

**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)

413 Knight Street

Check if different than previously reported. (ACC)

Warwick

RI

02886

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00078196

3. IS THIS REPORT

NEW (N) OR

X

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)

X 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 (12S)

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

07

01

2003

through

12

31

2005

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

Merrill C. Drew

Signature of Treasurer

Electronically Filed by Merrill C. Drew

Date

12

19

2005

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. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Rhode Island Republican State Central Committee

Report Covering the Period: From: ^M07 ^D01 ^Y2003 To: ^M12 ^D31 ^Y2003

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--------------------------------|--|
| 6. (a) Cash on Hand January 1 ^Y 2003 | | -2016.10 |
| (b) Cash on Hand at Beginning of Reporting Period | 6092.48 | |
| (c) Total Receipts (from Line 19) | 10500.00 | 75256.15 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 16592.48 | 73240.05 |
| <hr/> | | |
| 7. Total Disbursements (from Line 31) | 11022.95 | 65670.52 |
| <hr/> | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 7569.53 | 7569.53 |
| <hr/> | | |
| 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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Rhode Island Republican State Central Committee

Report Covering the Period: From: ^M07 ^D01 ^Y2003 To: ^M12 ^D31 ^Y2003

| 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) | 2000.00 | 12500.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) | 2000.00 | 12500.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 733.65 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 2000.00 | 13233.65 |
| 12. Transfers From Affiliated/Other Party Committees | 8500.00 | 53522.50 |
| 13. All Loans Received | 0.00 | 8500.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)) | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 10500.00 | 75256.15 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 10500.00 | 75256.15 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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 | 9375.98 |
| (ii) Non-Federal Share..... | 11022.95 | 46294.54 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 10000.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 11022.95 | 65670.52 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 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 ActMty (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)).. | 11022.95 | 65670.52 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31)..... | 0.00 | 19375.98 |

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) | 2000.00 | 13233.65 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2000.00 | 13233.65 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 19375.98 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 19375.98 |

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

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

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Paul Dimeo | | Date of Receipt M / D / Y 07 / 21 / 2003 |
| Mailing Address 475 Kilveert St | | Transaction ID: SA11A1.4482 |
| City Warwick | State RI | Zip Code 02886 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Dimeo Properties | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Frederick B. Whitmore | | Date of Receipt M / D / Y 07 / 21 / 2003 |
| Mailing Address 1366 79 street | | Transaction ID: SA11A1.4484 |
| City New York | State NY | Zip Code 10021 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Morgan Stanley | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 2000.00 |

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

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

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

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

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

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Rhode Island Republican State Central Committee | | Date of Receipt M / D / Y 10 / 15 / 2008 |
| Mailing Address 413 Knight Street | | Transaction ID: SA12.4486 |
| City Warwick | State RI | Zip Code 02886 |
| FEC ID number of contributing federal political committee. C C00078196 | | Amount of Each Receipt this Period 8500.00 |
| Name of Employer | Occupation | Transfer from State Oper. Acct. non fed. |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 8500.00 | |

| | | |
|---|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 8500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 8500.00 |

SCHEDULE C (FEC Form 3X)

LOANS

| | |
|---|---------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 8 / 15 FOR LINE 13 OF FORM 3X |
|---|---------------------------------------|

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

Transaction ID: SC/10.4439

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Carciari 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 | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 3500.00 | 0.00 | 3500.00 |

TERMS

| | | | |
|--|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 03 rd 24 th 2003 | | % (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) | 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)

LOANS

| | |
|---|---------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 9 / 15 FOR LINE 13 OF FORM 3X |
|---|---------------------------------------|

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

Transaction ID: SC/10.4441

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Carciari 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 | 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: |
| 06 th 10 th 2003 | | % (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

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

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

FOR LINE NUMBER:
(check only one)

9
 10

| | | | |
|--|---------------------|--|--|
| 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 | | Transaction ID: SD10.4144 | |
| 1500.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 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 | | Transaction ID: SD1D.4148 | |
| 2500.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 2500.00 | |

| | | | |
|---|---------------------|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Halsey Properties | | Nature of Debt (Purpose): Rent Back Debt | |
| Mailing Address 1B Burnside Street | | | |
| City | State | ZIP Code | |
| Bristol | RI | 02809 | |
| Outstanding Balance Beginning This Period | | Transaction ID: SD1D.4148 | |
| 1587.39 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding 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) | ▶ | |
| 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) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

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

FOR LINE NUMBER: (check only one)

9
 10

Excluding Loans

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 | | Transaction ID: SD10.4150 | |
| 1000.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 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 | | Transaction ID: SD1D.4152 | |
| 226.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 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 | 02808 | |
| Outstanding Balance Beginning This Period | | Transaction ID: SD1D.4160 | |
| 600.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 600.00 | |

| | | |
|--|---|----------------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 1826.00 |
| 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) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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

FOR LINE NUMBER:
(check only one)

