

**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 ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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  
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the  
State of

(d) 30-Day

POST-Election  
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2025

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2025

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

Jamison, Linda, , ,

Signature of Treasurer

Jamison, Linda, , ,

Date

M M M / D D D / Y Y Y Y Y Y  
01 04 2026

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**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="2025"/>		<input type="text" value="62430.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="23721.31"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="31099.28"/>	<input type="text" value="314647.72"/>
(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="54820.59"/>	<input type="text" value="377078.28"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="28626.28"/>	<input type="text" value="350883.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="26194.31"/>	<input type="text" value="26194.31"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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](http://www.fec.gov)**

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

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).....	2679.00	5914.00
(ii) Unitemized .....	1131.15	2450.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3810.15	8364.63
(b) Political Party Committees .....	5000.00	5000.00
(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) .....	8810.15	13364.63
12. Transfers From Affiliated/Other Party Committees.....	22289.13	301283.09
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) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (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)) .....	31099.28	314647.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31099.28	314647.72

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	106.99
(b) Other Federal Operating Expenditures .....	6601.28	40794.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6601.28	40901.64
22. Transfers to Affiliated/Other Party Committees.....	21000.00	298287.59
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 .....	1025.00	11694.74
(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)).....	1025.00	11694.74
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)) ..	28626.28	350883.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28626.28	350776.98

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8810.15	13364.63
34. Total Contribution Refunds (from Line 28(d)) .....	1025.00	11694.74
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7785.15	1669.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	6601.28	40794.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	6601.28	40794.65

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Daft, Lisa, , ,**

Mailing Address 5 Robbins Drive

City  
BarringtonState  
RIZip Code  
02806FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 19 / 2025

Transaction ID : SA11AI.9566

Amount of Each Receipt this Period

500.00

☐ Memo Item

WIN RED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jamison, Linda, , ,**

Mailing Address 7 Ocean Ave

City  
JamestownState  
RIZip Code  
02835FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pearson Capital

Occupation (for Individual)

Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2025

Transaction ID : SA11AI.9586

Amount of Each Receipt this Period

100.00

☐ Memo Item

WIN RED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Meyers, Allyn, , ,**

Mailing Address 31 Nicholson Place

City  
TivertonState  
RIZip Code  
02878FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

self

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

223.13

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2025

Transaction ID : SA11AI.9589

Amount of Each Receipt this Period

100.00

☐ Memo Item

WIN RED

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

700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 18  
(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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meyers, Allyn, , ,**

Mailing Address 31 Nicholson Place

City  
TivertonState  
RIZip Code  
02878FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
selfOccupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

642.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2025

Transaction ID : SA11AI.9648

Amount of Each Receipt this Period

419.00

☐ Memo Item

In-kind - router nd google streamer per letter dtd 9/5/25

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pardee, Jonathan H., , ,**

Mailing Address 540 Bellevue Ave

City  
NewportState  
RIZip Code  
02840FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bellevue CapitalOccupation (for Individual)  
Principal

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  
09 / 18 / 2025

Transaction ID : SA11AI.9604

Amount of Each Receipt this Period

500.00

☐ Memo Item

WIN RED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ricci, Frank, , ,**

Mailing Address 14 Karen Ann Dr

City  
SmithfieldState  
RIZip Code  
02917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ricci MetalworksOccupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2025

Transaction ID : SA11AI.9565

Amount of Each Receipt this Period

10.00

☐ Memo Item

WIN RED

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

929.00

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

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

FOR LINE NUMBER: PAGE 8 OF 18  
 (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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ricci, Frank, , ,**

Mailing Address 14 Karen Ann Dr

City  
Smithfield

State  
RI

Zip Code  
02917

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ricci Metalworks

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 22 / 2025

Transaction ID : SA11AI.9582

Amount of Each Receipt this Period

25.00

☐ Memo Item

WIN RED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ricci, Frank, , ,**

Mailing Address 14 Karen Ann Dr

City  
Smithfield

State  
RI

Zip Code  
02917

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ricci Metalworks

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

09 / 05 / 2025

Transaction ID : SA11AI.9590

Amount of Each Receipt this Period

25.00

☐ Memo Item

WIN RED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stenhouse, Sue, , ,**

