

State of Rhode Island and Providence Plantations

Board of Elections

Campaign Finance Division

50 Branch Avenue, Providence, Rhode Island 02904

Tel. (401)222-2345 Fax (401)222-4424

www.elections.state.ri.us

SUMMARY OF CAMPAIGN ACTIVITY

Name of Candidate, Political Party, Political Action Committee	Key#
A. RALPH MOLLIS	1503

Street Address	City/Town, State and Zip Code
P.O. BOX 1694	NORTH KINGSTOWN, RI 02852

Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 529-4445	(401) 529-4445		egalvin@galvinllc.com

If Candidate Office Sought:	Party Affiliation if any:
Lieutenant Governor	Democratic

Reporting Period (Dates):	Period Beginning: 07/01/2017	Period Ending: 09/30/2017
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 0	4. Cash Disbursements, continued	
2. Cash Receipts		f. Other Disbursements	0
a. Contributions From:			
1. Aggregate	0		0
a. (Individuals)	0		0
b. (Political Parties)	0	5. Ending Cash Balance	\$ 0
c. (Political Action Committees)	0		
2. Individuals	0		
3. Political Parties	0	CAMPAIGN FUND STATUS	
4. Political Action Committees	0	6. Report of In-Kind Contributions	0
5. Loan Proceeds	0		
6. Payroll Check off	0	7. Cash	\$ 0
7. Interest Received	0	8. Other Assets	
8. State Check Off	0		0
9. Refund/Rebate	0		0
10. Party Building	0		0
11. Matching Public Funds	0	9. Total Assets	\$ 0
12. Other	0		
13. Returned Contributions	0	LIABILITIES AND FUND BALANCE	
14. Returned Checks	0	10. Liabilities	
b. Other:	0	a. Accounts Payable	\$ 0
	0	b. Loans Payable	0
	0	c. Other Liabilites	
	0		0
3. Total Cash	0		0
4. Cash Disbursements			0
a. Aggregate Expenses	0	11. Total Liabilities	0
b. Campaign Expenses	0	12. Total Fund Balance	\$ 0
c. Repayment of Loans	0	13. Total Liability / Fund Balance	0
d. Account Payable Repayments	0		
e. Other	0		

I HEREBY CERTIFY THAT THIS REPORT OF CAMPAIGN
CONTRIBUTIONS AND EXPENDITURES AND THE SUPPORTING
DOCUMENTS ARE TRUE AND CORRECT.

Name of Person Filing Report

Title of Person Filing Report

Address of Person Filing This Report

X _____
Signature of Person Date

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____

Day of _____ 20 _____

X _____
Notary Public

SCHEDULE OF CONTRIBUTIONS RECEIVED

Key #	Full Name of Candidate or Committee	Reporting Period	
		From:	To:

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
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In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
Street Address					Street Address			
City			State	Zip	City		State	Zip

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee				Reporting Period	
					From:	To:
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount	
Purpose of Expenditure						
Payee Information						
Prefix	First Name	MI	LastName or Vendor Name		Suffix	
Street Address				City	State	Zip