Disbursement this	Period						
Purpose of Disbursement Payroll Taxes		001		1681	.38						
Candidate Name		Category/ Type									
Senate President	ement For: Primary General Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial) <b>B.</b> Paychex			Date of Disb								
Mailing Address 501 Wampanoag Trail			12	08 7 200	6 <sup>*</sup>						
•	State Zip Code RI 02915	_	Amount of E	ach Disbursement this							
Purpose of Disbursement Payroll Taxes Candidate Name		001 Category/ Type		1681	.38						
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	.,,,,,									
Full Name (Last, First, Middle Initial)  C. Paychex			Transaction Date of Disb	ID: SB30B.6158							
Mailing Address 501 Wampanoag Trail			12 M	D 1 5 Y Y Y O O	6 <sup>Y</sup>						
City East Providence	State Zip Code RI 02915		Amount of E	ach Disbursement this	Period						
Purpose of Disbursement Payroll Taxes		001		679	.36						
Candidate Name		Category/ Type									
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)										
SUBTOTAL of Disbursements This Page (optional)				4042.	12						
TOTAL This Period (last page this line number only)					•						

	SHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s)		R LINE NUMBER: PAGE 12 / 21 eck only one)							21	
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27		22 28a	2:	3 8b	24 28c	П	25 29	26 X 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name											S
UI I	NAME OF COMMITTEE (In Full)	and address of any political	COMM	inilee lo	SUIIC	it COHTH	DULION	1011 61	ii Sucii	CONTIN	писее	
	Rhode Island Republican State Central Cor	mmittee										
<u> </u>	Full Name (Last, First, Middle Initial)								SB30B	.615	9	
۹.	Paychex					Date o	_			Y Y	Y	Υ
	Mailing Address 501 Wampanoag Trail					1 <sup>M</sup> 2		<sup>D</sup> 2	2	2	οŏε	
		State Zip Code RI 02915				Amoui	nt of E	ach [	Disburse	emen	t this F	Period
	Purpose of Disbursement	111 02313									678.8	38
	Payroll Taxes			001	Ш							
	Candidate Name			egory/ ype								
	Office Sought: House Disburser Senate	ment For:  Primary General										
	President	Other (specify) ▼										
	State: District:											
3.	Full Name (Last, First, Middle Initial) Paychex					Transa Date of			SB30B	.616	0	
						M	/ DISI	D 2		Y <u>Y</u>	Y	Υ
	Mailing Address 501 Wampanoag Trail					1 2		2 9	9	. 2	οŏε	
	,	State Zip Code RI 02915				Amoui	nt of E	ach [	Disburse	emen	t this F	Period
	Purpose of Disbursement										679.3	36
	Payroll Taxes Candidate Name			001	Ш							
	Candidate Name			egory/ ype								
	Office Sought: House Disburse											
	Senate President	Primary General Other (specify) ▼										
	State: District:	outer (opeony)										
	Full Name (Last, First, Middle Initial)								SB30B	.616	2	
•	Rachel Rea					Date o	IT DISC			ΥΥ	Y	Υ
	Mailing Address 5267 Reeves Road					1 1		<sup>D</sup> 3	0	2	o ŏ e	
	,	State Zip Code IN 47177				Amoui	nt of E	ach [	Disburse	emen	t this F	Period
	Purpose of Disbursement Payroll			001							438.3	33
	Candidate Name		Cat	egory/ ype								
	Office Sought: House Disburser Senate	ment For: Primary General										
	President	Other (specify)										
	State: District:											
s	UBTOTAL of Disbursements This Page (optional)			•	<u>•</u>					1	796.5	57
T	OTAL This Period (last page this line number only)				•							

