

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1800 Post Road
Suite 17-1
 Check if different than previously reported. (ACC)
Warwick RI 02886

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 02 2010 in the State of RI

5. Covering Period 10 01 2010 through 11 22 2010

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

Type or Print Name of Treasurer Marc Tondreau

Signature of Treasurer Electronically Filed by Marc Tondreau Date 06 23 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3XA**

Amended report to add missing addresses and descriptions. Also re-classified expense items to properly show the proper payee.

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Rhode Island Republican State Central Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | X | Y | Y | Y | 2 | 0 | 1 | 0 | | 46687.93 |
| X | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 47334.98 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 26000.00 | 65844.63 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 73334.98 | 112532.56 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 8770.73 | 47968.31 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 64564.25 | 64564.25 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 20011.92 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Rhode Island Republican State Central Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| 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) | 0.00 | 1000.00 |
| (ii) Unitemized | 0.00 | 405.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 1405.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 1000.00 | 1000.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 1000.00 | 2405.00 |
| 12. Transfers From Affiliated/Other Party Committees | 25000.00 | 58000.00 |
| 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 | 9.47 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 5430.16 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 5430.16 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 26000.00 | 65844.63 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 26000.00 | 60414.47 |

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 2293.46 | 15398.38 |
| (ii) Non-Federal Share..... | 4077.27 | 27422.68 |
| (b) Other Federal Operating Expenditures..... | 2400.00 | 2922.25 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 8770.73 | 45743.31 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 2225.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 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)).. | 8770.73 | 47968.31 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 4693.46 | 20545.63 |

| 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) | 1000.00 | 2405.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1000.00 | 2405.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 4693.46 | 18320.63 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 9.47 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 4693.46 | 18311.16 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 20 | |
| | (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 |

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

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

A.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Haleys PAC | | Date of Receipt |
| Mailing Address P.O. Box 1186 | | <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/> |
| City | State | Zip Code |
| Jackson | MS | 39215 |
| FEC ID number of contributing federal political committee. | | Transaction ID: SA11C.7412 |
| <input type="text" value="C"/> <input type="text" value="C00406314"/> | | Amount of Each Receipt this Period |
| Name of Employer | | <input type="text" value="1000.00"/> |
| Occupation | | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="1000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="1000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="1000.00"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 20
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

A.

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

Mailing Address 310 First Street, SE

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

41000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 5 | | 2 | 0 | 1 | 0 |

Transaction ID: SA12.7403

Amount of Each Receipt this Period

25000.00

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 25000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 25000.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Direct Media | Transaction ID: SB21B.7435 Date of Disbursement |
| | Mailing Address 454 Broadway 3rd Flr. | <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> |
| | City Providence State RI Zip Code 02909 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Advertising - party building Candidate Name | <input type="text" value="400.00"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | <input type="text" value="004"/> Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Direct Media | Transaction ID: SB21B.7437 Date of Disbursement |
| | Mailing Address 454 Broadway 3rd Flr. | <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> |
| | City Providence State RI Zip Code 02909 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Advertising - party building Candidate Name | <input type="text" value="2000.00"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | <input type="text" value="004"/> Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ►

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

A. Form/Schedule : **SB21B**
Transaction ID : **SB21B.7435**

Advertising on buses. Shared expense with the state committee for party building.

B. Form/Schedule : **SB21B**
Transaction ID : **SB21B.7437**

Advertising on buses. Shared expense with the state committee for party building.

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
Rhode Island Republican State Central Committee
Transaction ID: SC/10.4439

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

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 3500.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 3500.00 |
|------------------------------------|------------------------------------|--|

TERMS

| | | | |
|--|----------|---------------------------------|---|
| Date Incurred MM DD YY YY 03 24 2003 | Date Due | Interest Rate 0.0000 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|----------|---------------------------------|---|

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

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

| | | |
|--|---|---------|
| SUBTOTALS This Period This Page (optional) | ▶ | 3500.00 |
| TOTALS This Period (last page in this line only) | ▶ | [] |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | | |

SCHEDULE C (FEC Form 3X)

