

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#
ROBERT J HEALEY JR.	2850

Street Address	City/Town, State and Zip Code
75 SOWAMS ROAD	BARRINGTON, RI 02809

Mailing Address (if different)	City/Town, State and Zip Code
--------------------------------	-------------------------------

Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 245-0306			

If Candidate Office Sought:	Party Affiliation if any:
Governor	

Reporting Period (Dates):	Period Beginning: 07/01/2014	Period Ending: 10/06/2014
---------------------------	------------------------------	---------------------------

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	35.31		
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:		a. Accounts Payable	\$ 0
CAMPAIGN SUPPORT = PRICELESS	0	b. Loans Payable	0
	0	c. Other Liabilites	
	0		0
3. Total Cash	35.31		0
4. Cash Disbursements			0
a. Aggregate Expenses	35.31	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 # 2,850	Full Name of Candidate or Committee ROBERT J HEALEY JR.	Reporting Period From: 07/01/2014 To: 10/06/2014
-----------------------	---	--

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/20/2014	09/20/2014	35.31

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	ROBERT	J	HEALEY	JR	ROBERT J HEALEY JR ESQ		
Street Address					Street Address		
75 SOWAMS ROAD					665 METACOM AVENUE		
City	State	Zip			City	State	Zip
BARRINGTON	RI	02806			WARREN	RI	02885

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period	
2,850	ROBERT J HEALEY JR.	From: 07/01/2014	To: 10/06/2014

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/20/2014		Aggregate Expenditure	Office Equipment & Supplies	\$35.31

Purpose of Expenditure
CELL PHONE AND MINUTES

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix

Street Address	City	State	Zip