

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) R. I. Republican State Central Comm.		Nov 79	Page 1 of 100
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 18 Bridge Street		2. FEC IDENTIFICATION NUMBER C-00078196	
CITY, STATE and ZIP CODE Providence RI 02903		3. <input type="checkbox"/> This committee qualifies as a multicandidate committee DURING THIS Reporting Period on _____ (date).	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- Twelfth day report preceding General (Type of Election)
 election on Nov 5, 1996 in the State of RI
 Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>October 1, 1996 through October 16, 1996</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>			\$ 105. ⁷¹
(b) Cash on Hand at Beginning of Reporting Period		\$ 3555. ⁵⁵	
(c) Total Receipts (from Line 19)		\$ 1750. ⁰⁰	\$ 133,620. ⁰⁸
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 5305. ⁵⁵	\$ 133,725. ⁷⁹
7. Total Disbursements (from Line 30)		\$ 4957. ²³	\$ 133,377. ⁴⁷
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 348. ³²	\$ 348. ³²
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 45,755. ⁵⁷	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
Margaret C. Coughlin
Signature of Treasurer
Margaret C. Coughlin

Date
10/18/96

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

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
 PAGE 2, FEC FORM 3X

[revised 1/1/91]

NAME OF COMMITTEE R.I. Republican State Central Committee	REPORT COVERING PERIOD	
	FROM 10/1/96	TO 10/16/96
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	750. ⁰⁰	59,750. ³⁷
ii. Unitemized		4,274. ⁰⁰
iii. Total (add i and ii) >	750. ⁰⁰	64,524. ³⁷
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) >	750. ⁰⁰	64,524. ³⁷
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		276. ⁶⁰
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		2,661. ²⁰
17. Other Federal Receipts (Dividends, Interest, etc.)	1000. ⁰⁰	57,560. ¹¹
18. Transfers from Nonfederal Account for Joint Activity	1750. ⁰⁰	133,620. ⁰⁸
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2750. ⁰⁰	76,119. ⁴⁷
20. Total Federal Receipts (subtract line 18 from line 19) >		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	2,661. ⁹⁰	44,916. ⁴⁹
ii. Non-Federal Share	2,239. ⁰⁸	58,513. ⁵²
b. Other Federal Operating Expenditures	6. ²⁵	5408. ¹⁶
c. Total Operating Expenditures (Add a i, a ii, and b) >	4,907. ²³	108,938. ⁷⁶
22. Transfers to Affiliated/Other Party Committees		24,538. ⁰¹
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) >	- 0 -	- 0 -
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	14,957. ²³	133,377. ⁷⁷
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,668. ¹⁵	74,963. ⁹⁹
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	750. ⁰⁰	64,524. ³⁷
33. Total Contribution Refunds (from line 28d)	- 0 -	- 0 -
34. Net Contributions (other than loans) (subtract line 33 from line 32)	750. ⁰⁰	64,524. ³⁷
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	2,668. ¹⁵	50,325. ²⁴
36. Offsets to Operating Expenditures (from line 15)	- 0 -	276. ⁶⁰
37. Net Operating Expenditures (subtract line 36 from line 35) >	2,668. ¹⁵	50,048. ⁶⁴

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(a)(i)

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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Taseh 44 Regal Terrace Cranston, RI 02921 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Woodbury General Home Occupation: Director Aggregate Year-to-Date > \$ 250	10/8/96	250.00
Herbert DeSimone 65 Emeline Street Providence, RI 02904 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	DeSimone - Leach Occupation: Attorney Aggregate Year-to-Date > \$ 250	10/8/96	250.00
Henry M. Saccoccia 535 Atwood Ave Cranston, RI 02920 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: CPA Aggregate Year-to-Date > \$ 250	10/8/96	250.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)
 TOTAL This Period (1841 page this line number only) 250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 215

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, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<u>Fleet Bank 111 Westminster Street Providence, RI 02903</u>	<u>Bank Charges</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10/1/96</u>	<u>6.25</u>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