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

PAGE 12 / 20
FOR LINE 13 OF FORM 3X

LOANS

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

Transaction ID: SC/10.4441

LOAN SOURCE Full Name (Last, First, Middle Initial)
Carcieri for Governor

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address P. O. Box 20415

City Cranston State RI ZIP Code 02920

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

TERMS

| Date Incurred | Date Due | Interest Rate | Secured: |
|--------------------------|----------|----------------|---|
| MM DD YYYY 06 10 2003 | | 0.0000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

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

| | | |
|---|---|---------|
| SUBTOTALS This Period This Page (optional) | ▶ | 5000.00 |
| 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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 1500.00 | Transaction ID: SD10.4144 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1500.00 |

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

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 2500.00 | Transaction ID: SD10.4146 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2500.00 |

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

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 1587.39 | Transaction ID: SD10.4148 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1587.39 |

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 5587.39 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTAL 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) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 1000.00 | Transaction ID: SD10.4150 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1000.00 |

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

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 226.00 | Transaction ID: SD10.4152 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 226.00 |

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

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 600.00 | Transaction ID: SD10.4160 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 600.00 |

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 1826.00 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTAL 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) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 1198.53 | | Transaction ID: SD10.4154 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1198.53 | |

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

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 2575.00 | | Transaction ID: SD10.4156 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2575.00 | |

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

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 325.00 | | Transaction ID: SD10.4158 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 325.00 | |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | 4098.53 |
| 2) TOTALS This Period (last page this line number only)..... | 11511.92 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 8500.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 20011.92 |

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

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

| | | | | | | | |
|--|-------|----------|--|---|--|--|--|
| A. Full Name (Last, First, Middle Initial) Cranston Country Club | | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | |
| Mailing Address 69 Burlingame Road | | | | Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">36666.33</div> | | | |
| City | State | Zip Code | | | | | |
| Cranston | RI | 02921 | | 003 | | | |
| Purpose of Disbursement: Food and event location | | | | Category/ Type | | | |
| Activity or Event Identifier: Administrative | | | | Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 04 / 2010</div> | | | |
| Transaction ID: H4.7392 | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 77.76 | | 138.24 | | 216.00 |

| | | | | | | | |
|--|-------|----------|--|---|--|--|--|
| B. Full Name (Last, First, Middle Initial) Cranston Country Club | | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | |
| Mailing Address 69 Burlingame Road | | | | Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">37600.33</div> | | | |
| City | State | Zip Code | | | | | |
| Cranston | RI | 02921 | | 003 | | | |
| Purpose of Disbursement: Food and event location | | | | Category/ Type | | | |
| Activity or Event Identifier: Administrative | | | | Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 04 / 2010</div> | | | |
| Transaction ID: H4.7394 | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 336.24 | | 597.76 | | 934.00 |

| | | | | | | | |
|--|-------|----------|--|---|--|--|--|
| C. Full Name (Last, First, Middle Initial) US Postal Service | | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | |
| Mailing Address 24 Corliss St. | | | | Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">37617.93</div> | | | |
| City | State | Zip Code | | | | | |
| Providence | RI | 02903 | | 001 | | | |
| Purpose of Disbursement: Postage | | | | Category/ Type | | | |
| Activity or Event Identifier: Administrative | | | | Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 06 / 2010</div> | | | |
| Transaction ID: H4.7395 | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 6.34 | | 11.26 | | 17.60 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 420.34 | | 747.26 | | 1167.60 |

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

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

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

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

A. Full Name (Last, First, Middle Initial)
Tech 911

Mailing Address
990 West Shore Road,

| | | | |
|-----------------|-------------|-------------------|-----|
| City Warwick | State RI | Zip Code 02888 | 001 |
|-----------------|-------------|-------------------|-----|

Purpose of Disbursement:
Computer repair

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
37842.93

Date 10 / 06 / 2010
Transaction ID: H4.7396

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 81.00 | | 144.00 | | 225.00 |

B. Full Name (Last, First, Middle Initial)
Barrington Shell

Mailing Address
242 County Road

| | | | |
|--------------------|-------------|-------------------|-----|
| City Barrington | State RI | Zip Code 02806 | 002 |
|--------------------|-------------|-------------------|-----|