Mailing Address 525 Fair Street

City  
Warwick

State  
RI

Zip Code  
02888

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State of RI

Occupation (for Individual)  
Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 05 / 2025

Transaction ID : SA11AI.9594

Amount of Each Receipt this Period

1000.00

☐ Memo Item

WIN RED

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1050.00

2679.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 18

(check only one)

<input type="checkbox"/> 11a	<input checked="" 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			

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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. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 First Street, SE

City  
WashingtonState  
DCZip Code  
20003FEC ID number of contributing  
federal political committee.**C** C00003418

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : SA11B.9615

Amount of Each Receipt this Period

5000.00

☐ Memo Item

GROW PRO PLAN

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

# 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 18

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NRSC Victory**

Mailing Address 228 S. Washinton St6  
Suite 115

City  
Alexandria

State  
VA

Zip Code  
22102

FEC ID number of contributing  
federal political committee.

C C00837518

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

49995.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : SA12.9640

Amount of Each Receipt this Period

22289.13

☐ Memo Item

VRSC VICTORY FND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fair, Alan, , ,**

Mailing Address 1225 17th St  
ste 140

City  
Denver

State  
CO

Zip Code  
80202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 05 / 2025

Transaction ID : SA12.9640.0

Amount of Each Receipt this Period

523.26

☒ Memo Item

NRSC VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Anwar, Syed, Javaid, ,**

Mailing Address 110 N Marienfield St  
Ste 101

City  
Midland

State  
TX

Zip Code  
79701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
CEO/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5925.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2025

Transaction ID : SA12.9640.1

Amount of Each Receipt this Period

5925.00

☒ Memo Item

NRSC VICTORY FUND

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

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

22289.13

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 18  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ricketts, Marlene, , ,**

Mailing Address 412 N Elmwood Rd

City  
OmahaState  
NEZip Code  
68132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : SA12.9640.2

Amount of Each Receipt this Period

10000.00

☒ Memo Item

NRSC VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HENDRICKS, DIANE, M, ,**

Mailing Address ONE ABC PARKWAY

City  
BELOITState  
WI

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ABC SUPPLY COOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : SA12.9640.3

Amount of Each Receipt this Period

10000.00

☒ Memo Item

NRSC VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

22289.13

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 18

<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  
WarwickState  
RIZip Code  
02886

Purpose of Disbursement

THREE MONTHS OF ELECTRIC BILLS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	2	5		

FEC Identification Number

**C** Transaction ID : SB21B.9618

Amount of Each Disbursement this Period

714.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Airport Plaza Associates**

Mailing Address 1800 Post ROad

City  
WarwickState  
RIZip Code  
02886

Purpose of Disbursement

electric

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	3			2	0	2	5		

FEC Identification Number

**C** Transaction ID : SB21B.9653

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Airport Plaza Associates**

Mailing Address 1800 Post ROad

City  
WarwickState  
RIZip Code  
02886

Purpose of Disbursement

ELECTRIC

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	5		

FEC Identification Number

**C** Transaction ID : SB21B.9634

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1164.97

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 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 WorthState  
TXZip Code  
76155

Purpose of Disbursement

JOEE RNC MEEING TRAVEL

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
0	8			0	4			2	0	2	5		

FEC Identification Number

**C**   
**Transaction ID : SB21B.9616**

Amount of Each Disbursement this Period

 113.00
☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 1 Skyview Drive

City  
Forth WorthState  
TXZip Code  
76155

Purpose of Disbursement

RNC MEETING TRAVEL EXP JOE

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
0	8			0	4			2	0	2	5		

FEC Identification Number

**C**   
**Transaction ID : SB21B.9617**

Amount of Each Disbursement this Period

 603.37
☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAREY, AIDAN, , ,**

Mailing Address 3 Morning Star Court

City  
LincolnState  
RIZip Code  
02865

Purpose of Disbursement

rnc meetings expense reim

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
0	9			0	2			2	0	2	5		

FEC Identification Number

**C**   
**Transaction ID : SB21B.9652**

Amount of Each Disbursement this Period

 653.68
☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►
 1370.05

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. COX COMMUNICATIONS**

Mailing Address 621 WILLIAM ST.

