

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

ADDRESS (number and street) 1800 POST ROAD SUITE 17-I WARWICK RI 02886 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 / 01 / 2023 through 06 / 30 / 2023

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 CHAPPELL, LANCE, , ,

Signature of Treasurer CHAPPELL, LANCE, , , Date 09 / 08 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text" value="26795.33"/>	<input type="text" value="26795.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="842.51"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="33980.00"/>	<input type="text" value="53505.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="34822.51"/>	<input type="text" value="80300.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30417.37"/>	<input type="text" value="75895.19"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4405.14"/>	<input type="text" value="4405.14"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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).....	23720.00	33120.00
(ii) Unitemized	760.00	4385.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	24480.00	37505.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	24480.00	37505.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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	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).....	9500.00	16000.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	9500.00	16000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	33980.00	53505.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24480.00	37505.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	30417.37	75895.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	30417.37	75895.19
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 Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	30417.37	75895.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30417.37	75895.19

DETAILED SUMMARY PAGE
of Disbursements

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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)	24480.00	37505.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24480.00	37505.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	30417.37	75895.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30417.37	75895.19

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Castle, Robert, , ,		Date of Receipt MM / DD / YYYY 04 / 07 / 2023 Transaction ID : SA11AI.7131
Mailing Address 191 Clews St		Amount of Each Receipt this Period 300.00
City Pawtucket	State RI	Zip Code 02861
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Daft, Lisa, , ,		Date of Receipt MM / DD / YYYY 06 / 16 / 2023 Transaction ID : SA11AI.7280
Mailing Address 5 Robbins Drive		Amount of Each Receipt this Period 500.00
City Barrington	State RI	Zip Code 02806
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Devaney, John, , ,		Date of Receipt MM / DD / YYYY 05 / 10 / 2023 Transaction ID : SA11AI.7274
Mailing Address 56 Rockland St		Amount of Each Receipt this Period 250.00
City Narragansett	State RI	Zip Code 02882
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Eckert, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 Meadow Sweet Trail
 City Saunderstown State RI Zip Code 02874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2023
Transaction ID : SA11AI.7440
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Eckert, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 Meadow Sweet Trail
 City Saunderstown State RI Zip Code 02874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2023
Transaction ID : SA11AI.7282
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Giarrusso, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Lenihan Lane
 City East Greenwich State RI Zip Code 02818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) A.G.G. Inc Occupation (for Individual) Self
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2023
Transaction ID : SA11AI.7127
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Grzych, Scott, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2023 Transaction ID : SA11AI.7441
Mailing Address 99 Duck Cove Lane		Amount of Each Receipt this Period 500.00
City North Kingstown	State RI	Zip Code 02852
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cra-Mar Corporations	Occupation (for Individual) Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Krekorian, David, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 30 / 2023 Transaction ID : SA11AI.7415
Mailing Address 68 Dartmouth Road		Amount of Each Receipt this Period 25.00
City Cranston	State RI	Zip Code 02920
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self-employed	Occupation (for Individual) CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Robert Sanborn Trust A		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2023 Transaction ID : SA11AI.7158
Mailing Address 21 Bay View Dr		Amount of Each Receipt this Period 10000.00
City Jamestown	State RI	Zip Code 02835
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional).....▶	10525.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Sanborn, Mary Louise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Bay View Drive
 City Jamestown State RI Zip Code 02835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1395.00

Date of Receipt 04 / 06 / 2023
Transaction ID : SA11AI.7155
 Amount of Each Receipt this Period 1395.00
 Memo Item

B. Sanborn, Wesley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Bay View Dr
 City Jamestown State RI Zip Code 02835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Requested Occupation (for Individual) Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 06 / 09 / 2023
Transaction ID : SA11AI.7284
 Amount of Each Receipt this Period 10000.00
 Memo Item

C. Whalen, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 Harris St
 City Pawtucket State RI Zip Code 02861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 27 / 2023
Transaction ID : SA11AI.7278
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	11445.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 23
(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. Whalen, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 Harris St
 City Pawtucket State RI Zip Code 02861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2023
Transaction ID : SA11AI.7426
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Whalen, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 Harris St
 City Pawtucket State RI Zip Code 02861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2023
Transaction ID : SA11AI.7281
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Whalen, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 Harris St
 City Pawtucket State RI Zip Code 02861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2023
Transaction ID : SA11AI.7452
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 23
(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. Whalen, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 Harris St
 City Pawtucket State RI Zip Code 02861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2023
Transaction ID : SA11AI.7453
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Whalen, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 Harris St
 City Pawtucket State RI Zip Code 02861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2023
Transaction ID : SA11AI.7454
 Amount of Each Receipt this Period 25.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	23720.00

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"/> 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

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NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. Airport Plaza Associates

Mailing Address 1800 Post ROad

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement

Rent

001

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 03 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.7139

Amount of Each Disbursement this Period

[REDACTED] 625.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Airport Plaza Associates

Mailing Address 1800 Post ROad

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement

Rent

001

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.7249

Amount of Each Disbursement this Period

[REDACTED] 625.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Airport Plaza Associates

Mailing Address 1800 Post ROad

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement

Rent

001

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.7266

Amount of Each Disbursement this Period

[REDACTED] 1764.25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 3014.25

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**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"/> 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

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NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 1 Skyview Drive

City
Forth Worth

State
TX

Zip Code
76155

Purpose of Disbursement
Air Fare - Spring Meeting

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.7145

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 1 Skyview Drive

City
Forth Worth

State
TX

Zip Code
76155

Purpose of Disbursement
Air Fare

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.7254

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Constant Contact

Mailing Address 1601 Trapelo Road

City
Waltham

State
MA

Zip Code
02451

Purpose of Disbursement
Subscription

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.7250

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**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"/> 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

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NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. Constant Contact

Mailing Address 1601 Trapelo Road

City
Waltham

State
MA

Zip Code
02451

Purpose of Disbursement

Subscription

Candidate Name

001

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2023

FEC Identification Number

C

Transaction ID : SB21B.7262

Amount of Each Disbursement this Period

208.65

Memo Item

Full Name (Last, First, Middle Initial)

B. COX COMMUNICATIONS

Mailing Address 621 WILLIAM ST.