9
 10

| | | | |
|--|---------------------|--|--|
| 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 | State | ZIP Code | |
| Providence | RI | 02903 | |
| Outstanding Balance Beginning This Period | | Transaction ID: SD10.4154 | |
| 1198.53 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 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 | State | ZIP Code | |
| Little Compton | RI | 02837 | |
| Outstanding Balance Beginning This Period | | Transaction ID: SD1D.4156 | |
| 2575.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 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 | State | ZIP Code | |
| Providence | RI | 02903 | |
| Outstanding Balance Beginning This Period | | Transaction ID: SD1D.4158 | |
| 325.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 325.00 | |

| | | |
|--|---|-----------------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 4098.53 |
| 2) TOTALS This Period (last page this line number only) | ▶ | 11511.92 |
| 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) | ▶ | |

**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)
F.E.C.

Mailing Address
899 East St., W

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20463 |

Purpose of Disbursement:
Late Filing Fee

Category/
Type

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

45897.57

Date ^M ^M / ^D ^J / ^Y ^Y ^Y ^Y
07 / 21 / 2003

Transaction ID: H4.4487

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 1250.00 | | 1250.00 |

B. Full Name (Last, First, Middle Initial)
F.E.C.

Mailing Address
899 East St., W

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20463 |

Purpose of Disbursement:
Late Filing Fee

Category/
Type

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

48640.57

Date ^M ^M / ^D ^J / ^Y ^Y ^Y ^Y
07 / 21 / 2003

Transaction ID: H4.4489

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 743.00 | | 743.00 |

C. Full Name (Last, First, Middle Initial)
Proprint

Mailing Address
1145 Atwood Ave.

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Johnston | RI | 02819 |

Purpose of Disbursement:
Printing

Category/
Type

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

46746.50

Date ^M ^M / ^D ^J / ^Y ^Y ^Y ^Y
08 / 01 / 2003

Transaction ID: H4.4490

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 105.93 | | 105.93 |

SUBTOTAL of Allocated Federal and NonFederal Activity TNs Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 2098.93 | | 2098.93 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(b)(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) Postmaster Providence | | | 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 Landing | | | Allocated Activity or Event Year-To-Date 48822.50 | | |
| City | State | Zip Code | Category/ Type | Date M M / C J / Y Y Y Y 08 / 01 / 2003 Transaction ID: H4.4492 | |
| Providence | RI | 02903 | | | |
| Purpose of Disbursement: P. O. Box Fee | | | | | |
| Activity or Event Identifier: Administrative | | | | | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | | 76.00 | | 76.00 |

| | | | | | |
|---|-------|----------|---|---|--------------|
| B. Full Name (Last, First, Middle Initial) Postmaster Providence | | | 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 Landing | | | Allocated Activity or Event Year-To-Date 48872.50 | | |
| City | State | Zip Code | Category/ Type | Date M M / C J / Y Y Y Y 08 / 01 / 2003 Transaction ID: H4.4494 | |
| Providence | RI | 02903 | | | |
| Purpose of Disbursement: Bulk Permit Fee | | | | | |
| Activity or Event Identifier: Administrative | | | | | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | | 150.00 | | 150.00 |

| | | | | | |
|--|-------|----------|---|---|--------------|
| C. Full Name (Last, First, Middle Initial) Pawtucket Mut Ins Co | | | 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 PO Box 820 | | | Allocated Activity or Event Year-To-Date 47039.71 | | |
| City | State | Zip Code | Category/ Type | Date M M / C J / Y Y Y Y 08 / 01 / 2003 Transaction ID: H4.4495 | |
| Pawtucket | RI | 02882 | | | |
| Purpose of Disbursement: Insurance | | | | | |
| Activity or Event Identifier: Administrative | | | | | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | | 67.21 | | 67.21 |

SUBTOTAL of Allocated Federal and NonFederal Activity TNs Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 293.21 | | 293.21 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(b)(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) Cox Communications | | | 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 P. O. Box 39 B J. P. Murphy Hwy. | | | Allocated Activity or Event Year-To-Date 47108.71 | | |
| City Newark | State NJ | Zip Code 02883 | Category/ Type | Date M M / C J / Y Y Y Y 08 / 01 / 2003 | |
| Purpose of Disbursement: Internet Exp. | | | | Transaction ID: H4.4498 | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 69.00 | | 69.00 |

| | | | | | |
|--|--------------------|--------------------------|--|--|--|
| B. Full Name (Last, First, Middle Initial) Verizon | | | 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 PO Box 28007 | | | Allocated Activity or Event Year-To-Date 47170.52 | | |
| City Lehigh Valley | State PA | Zip Code 18002 | Category/ Type | Date M M / C J / Y Y Y Y 08 / 01 / 2003 | |
| Purpose of Disbursement: Telephone Exp. | | | | Transaction ID: H4.4498 | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 61.81 | | 61.81 |

| | | | | | |
|--|--------------------|--------------------------|--|--|--|
| C. Full Name (Last, First, Middle Initial) Carcieri for Governor | | | 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 P. O. Box 20415 | | | Allocated Activity or Event Year-To-Date 55870.52 | | |
| City Cranston | State RI | Zip Code 02920 | Category/ Type | Date M M / C J / Y Y Y Y 10 / 15 / 2003 | |
| Purpose of Disbursement: Loan Payment for FEC Penalties | | | | Transaction ID: H4.4507 | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 8500.00 | | 8500.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity TNs Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 8630.81 | | 8630.81 |

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

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| 0.00 | | 11022.95 | | 11022.95 |