	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)					LINE NUMBER: PAGE 13 / 21								
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page		Ė	21b	only one)  22 23 24 28a 28b 28c				c <u></u>	25 29	26 X 30b		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name														
K	NAME OF COMMITTEE (In Full)		7,7												
$ \rangle$	Rhode Island Republican State Central Co	mmittee													
Α.	Full Name (Last, First, Middle Initial) Rachel Rea							Tran: Date					B.616	63	
	Mailing Address 5267 Reeves Road							<sup>M</sup> 2	М	/	0 7	7	Y	ž o ŏ	6 <sup>Y</sup>
		State IN	Zip Code 47177					Amo	unt c	f Ea	ch D	isbur	semer	nt this	Period
	Purpose of Disbursement Payroll			Г	0	01	1	L.						438	.33
	Candidate Name			С		egory/ pe									
	Senate President	ment For: Primary Other (spe	General												
_	State: District:														
В.	Full Name (Last, First, Middle Initial) Kelly M. Reynolds							Date	of D	isbu	rsen	nent	B.614		
	Mailing Address 18720 Willow Creek Dr.							1 1	М		3 0		7 2	δοŏ	6 <sup>Y</sup>
	,	State KS	Zip Code 67052					Amo	unt c	f Ea	ch D	isbur	semer		Period
	Purpose of Disbursement Payroll Candidate Name				ate	01 egory/		L.,				•		415	.31
	Senate President	ement For: Primary Other (spe	General ecify) ▼												
	State: District:  Full Name (Last, First, Middle Initial)  Kelly M. Reynolds							Trans					B.614	18	
•	Reliy IVI. ReyTIOIdS							Date	М				Υ ,	ΥΥ	Υ
	Mailing Address 18720 Willow Creek Dr.							1 2		L	0 7		2	Σοŏ	6
	Goddard	State KS	Zip Code 67052					Amo	unt c	f Ea	ch D	isbur	semer		Period
	Purpose of Disbursement Payroll				_	01		L.				•	•	415	.31
	Candidate Name					egory/ vpe									
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General <b>▼</b>												
٩	UBTOTAL of Disbursements This Page (optional) .						 ▶			•	*		1	268.	95
						<u>'</u>	_	$\vdash$	-	_	-	+	10	855.	31
	OTAL This Period (last page this line number only).						_								<b>∵</b> :

#### SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 14/21 FOR LINE 13 OF FORM 3X

	Detailed Summary Page										
NAME OF COMMITTEE (In Full)											
Rhode Island Republican State Central Committee											
	Transaction ID: SC/10.4439										
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:										
Carcieri for Governor	Primary General										
Mailing Address P. O. Box 20415	Other (specify)										
Mailing Address P. O. Box 20415	Strict (Specify)										
City Cranston State RI ZII	P Code 02920										
Original Amount of Loan Cumulative Payme	nt To Date Balance Outstanding at Close of This Period										
3500.00	0.00 3500.00										
3300.00	0.00										
TERMS											
Date Incurred Date Due	e Interest Rate Secured:										
03 24 2003	% (apr) Yes X No										
	// (apr) 199 [X] 199										
List All Endorsers or Guarantors (if any) to Loan Source											
Full Name (Last, First, Middle Initial)	Name of Employer										
Mailing Addyson	O										
Mailing Address	Occupation										
	Amount										
City State ZIP Code	Guaranteed										
5.0,	Outstanding:										
Full Name (Last, First, Middle Initial)	Name of Employer										
Mailing Address	Occupation										
	Amount										
City State ZIP Code	Guaranteed										
Only Chair En Code	Outstanding:										
Full Name (Last, First, Middle Initial)	Name of Employer										
Mailing Address	Occupation										
City State ZIP Code	Amount Guaranteed										
City State ZIP Code	Outstanding:										
Full Name (Last, First, Middle Initial)	Name of Employer										
Mailing Address	Occupation										
212	Amount										
City State ZIP Code	Guaranteed Outstanding:										
SUBTOTALS This Period This Page (optional)	3500.00										
TOTALS This Period (last page in this line only)											
arry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropraite line of Summary.											

#### SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 15/21 FOR LINE 13 OF FORM 3X

	Detailed Summary Pag	ge
NAME OF COMMITTEE (In Full)		
Rhode Island Republican State Central Committee		
·	Tra	nsaction ID: SC/10.4441
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:
Carcieri for Governor		Primary
Mailing Adduses		General
Mailing Address P. O. Box 20415		Other (specify)
City Cranston State RI ZIP Cod	le 02920	
Original Amount of Loan Cumulative Payment To		nce Outstanding at Close of This Period
5000.00	0.00	5000.00
TERMS		
Date Incurred Date Due	Interest	Rate Secured:
06 10 2003		% (apr) Yes X No
		/» (арі) — тее //, те
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
,	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
McPro Address		
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
,	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
,	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
only State 211 South	Outstanding:	
		5000.00
SUBTOTALS This Period This Page (optional)	<b>P</b>	3000.00
TOTALS This Period (last page in this line only)		8500.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to ap	propraite line of Summary.

PAGE 16 / 21

DEBTS AND OBLIGATIONS			FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) Rhode Island Republican State Central Com	mittee		
A. Full Name (Last, First, Middle Initial) of Debto Campaign Solutions	or or Creditor		ebt (Purpose): il Back Debt
Mailing Address 228 South Washington St	reet		
City State Alexandria VA	ZIP Code 22314		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.4144
1500.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00	)	1500.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debto Timothy Costa	or or Creditor	Nature of D Back Pay	ebt (Purpose):
Mailing Address 84 Enfield Avenue			
City State Providence RI	ZIP Code 02908		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.4146
2500.00			
Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of This Period
0.00	0.00		2500.00
C. Full Name (Last, First, Middle Initial) of Debto Halsey Properties	or or Creditor	Nature of D Rent Back	ebt (Purpose): C Debt
Mailing Address 18 Burnside Street			
City State Bristol RI	ZIP Code 02809		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.4148
1587.39			
Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of This Period
0.00	0.00		1587.39
1) SUBTOTALS This Period This Page (optional).		. •	5587.39
2) TOTALS This Period (last page this line number	only)	. <b>•</b>	
3) TOTALS OUTSTANDING LOANS from Sched	lule C (last page only)	. <b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	) <b>&gt;</b>	

#### PAGE 17 / 21 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Rhode Island Republican State Central Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): JLM Consulting Travel Back Debt Mailing Address Info Requested City State ZIP Code VA Alexandria 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4150 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Event Exp Back Debt Kentish Guards Mailing Address Main Street ZIP Code State City East Greenwich 02818 RI Outstanding Balance Beginning This Period Transaction ID: SD10.4152 226.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 226.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Event Exp Photography Back Debt Richard Kizarian Mailing Address 337 Sastram Street ZIP Code City State Providence RI 02908 Transaction ID: SD10.4160 Outstanding Balance Beginning This Period 600.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 600.00 1826.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

(Use separate schedule(s)

PAGE 18 / 21 FOR LINE NUMBER:

DEBTS AND OBLIGATIONS		for each	(check only one) 9
excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)			
Rhode Island Republican State Central Comm	ittee		
A. Full Name (Last, First, Middle Initial) of Debtor (Providence Marriot	or Creditor		ebt (Purpose): Election 2000
Mailing Address Orms Street			
City State Providence RI	ZIP Code 02903		
Outstanding Balance Beginning This Period 1198.53		Tra	nsaction ID: SD10.4154
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		1198.53
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of Hon Joan Quick	or Creditor	Nature of D Back Pay	ebt (Purpose):
Mailing Address 16-G Mullen Hill Road			
City State Little Compton RI	ZIP Code 02837		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.4156
2575.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		2575.00
C. Full Name (Last, First, Middle Initial) of Debtor of Ralph Stuart Band	or Creditor		ebt (Purpose): Back Debt
Mailing Address 3 Regency Plaza			
City State	ZIP Code		
Providence RI	02903		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.4158
325.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		325.00
1) SUBTOTALS This Period This Page (optional)		<b>•</b>	4098.53
2) TOTALS This Period (last page this line number o	nly)	<b>&gt;</b>	11511.92
3) TOTALS OUTSTANDING LOANS from Schedul	e C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)	<b>-</b>	