Purpose of Disbursement:
Travel

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
37894.40

Date 10 / 06 / 2010
Transaction ID: H4.7398

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 18.53 | | 32.94 | | 51.47 |

C. Full Name (Last, First, Middle Initial)
Giovanni Cicione

Mailing Address
86 Ferry Lane

| | | | |
|--------------------|-------------|-------------------|-----|
| City Barrington | State RI | Zip Code 02806 | 002 |
|--------------------|-------------|-------------------|-----|

Purpose of Disbursement:
travel expense - cash for out of pocket expense

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
37994.40

Date 10 / 14 / 2010
Transaction ID: H4.7400

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 36.00 | | 64.00 | | 100.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 135.53 | | 240.94 | | 376.47 |

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

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

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

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

A. Full Name (Last, First, Middle Initial)
US Postal Service

Mailing Address
24 Corliss St.

| | | | |
|------------|-------|----------|-----|
| City | State | Zip Code | 001 |
| Providence | RI | 02903 | |

Purpose of Disbursement:
postage

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
38038.40

Date / /
Transaction ID: H4.7402

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 15.84 | | 28.16 | | 44.00 |

B. Full Name (Last, First, Middle Initial)
Barrington Shell

Mailing Address
242 County Road

| | | | |
|------------|-------|----------|-----|
| City | State | Zip Code | 002 |
| Barrington | RI | 02806 | |

Purpose of Disbursement:
Travel

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
38100.07

Date / /
Transaction ID: H4.7405

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 22.20 | | 39.47 | | 61.67 |

C. Full Name (Last, First, Middle Initial)
Giovanni Cicione

Mailing Address
86 Ferry Lane

| | | | |
|------------|-------|----------|-----|
| City | State | Zip Code | 001 |
| Barrington | RI | 02806 | |

Purpose of Disbursement:
Direct expense for copies provided

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
39295.93

Date / /
Transaction ID: H4.7404

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 430.51 | | 765.35 | | 1195.86 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 468.55 | | 832.98 | | 1301.53 |

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

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

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

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

A. Full Name (Last, First, Middle Initial)
Spada Media

Mailing Address
PO Box 540

| | | | |
|------------|-------|----------|-----|
| City | State | Zip Code | |
| Barrington | RI | 02806 | 003 |

Purpose of Disbursement:
Consulting fees for Fundraising and advertising

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
42295.93

Date / /
Transaction ID: H4.7406

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1080.00 | | 1920.00 | | 3000.00 |

B. Full Name (Last, First, Middle Initial)
Citizens Bank

Mailing Address
P. O. Box 789

| | | | |
|------------|-------|------------|-----|
| City | State | Zip Code | |
| Providence | RI | 02901-0789 | 001 |

Purpose of Disbursement:
bank fee

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
42308.93

Date / /
Transaction ID: H4.7414

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 4.68 | | 8.32 | | 13.00 |

C. Full Name (Last, First, Middle Initial)
Gleason's Package Store

Mailing Address
394A Patriots Rd

| | | | |
|-----------|-------|----------|-----|
| City | State | Zip Code | |
| Templeton | MA | 01468 | 007 |

Purpose of Disbursement:
Beverages for event

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
42676.47

Date / /
Transaction ID: H4.7409

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 132.31 | | 235.23 | | 367.54 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1216.99 | | 2163.55 | | 3380.54 |

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

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

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

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

A. Full Name (Last, First, Middle Initial)
Harland Clarke

Mailing Address
10931 Laureate Drive

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| San Antonio | TX | 78249 |

| |
|-------------------|
| 001 |
| Category/ Type |

Purpose of Disbursement:
checks

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

| |
|----------|
| 42821.06 |
|----------|

Date

| | |
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| M | M |
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| D | D |
| 0 | 3 |

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| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: H4.7415

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 52.05 | | 92.54 | | 144.59 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 52.05 | | 92.54 | | 144.59 |

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

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| 2293.46 | 4077.27 | 6370.73 |