City
EAST ORANGE

State
NJ

Zip Code
07017

Purpose of Disbursement

Phone/ Internet

Candidate Name

001

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2023

FEC Identification Number

C

Transaction ID : SB21B.7146

Amount of Each Disbursement this Period

1034.29

Memo Item

Full Name (Last, First, Middle Initial)

C. COX COMMUNICATIONS

Mailing Address 621 WILLIAM ST.

City
EAST ORANGE

State
NJ

Zip Code
07017

Purpose of Disbursement

Internet

Candidate Name

001

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2023

FEC Identification Number

C

Transaction ID : SB21B.7269

Amount of Each Disbursement this Period

1158.05

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2400.99

TOTAL This Period (last page this line number only)..... ▶

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"/> 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

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NAME OF COMMITTEE (In Full)
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

A. Event Factory

Full Name (Last, First, Middle Initial)

Mailing Address 144 Metro Center Blvd

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Event Space - Fundraising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 18 / 2023

FEC Identification Number: C
Transaction ID : SB21B.7144
Amount of Each Disbursement this Period: 2478.82

Memo Item

B. Facebook

Full Name (Last, First, Middle Initial)

Mailing Address 1601 S. California i Ave

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement
Digital Ads

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 01 / 2023

FEC Identification Number: C
Transaction ID : SB21B.7263
Amount of Each Disbursement this Period: 54.96

Memo Item

C. Hotels.com

Full Name (Last, First, Middle Initial)

Mailing Address 5400 LBJ Freeway, Suite 500

City Houston State TX Zip Code 75240

Purpose of Disbursement
Hotel - Training

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 11 / 2023

FEC Identification Number: C
Transaction ID : SB21B.7257
Amount of Each Disbursement this Period: 445.39

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2979.17

TOTAL This Period (last page this line number only)..... ▶

**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"/> 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

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NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jesus Solorio

Mailing Address 10 Park Row West apt 625

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement

Salary

001

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	18	/	2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.7148

Amount of Each Disbursement this Period

[REDACTED]	3846.15
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

B. Jesus Solorio

Mailing Address 10 Park Row West apt 625

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement

Salary

001

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	26	/	2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.7149

Amount of Each Disbursement this Period

[REDACTED]	3846.15
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

C. Jesus Solorio

Mailing Address 10 Park Row West apt 625

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement

Salary

001

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	10	/	2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.7255

Amount of Each Disbursement this Period

[REDACTED]	3846.15
------------	---------

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	11538.45
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[REDACTED]	
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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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Form A: Jesus Solorio. Includes fields for Name, Address, City (Providence), State (RI), Zip (02903), Purpose (Salary), Candidate Name, Office Sought, Disbursement For, Date (05/25/2023), FEC ID, Transaction ID (SB21B.7260), and Amount (3846.15).

Form B: Jesus Solorio. Includes fields for Name, Address, City (Providence), State (RI), Zip (02903), Purpose (Salary), Candidate Name, Office Sought, Disbursement For, Date (06/12/2023), FEC ID, Transaction ID (SB21B.7265), and Amount (3846.15).

Form C: Nationbuilder. Includes fields for Name, Address (520 So Grand Ave), City (Los Angeles), State (CA), Zip (90071), Purpose (Subscription), Candidate Name, Office Sought, Disbursement For, Date (04/24/2023), FEC ID, Transaction ID (SB21B.7147), and Amount (171.00).

SUBTOTAL of Disbursements This Page (optional) 7863.30
TOTAL This Period (last page this line number only)

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"/> 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

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NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. Nationbuilder

Mailing Address 520 So Grand Ave

City
Los Angeles

State
CA

Zip Code
90071

Purpose of Disbursement

Subscription

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.7259

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Nationbuilder

Mailing Address 520 So Grand Ave

City
Los Angeles

State
CA

Zip Code
90071

Purpose of Disbursement

Subscription

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.7267

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Powers, Joseph, , ,

Mailing Address 200 Pippin Orchard Road

City
Cranston

State
RI

Zip Code
02921

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.7253

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

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"/> 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

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NAME OF COMMITTEE (In Full)

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. WinRed

Mailing Address PO BOX 9891

City
Arlington

State
VA

Zip Code
22219

Purpose of Disbursement

Fee

003

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	0		2	0	2	3		

FEC Identification Number

C []

Transaction ID : SB21B.7462

Amount of Each Disbursement this Period

[] 27.98

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 27.98

[] 29948.13

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	MM / DD / YYYY 05 / 01 / 2023	1000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	1000.00
Transaction ID : H3.7271	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred).....	

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	MM / DD / YYYY 05 / 02 / 2023	1000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	1000.00
Transaction ID : H3.7272	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	MM / DD / YYYY 05 / 10 / 2023	4500.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	4500.00
Transaction ID : H3.7273	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred).....	

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	MM / DD / YYYY 05 / 24 / 2023	3000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	3000.00
Transaction ID : H3.7277	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	9500.00
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred).....	9500.00