

FEC  
FORM 3XREPORT 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

-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00078196

3. IS THIS  
REPORTNEW  
(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) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on

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

in the  
State of

5. Covering Period

M M / 07

D D / 01

Y Y Y Y / 2025

through

M M / 09

D D / 30

Y Y Y Y / 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 / 01

D D / 04

Y Y Y Y / 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  
OnlyFEC 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:

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

To:

M M  
09D D  
30Y Y Y Y Y  
2025**COLUMN A**  
This Period**COLUMN B**  
Calendar Year-to-Date

6. (a) Cash on Hand January 1,	Y Y Y Y Y 2025	62430.56
(b) Cash on Hand at Beginning of Reporting Period.....	23721.31	
(c) Total Receipts (from Line 19) .....	31099.28	314647.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	54820.59	377078.28
7. Total Disbursements (from Line 31).....	28626.28	350883.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	26194.31	26194.31
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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 07 / D D 01 / Y Y Y Y Y Y 2025

To:

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

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)	0.00	0.00
(i) Federal Share .....	0.00	106.99
(ii) Non-Federal Share.....	6601.28	40794.65
(b) Other Federal Operating Expenditures .....	6601.28	40901.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	21000.00	298287.59
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 .....	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="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		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 Barrington	State RI	Zip Code 02806
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M 07	/	D = D 19	/	Y = Y 2025
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Transaction ID : SA11AI.9566

Amount of Each Receipt this Period

500.00

Memo Item

WIN RED

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Dentist

Receipt For:

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

Aggregate Year-to-Date ▼

500.00

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

B. Jamison, Linda, , ,

Mailing Address 7 Ocean Ave

City Jamestown	State RI	Zip Code 02835
-------------------	-------------	-------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M 09	/	D = D 05	/	Y = Y 2025
-------------	---	-------------	---	---------------

Transaction ID : SA11AI.9586

Amount of Each Receipt this Period

100.00

Memo Item

WIN RED

Name of Employer (for Individual)

Pearson Capital

Occupation (for Individual)

Finance

Receipt For:

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

Aggregate Year-to-Date ▼

260.56

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

C. Meyers, Allyn, , ,

Mailing Address 31 Nicholson Place

City Tiverton	State RI	Zip Code 02878
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M 09	/	D = D 05	/	Y = Y 2025
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Transaction ID : SA11AI.9589

Amount of Each Receipt this Period

100.00

Memo Item

WIN RED

Name of Employer (for Individual)

self

Occupation (for Individual)

Engineer

Receipt For:

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

Aggregate Year-to-Date ▼

223.13

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

700.00

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 Page

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		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. Meyers, Allyn, , ,

Mailing Address 31 Nicholson Place

City Tiverton	State RI	Zip Code 02878
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FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual) self	Occupation (for Individual) Engineer
---	---

Receipt For:

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

Aggregate Year-to-Date ▼

642.13

Date of Receipt

M M M 09	/	D D D 05	/	Y Y Y Y Y 2025
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Transaction ID : SA11AI.9648

Amount of Each Receipt this Period

419.00

Memo Item

In-kind - router and 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 Newport	State RI	Zip Code 02840
-----------------	-------------	-------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual) Bellevue Capital	Occupation (for Individual) Principal
---	--

Receipt For:

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M 09	/	D D D 18	/	Y Y Y Y Y 2025
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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 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:

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

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M 07	/	D D D 09	/	Y Y Y Y Y 2025
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Transaction ID : SA11AI.9565

Amount of Each Receipt this Period

10.00

Memo Item

WIN RED

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

929.00

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 8 OF 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		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. Ricci, Frank, , ,

Mailing Address 14 Karen Ann Dr

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

C

Date of Receipt

M = M 08	/	D = D 22	/	Y = Y 2025
-------------	---	-------------	---	---------------

Transaction ID : SA11AI.9582

Amount of Each Receipt this Period

25.00

 Memo Item

WIN RED

Name of Employer (for Individual)

Ricci Metalworks

Occupation (for Individual)

Owner

Receipt For:

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

Aggregate Year-to-Date ▼

270.00

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

B. Ricci, Frank, , ,

Mailing Address 14 Karen Ann Dr

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

C

Date of Receipt

M = M 09	/	D = D 05	/	Y = Y 2025
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Transaction ID : SA11AI.9590

Amount of Each Receipt this Period

25.00

 Memo Item

WIN RED

Name of Employer (for Individual)

Ricci Metalworks

Occupation (for Individual)

Owner

Receipt For:

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

Aggregate Year-to-Date ▼

295.00

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

C. Stenhouse, Sue, , ,

Mailing Address 525 Fair Street

City  
WarwickState  
RIZip Code  
02888FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M 09	/	D = D 05	/	Y = Y 2025
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Transaction ID : SA11AI.9594

Amount of Each Receipt this Period

1000.00

 Memo Item

WIN RED

Name of Employer (for Individual)

State of RI

Occupation (for Individual)

Chief of Staff

Receipt For:

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

Aggregate Year-to-Date ▼

1000.00

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

1050.00

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

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
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.** REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 First Street, SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing  
federal political committee.