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

PAGE	1	9/2	21	
FOR	LINE	21a	OF	FORM 3X

				FOR LINE 21a OF FURIVI 3A
NAME OF COMMIITTEE (In Full) Rhode Island Republican		mmittee		
A. Full Name (Last, First, M Charles Newton	Middle Initial)			Type of Allocated Activity:  X Administrative Fundraising Exempt
Mailing Address				
125 Bow St.				
City	State	Zip Code		Public Comm (ref to party only) by PAC
East Greenwich	RI	02818	001	Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Payroll			Category/ Type	57892.70
Activity or Event Identifier: Administrative				Date 1 1 3 0 7 2 0 0 6 Transaction ID: H4.6140
FEDERAL S	HARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	497.07		331.38	828.45
B. Full Name (Last, First, M.	Middle Initial)			Type of Allocated Activity:
Charles Newton				Administrative Fundraising Exempt
Mailing Address 125 Bow St.				Voter Drive Direct Candidate Support
City	State	Zip Code		Public Comm (ref to party only) by PAC
East Greenwich	RI	02818	001	Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Payroll			Category/ Type	58721.15
Activity or Event Identifier: Administrative			1 1960	Date 1 2 0 7 2 0 0 6  Transaction ID: H4.6141
FEDERAL S	SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	497.07		331.38	828.45
C. Full Name (Last, First, M Cox Communications	Middle Initial)			Type of Allocated Activity:  X Administrative Fundraising Exempt
Mailing Address				Voter Drive Direct Candidate Support
P. O. Box 39	9 J. P. Mur	<u> </u>		
City	State	Zip Code	001	Public Comm (ref to party only) by PAC
Newark  Purpose of Disbursement:	NJ	02893		Allocated Activity or Event Year-To-Date 58763.04
Telephone			Category/ Type	36/63.U4
Activity or Event Identifier: Administrative				Date 1 2 1 5 2 0 0 6 Transaction ID: H4.6142
FEDERAL S	HARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	25.13		16.76	41.89
SUBTOTAL of Allocated Feder	ral and NonFederal /	Activity This Page		
FEDERAL S	HARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	1019.27		679.52	1698.79
TOTAL This Period (last page	• , ,	( / ( /		. , , , ,
FEDERAL S	SHARE	NONFEDERA	L SHARE	TOTAL AMOUNT