6.25

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
R.I. Republican State Central Comm				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor R.I. Republican State Central Comm. - STATE ACCOUNT - 18 Bridge Street Providence, RI 02903	8041. ⁷⁹	-0-	-0-	8041. ⁷⁹
Nature of Debt (Purpose): allocated expenses				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Capital View Associates 400 Smith Street Providence, RI 02908	3500. ⁰⁰	-0-	-0-	3,500. ⁰⁰
Nature of Debt (Purpose): rent (disputed)				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Norma Willis 1191 North Road Jamestown, RI 02835	4000. ⁰⁰	-0-	-0-	4000. ⁰⁰
Nature of Debt (Purpose): back pay				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Halsey Properties 18 Bunsion Street Bristol, RI 02809	1,587. ³⁹	-0-	-0-	1,587. ³⁹
Nature of Debt (Purpose): rent + utilities				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Cellular One 1 Franklin Square Providence, RI 02903	3,392. ⁰⁰	-0-	-0-	3,392. ⁰⁰
Nature of Debt (Purpose): Telephone:-				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				20,521. ¹⁸
2) TOTAL This Period (last page this line 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
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 2 of 4 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
R.I. Republican State Central Comm				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor James E. Murphy, Jr 117 Upshire Circle Gaithersburg MD 20878	9,778. ⁸⁶	-0-	-0-	9,778. ⁸⁶
Nature of Debt (Purpose): consulting + travel Reim.				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor JM Communications 106 Rolfe Street Cranston, RI 02920	3,000. ⁰⁰	-0-	-0-	3,000. ⁰⁰
Nature of Debt (Purpose): consulting (disputed)				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Essex House 133 Gano Street Providence, RI 02906	663. ⁷⁵	-0-	-0-	663. ⁷⁵
Nature of Debt (Purpose): disputed meeting expense				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor PENNY BOWEN P.O. Box 5151 Norwalk, Ct 06856	2,917. ⁶⁶	146. ⁰⁶	-0-	3,063. ⁷²
Nature of Debt (Purpose): Equipment				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Print Source 918 Park Avenue Cranston, RI 02921	4516. ¹⁵	-0-	-0-	4516. ¹⁵
Nature of Debt (Purpose): Printing				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor Paychex Inc. 501 Wampanoag Trail E. Providence, RI 02915	35. ¹⁰	51. ⁶⁰	-0-	86. ⁷⁰
Nature of Debt (Purpose): Payroll Rep				
1) SUBTOTALS This Period This Page (optional)				21,109. ¹⁸
2) TOTAL This Period (last page this line 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
[Revised 3/80]

DEBTS AND OBLIGATIONS
Excluding Loans

Page 3 of 7 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
R.I. Republican State Central Comm				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Nicol Printing 2800 Post Road Warwick, RI 02886	500. ⁰⁰	-0-	-0-	500. ⁰⁰
Nature of Debt (Purpose): Printing				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Federal Express PO Box 1140 Memphis, TN 38101	498. ⁷⁵	29. ⁰⁰	-0-	527. ⁷⁵
Nature of Debt (Purpose): Postage				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Page New England 56 Exchange Street Providence, RI 02906	35. ⁸¹	-0-	-0-	35. ⁸¹
Nature of Debt (Purpose): Papers				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor AT + T Box 27866 Kansas City, Mo 64184	-0-	116. ⁵⁹	-0-	116. ⁵⁹
Nature of Debt (Purpose): Telephone				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Caffe Nuovo One Citizens Plaza Providence, RI 02903	-0-	47. ⁸⁷	-0-	47. ⁸⁷
Nature of Debt (Purpose): Meating				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor Cappiccio 2 Pine Street Providence, RI 02903	-0-	111. ²⁵	-0-	111. ²⁵
Nature of Debt (Purpose): Meating				
1) SUBTOTALS This Period This Page (optional)				1339. ²⁴
2) TOTAL This Period (last page this line 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
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 4 of 4 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
R.I. Republican State Central Comm				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Cox Communications 106 Rolfe Street CRANSTON, RI 02920	-0-	27. ⁹⁶	-0-	27. ⁹⁶
Nature of Debt (Purpose): Cable				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Marsh Realty Corporation 525 S. Water Street PROVIDENCE, RI 02903	-0-	1284. ⁹⁶	-0-	1284. ⁹⁶
Nature of Debt (Purpose): Rent + Utilities				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Richard Kirzian 301 Jastram Street PROVIDENCE, RI 02908	-0-	720. ⁰⁰	-0-	720. ⁰⁰
Nature of Debt (Purpose): Photography				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Westminster Travel 50 Park Row West PROVIDENCE, RI 02903	-0-	753. ⁰⁵	-0-	753. ⁰⁵
Nature of Debt (Purpose): Airfare				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				2785. ⁹⁷
2) TOTAL This Period (last page this line only)				45,755. ⁵⁷
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				45,755. ⁵⁷