C C00003418

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

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

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M = M 08	/	D = D 04	/	Y = Y 2025
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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:

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

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M = M	/	D = D	/	Y = Y
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Amount of Each Receipt this Period

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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:

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

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M = M	/	D = D	/	Y = Y
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Amount of Each Receipt this Period

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Memo Item

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

5000.00

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

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
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. NRSC Victory

Mailing Address 228 S. Washington 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:

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

Aggregate Year-to-Date ▼

49995.50

Date of Receipt

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

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

Aggregate Year-to-Date ▼

523.26

Date of Receipt

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

Midland Energy Inc

Receipt For:

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

Aggregate Year-to-Date ▼

5925.00

Date of Receipt

M M 06	/	D D 30	/	Y Y Y Y Y 2025
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Transaction ID : SA12.9640.1

Amount of Each Receipt this Period

5925.00

Memo Item

NRSC VICTORY FUND

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

22289.13

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 18

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 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. Ricketts, Marlene, ,

Mailing Address 412 N Elmwood Rd

City Omaha	State NE	Zip Code 68132
---------------	-------------	-------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

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

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M = M 07	/	D = D 31	/	Y = Y Y Y Y Y 2025
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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 BELOIT	State WI	Zip Code
----------------	-------------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ABC SUPPLY CO

Occupation (for Individual)

EXECUTIVE

Receipt For:

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

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M = M 08	/	D = D 28	/	Y = Y Y Y Y Y 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> 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

0.00
------

 Memo Item

SUBTOTAL of Receipts 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

PAGE 13 OF 18

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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			Date of Disbursement  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>08</td><td></td><td></td><td>04</td><td></td><td></td><td>2025</td><td></td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	08			04			2025				
M	M	/	D	D	/	Y	Y	Y	Y	Y															
08			04			2025																			
City Forth Worth		State TX	Zip Code 76155	FEC Identification Number  <table border="1"> <tr><td>C</td></tr> </table>	C																				
C																									
Purpose of Disbursement JOEE RNC MEEING TRAVEL			Category/ Type  <table border="1"> <tr><td></td></tr> </table>		Transaction ID : SB21B.9616																				
Candidate Name			Office Sought:  <table border="1"> <tr><td>House</td></tr> <tr><td>Senate</td></tr> <tr><td>President</td></tr> </table>	House	Senate	President	Amount of Each Disbursement this Period  <table border="1"> <tr><td>113.00</td></tr> </table>	113.00																	
House																									
Senate																									
President																									
113.00																									
State:	District:	Disbursement For:  <table border="1"> <tr><td>Primary</td></tr> <tr><td>Other (specify) ▼</td></tr> </table>	Primary	Other (specify) ▼		Memo Item  <table border="1"> <tr><td></td></tr> </table>																			
Primary																									
Other (specify) ▼																									

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 1 Skyview Drive			Date of Disbursement  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>08</td><td></td><td></td><td>04</td><td></td><td></td><td>2025</td><td></td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	08			04			2025				
M	M	/	D	D	/	Y	Y	Y	Y	Y															
08			04			2025																			
City Forth Worth		State TX	Zip Code 76155	FEC Identification Number  <table border="1"> <tr><td>C</td></tr> </table>	C																				
C																									
Purpose of Disbursement RNC MEETING TRAVEL EXP JOE			Category/ Type  <table border="1"> <tr><td></td></tr> </table>		Transaction ID : SB21B.9617																				
Candidate Name			Office Sought:  <table border="1"> <tr><td>House</td></tr> <tr><td>Senate</td></tr> <tr><td>President</td></tr> </table>	House	Senate	President	Amount of Each Disbursement this Period  <table border="1"> <tr><td>603.37</td></tr> </table>	603.37																	
House																									
Senate																									
President																									
603.37																									
State:	District:	Disbursement For:  <table border="1"> <tr><td>Primary</td></tr> <tr><td>Other (specify) ▼</td></tr> </table>	Primary	Other (specify) ▼		Memo Item  <table border="1"> <tr><td></td></tr> </table>																			
Primary																									
Other (specify) ▼																									

Full Name (Last, First, Middle Initial)