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

PAGE	2	0 / 2	21		
FOR	LINE	21a	OF	FORM 3X	

				FOR LINE 21a OF FORM 3X
IAME OF COMMITTEE (In F	full)			
Rhode Island Republica	an State Central	Committee		
A F. 11 N	r Karlan II or o			I Torre of Alleranda II A. C. C.
A. Full Name (Last, Firs Cox Communication	t, Middle Initial) Is			Type of Allocated Activity:
				Administrative Fundraising Exempt
Mailing Address	0 1 5 1	humbu Lhan		Voter Drive Direct Candidate Support
P. O. Box 39		lurphy Hwy.	1	Public Comm (ref to party only) by PAC
City	State NJ	Zip Code	001	
Newark		02893		Allocated Activity or Event Year-To-Date
Purpose of Disburseme Telephone	nt:		Category/ Type	59679.71
Activity or Event Identific Administrative	er:			Date 1 2 1 5 2 0 0 6 Transaction ID: H4.6143
FEDERA	L SHARE	+ NONFEDERA	AL SHARE	= TOTAL AMOUNT
	550.00		366.67	916.67
<b>B.</b> Full Name (Last, Firs T-Mobile	t, Middle Initial)			Type of Allocated Activity:  X Administrative Fundraising Exempt
Mailing Address P. O. Box 742596				Voter Drive Direct Candidate Support
City P. O. Box 742596	State	Zip Code		Public Comm (ref to party only) by PAC
City Cincinnati	OH	21p Code 45274	001	Allocated Activity or Event Year-To-Date
Purpose of Disburseme		43274		
Cell phone	ш.		Category/ Type	60277.59
Activity or Event Identific Administrative	er:			Date 1 2 1 5 2 0 0 6 Transaction ID: H4.6167
FEDERA	L SHARE	+ NONFEDERA	N SHARE	= TOTAL AMOUNT
	358.73		239.15	597.88
C. Full Name (Last, Firs Verizon	t, Middle Initial)			Type of Allocated Activity:  X Administrative Fundraising Exempt
Mailing Address				1
PO Box 28007				U Voter Drive ☐ Direct Candidate Support
City	State	Zip Code		Public Comm (ref to party only) by PAC
Lehigh Valley	PA	18002	001	Allocated Activity or Event Year-To-Date
Purpose of Disburseme Cell phone			Category/	61451.50
Activity or Event Identifie	or:		Туре	M M / D D / Y Y Y Y
Activity or Event identifie Administrative	5I.			Date 1.2 1.5 2.006
				Transaction ID: H4.6168
FEDERA	L SHARE	+ NONFEDERA	AL SHARE	= TOTAL AMOUNT
	704.35		469.56	1173.91
				_
SUBTOTAL of Allocated Fe	deral and NonFeder	al Activity This Page		
FEDERA	L SHARE	+ NONFEDERA	AL SHARE	= TOTAL AMOUNT
	1613.08	8 8 8 8	1075.38	2688.46
OTAL This Period (last pa	ge for each line only	/)(Federal share to 21(a)(i) ar	nd NonFederal sha	re to 21(a)(i))
, ,	L SHARE	NONFEDER		TOTAL AMOUNT
		_		

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

PAGE	2	1/2	21		
FOR	LINE	21a	OF	FORM 3X	

				FOR LINE 21a OF FORM 3X
NAME OF COMMITTEE (In Full)				
Rhode Island Republican	State Central C	Committee		
A. Full Name (Last, First, N	/liddle Initial)			Type of Allocated Activity:
Verizon				Administrative Fundraising Exempt
Mailing Address				Voter Drive Direct Candidate Support
PO Box 1				
City	State	Zip Code		Public Comm (ref to party only) by PAC
Worcester	MA	01654	001	Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Telephone			Category/ Type	62183.26
Activity or Event Identifier: Administrative			. , , , , , , , , , , , , , , , , , , ,	Date 1 2 1 5 2 0 0 6 Transaction ID: H4.6169
FEDERAL S	HARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	439.06		292.70	731.76
B. Full Name (Last, First, N FLS Connect	Middle Initial)			Type of Allocated Activity:
-				Administrative Fundraising Exempt
Mailing Address	0			Voter Drive Direct Candidate Support
2401 W. Behrend Dr. City	Suite 7 State	Zip Code	Γ	Public Comm (ref to party only) by PAC
Phoenix	AZ	85027	001	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:	<u> </u>	03021		
Advertising			Category/ Type	82479.34
Activity or Event Identifier: Administrative				Date 1 2 2 2 2 0 0 6 Transaction ID: H4.6144
FEDERAL S	HARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	12177.65		8118.43	20296.08

SUBT	OTAL of Allocated Federal and NonFederal	Activ	rity This Page		
	FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
	12616.71	1 [	8411.13		21027.84
TOTA	L This Period (last page for each line only)	Fede	ral share to 21(a)(i) and NonFederal share	to 2	1(a)(i))
	FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
	15249.06	] [	10166.03		25415.09