

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 _____ in the State of _____

5. Covering Period 11 23 2010 through 12 31 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 13 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)

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	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

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	46564.25									
(c) Total Receipts (from Line 19)	0.00	65844.63								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46564.25	112532.56								
7. Total Disbursements (from Line 31)	1609.61	67577.92								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44954.64	44954.64								
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: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	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)	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	2405.00
12. Transfers From Affiliated/Other Party Committees	0.00	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))	0.00	65844.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	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.....	0.00	15398.38
(ii) Non-Federal Share.....	0.00	27422.68
(b) Other Federal Operating Expenditures.....	909.61	1431.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	909.61	44252.92
22. Transfers to Affiliated/Other Party Committees.....	700.00	23325.00
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))..	1609.61	67577.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1609.61	40155.24

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	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)	0.00	2405.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	909.61	16830.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	9.47
38. Net Operating Expenditures (subtract Line 37 from Line 36)	909.61	16820.77

**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)

PAGE 6 / 12

<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)

Spada Media

Mailing Address PO Box 540

City
Barrington

State
RI

Zip Code
02806

Purpose of Disbursement
Event expense

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7419

Date of Disbursement

12 / 10 / 2010

Amount of Each Disbursement this Period

709.61

SUBTOTAL of Disbursements This Page (optional)

709.61

TOTAL This Period (last page this line number only)

709.61

**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)

PAGE 7 / 12

<input type="checkbox"/> 21b	<input checked="" 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)

Rhode Island Republican State Central Committee

Transaction ID: SB22.7420

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	0

Mailing Address 1800 Post Road
Suite 17-1

City Warwick State RI Zip Code 02886

Amount of Each Disbursement this Period

700.00

Purpose of Disbursement

003
Category/ Type

Candidate Name
R. I. REPUBLICAN STATE CENTRAL COMM

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: RI District:

SUBTOTAL of Disbursements This Page (optional)

700.00

TOTAL This Period (last page this line number only)

700.00

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
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TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>3</td><td>2</td><td>4</td><td>2</td><td>0</td><td>0</td><td>3</td></tr> </table>	M	M	D	D	Y	Y	Y	Y	0	3	2	4	2	0	0	3		0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M	D	D	Y	Y	Y	Y												
0	3	2	4	2	0	0	3												

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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	3500.00
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
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 9 / 12
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: <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 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">M</td><td style="padding: 2px;">M</td></tr> <tr><td style="padding: 2px;">06</td><td style="padding: 2px;"></td></tr> </table>	M	M	06		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">D</td><td style="padding: 2px;">D</td></tr> <tr><td style="padding: 2px;">10</td><td style="padding: 2px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td></tr> <tr><td style="padding: 2px;">2003</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> </table>	D	D	10		Y	Y	Y	Y	2003				0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
06																			
D	D																		
10																			
Y	Y	Y	Y																
2003																			

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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

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