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

Mailing Address 3 Morning Star Court			Date of Disbursement  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>09</td><td></td><td></td><td>02</td><td></td><td></td><td>2025</td><td></td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	09			02			2025				
M	M	/	D	D	/	Y	Y	Y	Y	Y															
09			02			2025																			
City Lincoln		State RI	Zip Code 02865	FEC Identification Number  <table border="1"> <tr><td>C</td></tr> </table>	C																				
C																									
Purpose of Disbursement rnc meetings expense reim			Category/ Type  <table border="1"> <tr><td></td></tr> </table>		Transaction ID : SB21B.9652																				
Candidate Name			Office Sought:  <table border="1"> <tr><td>House</td></tr> <tr><td>Senate</td></tr> <tr><td>President</td></tr> </table>	House	Senate	President	Amount of Each Disbursement this Period  <table border="1"> <tr><td>653.68</td></tr> </table>	653.68																	
House																									
Senate																									
President																									
653.68																									
State:	District:	Disbursement For:  <table border="1"> <tr><td>Primary</td></tr> <tr><td>Other (specify) ▼</td></tr> </table>	Primary	Other (specify) ▼		Memo Item  <table border="1"> <tr><td></td></tr> </table>																			
Primary																									
Other (specify) ▼																									

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

1370.05
---------

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)

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 ORANGE

State  
NJ  
Zip Code  
07017

Purpose of Disbursement

INTERNET, CABLE AND TV

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

INTERNETCABLE AND TV

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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 only

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M /  D D /  Y Y Y Y Y  
07 25 2025

FEC Identification Number

C  
Transaction ID : SB21B.9614

Amount of Each Disbursement this Period

635.61

Memo Item

Date of Disbursement

M M /  D D /  Y Y Y Y Y  
08 20 2025

FEC Identification Number

C  
Transaction ID : SB21B.9624

Amount of Each Disbursement this Period

601.80

Memo Item

Date of Disbursement

M M /  D D /  Y Y Y Y Y  
09 16 2025

FEC Identification Number

C  
Transaction ID : SB21B.9655

Amount of Each Disbursement this Period

28.63

Memo Item

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

1266.04

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
28a	28b	28c	29	30b

PAGE 15 OF 18

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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 Tiverton State RI Zip Code 02878

Purpose of Disbursement

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

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
Other (specify) ▼	

State: District:

Date of Disbursement

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

FEC Identification Number

C
---

Transaction ID : SB21B.9649

Amount of Each Disbursement this Period

419.00
--------

<input type="checkbox"/>
--------------------------

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y
07			14			2025				

FEC Identification Number

C
---

Transaction ID : SB21B.9613

Amount of Each Disbursement this Period

307.37
--------

<input type="checkbox"/>
--------------------------

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y
08			19			2025				

FEC Identification Number

C
---

Transaction ID : SB21B.9623

Amount of Each Disbursement this Period

66.86
-------

<input type="checkbox"/>
--------------------------

Full Name (Last, First, Middle Initial)

**C. Uber Car Service**

Mailing Address 1515 Third St

q

City San Francisco State CA Zip Code 94016

Purpose of Disbursement

RNC MEETING

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
Other (specify) ▼	

State: District:

793.23
--------

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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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

PAGE 16 OF 18

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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  
JACKSONVILLE

State  
FL

Zip 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:

Full Name (Last, First, Middle Initial)

**B. WESTIN HOTEL**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip 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:

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 /  D D /  Y Y Y Y Y  
09 17 2025

FEC Identification Number

C  
Transaction ID : SB21B.9658

Amount of Each Disbursement this Period

251.64

Memo Item

Date of Disbursement

M M /  D D /  Y Y Y Y Y  
08 25 2025

FEC Identification Number

C  
Transaction ID : SB21B.9631

Amount of Each Disbursement this Period

670.06

Memo Item

Date of Disbursement

M M /  D D /  Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

921.70

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 Page

 FOR LINE NUMBER:  
 (check only one)

<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

PAGE 17 OF 18

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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. Washington St6  
Suite 115

City Alexandria State VA Zip Code 22102

Purpose of Disbursement

NRSC VICTORY FUND - wire out to bridge

Candidate Name

Category/  
TypeOffice Sought:  House  
 Senate  
 President Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought:  House  
 Senate  
 President Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought:  House  
 Senate  
 President Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C C00837518

Transaction ID : SB22.9639

Amount of Each Disbursement this Period

21000.00

Memo Item

Date of Disbursement

M M / D D / Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

21000.00

Memo Item

Date of Disbursement

M M / D D / Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

21000.00

Memo Item

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

21000.00

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

21000.00

**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)

 21b 22 23 26 27  
 X 28a 28b 28c 29 30b

PAGE 18 OF 18

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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

Date of Disbursement

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

City Warwick State RI Zip Code 02888

FEC Identification Number

C

Transaction ID : SB28A.9647

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

return of donation made in error

Category/  
Type

Candidate Name

Office Sought: House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

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

City State Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

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

City State Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: District:

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

1000.00

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

1000.00