TRANSFERS FROM NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE: **R.I. Republican State Central Committee** TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT: **R.I. Republican State Central Comm - State Act** DATE OF RECEIPT: **10/4/96** \$ **1000.00**

BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive	1000		
ii) Direct Fundraising (List Events-Amount for Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support			

NAME OF ACCOUNT: **RI Republican State Central Comm - State Act** DATE OF RECEIPT: \$

BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive			
ii) Direct Fundraising (List Events-Amount for Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support			

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
SUBTOTAL THIS PAGE			
TOTAL THIS PERIOD	1000		1000

NAME OF COMMITTEE
Rhode Island Republican State Central Committee

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
<p><u>DMS - 2</u></p> <p>ACTIVITY IS: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	<u>80</u>	<u>20</u>
<p><u>Quayle Event</u></p> <p>ACTIVITY IS: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT</p> <p>CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	<u>50</u>	<u>50</u>
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	FEDERAL %	NON-FEDERAL %
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	FEDERAL %	NON-FEDERAL %
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	FEDERAL %	NON-FEDERAL %
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	FEDERAL %	NON-FEDERAL %
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	FEDERAL %	NON-FEDERAL %

NAME OF COMMITTEE
Rhode Island Republican State Central Comm.

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Brown Faculty Club 219 Benefit Street Providence, RI 02903	meeting - ADJUSTMENT	10/1/96	15.00	7.25 6.75	8.55
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 315 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					

B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Caffe Itri 1686 Cranston ST Cranston, RI 02910	meeting	10/1/96	32.45	13.95	18.50
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 197.85 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					

C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
R.I. Republican Party 18 Bridge Street Providence, RI 02903	party CASH	10/14/96	200.00	86.00	114.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 400 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					

D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
FIRST USA P.O. Box 740085 Atlanta, GA 30374	meeting/ Supplies	10/1/96	480.99	206.83	274.16
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 345.20 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					

E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
John A. Holmes, Jr 5 Surrey Road Barrington, RI 02806	Travel - reimb.	10/1/96	200.00	86.00	114.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 3357.91 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					

F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Mobile Menu Providence, RI 02903	meeting food	10/7/96	60.00	25.80	34.20
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 60 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE	980.44	425.03	555.41
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a.i and non-Fed. share to 21 a.ii)			
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)			

NAME OF COMMITTEE

Rhode Island Republican State Central Comm.

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Preferred membership Group PO Box 182155 Columbus, OH 43218	meeting expenses	10/11/96	209. ²⁰	89. ⁹⁶	119. ²⁴
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 209. ²⁰ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
John A. Holmes, Jr 5 Surrey Road Barrington, RI 02806	Medical Reim.	10/12/96	742. ⁰⁰	319. ⁰⁶	422. ⁹⁴
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 742 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Postmaster 24 Costiss Street Providence, RI 02903	Postage	10/1/96	256. ⁰⁰	110. ⁰⁸	145. ⁹²
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2616. ⁹³ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			1207. ²⁰	519. ¹⁰	688. ¹⁰
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a i and non-Fed. share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

NAME OF COMMITTEE

Rhode Island Republican State Central Comm.

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Direct Mail Services Inc. 12450 Automobile Blvd Clearwater, FL 34622	DMS-2 Direct Mail	10/2/96	1133. ⁶⁵	906. ⁹²	226. ⁷³
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1133. ⁶⁵ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Providence Marriott One Charles Street Providence, RI 02903	Rennet Quarter Event	10/14/96	1621. ⁶⁹	810. ⁸⁵	810. ⁸⁴
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1621. ⁶⁹ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			2755. ³⁴	1717. ⁷⁷	1037. ⁵⁷
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a i)			4950. ⁹⁸	2661. ⁹⁰	2289. ⁰⁸
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 3f of the detailed summary page)					

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

10-18-96

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

mm
PREPARER

10-23-96
DATE PREPARED