City  
EAST ORANGEState  
NJZip Code  
07017Purpose of Disbursement  
INTERNET, CABLE AND TV

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	5		2	0	2	5		

FEC Identification Number

**C**      **Transaction ID : SB21B.9614**

Amount of Each Disbursement this Period

635.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COX COMMUNICATIONS**

Mailing Address 621 WILLIAM ST.

City  
EAST ORANGEState  
NJZip Code  
07017Purpose of Disbursement  
INTERNETCABLE AND TV

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify)

State:      District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				2	0		2	0	2	5		

FEC Identification Number

**C**      **Transaction ID : SB21B.9624**

Amount of Each Disbursement this Period

601.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. COX COMMUNICATIONS**

Mailing Address 621 WILLIAM ST.

City  
EAST ORANGEState  
NJZip Code  
07017Purpose of Disbursement  
internet only

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	6		2	0	2	5		

FEC Identification Number

**C**      **Transaction ID : SB21B.9655**

Amount of Each Disbursement this Period

28.63

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1266.04

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Meyers, Allyn, , ,**

Mailing Address 31 Nicholson Place

City  
TivertonState  
RIZip Code  
02878

Purpose of Disbursement

In-kind - router nd google streamer per letter dtd 9/5/25

Candidate Name

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
0	9			0	5			2	0	2	5		

FEC Identification Number

**C****Transaction ID : SB21B.9649**

Amount of Each Disbursement this Period

419.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Southwest Air**Mailing Address Aviation Drive  
DFWCity  
DallasState  
TXZip Code  
75261

Purpose of Disbursement

RNC SUMMER MEEING

Candidate Name

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
0	7			1	4			2	0	2	5		

FEC Identification Number

**C****Transaction ID : SB21B.9613**

Amount of Each Disbursement this Period

307.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber Car Service**Mailing Address 1515 Third St  
qCity  
San FranscicoState  
CAZip Code  
94016

Purpose of Disbursement

RNC MEETING

Candidate Name

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
0	8			1	9			2	0	2	5		

FEC Identification Number

**C****Transaction ID : SB21B.9623**

Amount of Each Disbursement this Period

66.86

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

793.23

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. WEBBLUE HOST.COM**

Mailing Address 5335 GATE PKWY 2ND FLOOR

City  
JACKSONVILLEState  
FLZip Code  
32256

Purpose of Disbursement

WEB HOST FEES

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
0	9			1	7			2	0	2	5		

FEC Identification Number

**C****Transaction ID : SB21B.9658**

Amount of Each Disbursement this Period

251.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WESTIN HOTEL**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDAState  
MDZip Code  
20817

Purpose of Disbursement

RNC MEETING TRAVEL EXP JOE

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
0	8			2	5			2	0	2	5		

FEC Identification Number

**C****Transaction ID : SB21B.9631**

Amount of Each Disbursement this Period

670.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

921.70

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

5515.99



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 18

<input type="checkbox"/> 21b	<input checked="" 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. NRSC Victory**Mailing Address 228 S. Washinton St6  
Suite 115City  
AlexandriaState  
VAZip Code  
22102

Purpose of Disbursement

NRSC VICTORY FUND - wire out to bridge

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	5		

FEC Identification Number

**C** C00837518**Transaction ID : SB22.9639**

Amount of Each Disbursement this Period

21000.00

☐ 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

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	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

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	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)..... ►

21000.00

21000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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. Stenhouse, Sue, , ,**

Mailing Address 525 Fair Street

City  
WarwickState  
RIZip Code  
02888Purpose of Disbursement  
return of donation made in error

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	9			2	0	2	5		

FEC Identification Number

**C** **Transaction ID : SB28A.9647**

Amount of Each Disbursement this Period

 1000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	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

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	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)..... ►

1000.00

1000.00