

**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#
MATT BROWN	2858

Street Address	City/Town, State and Zip Code
PO BOX 40386	PROVIDENCE, RI 02940

Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 486-6446			MBROWN@MATTBROWN.ORG

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

Reporting Period (Dates):	Period Beginning: 10/10/2018	Period Ending: 12/31/2018
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**SUMMARY OF ACTIVITY FOR PERIOD**

1. Beginning Cash Balance	\$ 17,915.62
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	0
a. (Individuals)	0
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	3.00
3. Political Parties	0
4. Political Action Committees	0
5. Loan Proceeds	0
6. Payroll Check off	0
7. Interest Received	0
8. State Check Off	0
9. Refund/Rebate	0
10. Party Building	0
11. Matching Public Funds	0
12. Other	0
13. Returned Contributions	0
14. Returned Checks	0
b. Other:	0
	0
	0
3. Total Cash	17,918.62
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	282.14
c. Repayment of Loans	0
d. Account Payable Repayments	16,718.43
e. Other	0

4. Cash Disbursements, continued	
f. Other Disbursements	0
	0
	0
5. Ending Cash Balance	\$ 918.05

**CAMPAIGN FUND STATUS**

6. Report of In-Kind Contributions	0
7. Cash	\$ 918.05
8. Other Assets	0
	0
	0
9. Total Assets	\$ 918.05

**LIABILITIES AND FUND BALANCE**

10. Liabilities	
a. Accounts Payable	\$ 76,295.82
b. Loans Payable	156,933.00
c. Other Liabilities	0
	0
11. Total Liabilities	233,228.82
12. Total Fund Balance	\$(232,310.77)
13. Total Liability / Fund Balance	918.05

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**

<b>Key #</b> 2,858	<b>Full Name of Candidate or Committee</b> MATT BROWN	<b>Reporting Period</b> <b>From:</b> 10/10/2018 <b>To:</b> 12/31/2018
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<b>Item</b>	<b>Transaction Type</b> Credit/Debit Card	<b>Contribution Type</b> Individual	<b>Receipt Date</b> 10/11/2018	<b>Deposit Date</b> 10/15/2018	<b>Contribution Amount</b> 3.00
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**In Kind/Other Receipts Description**

<b>Contributor Information</b>					<b>Employer Data</b>		
<b>Prefix</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name or PAC/Party Committee Name</b>	<b>Suffix</b>	<b>Employer Name</b>		
	Ruby		Church		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
1527 S. Sterling Street							
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Morganton			NC	28655			

**SCHEDULE OF EXPENDITURES**

Key #	Full Name of Candidate or Committee	Reporting Period	
2,858	MATT BROWN	From: 10/10/2018	To: 12/31/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/20/2018		Account Payable	Telephone	\$1,388.78

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			TOSKR		
Street Address			City	State	Zip
1330 Broadway - 3rd FL			Oakland	CA	94612

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1083	10/22/2018	10/22/2018	AP Repayment	Refunds/Reimbursements	\$2,000.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			18th Street Projects, LLC		
Street Address			City	State	Zip
PO Box 416			Crane	MO	65633

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1086	10/23/2018	10/23/2018	AP Repayment	Refunds/Reimbursements	\$166.67

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Kevin		Currier		
Street Address			City	State	Zip
16 Wingate Road			Wakefield	RI	02879

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1085	10/18/2018	10/18/2018	AP Repayment	Refunds/Reimbursements	\$159.18

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Holly		Davis		
Street Address			City	State	Zip
65 Weybosset Street, Apt 301			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	10/10/2018	10/10/2018	AP Repayment	Refunds/Reimbursements	\$266.43

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			NGP SOFTWARE		
Street Address			City	State	Zip
5505 CONNECTICUT AVENUE, NW PMB 277			WASHINGTON	DC	20015

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1082	10/26/2018	10/26/2018	AP Repayment	Refunds/Reimbursements	\$12,500.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Open Progress LLC	
Street Address			City	State Zip
300 W. 23rd Street, #10N			New York	NY 10011

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1084	10/29/2018	10/29/2018	AP Repayment	Refunds/Reimbursements	\$323.03

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			TOSKR	
Street Address			City	State Zip
1330 Broadway - 3rd FL			Oakland	CA 94612

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1084	10/29/2018	10/29/2018	AP Repayment	Refunds/Reimbursements	\$447.60

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			TOSKR	
Street Address			City	State Zip
1330 Broadway - 3rd FL			Oakland	CA 94612

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	10/10/2018	10/10/2018	AP Repayment	Refunds/Reimbursements	\$855.52

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Vantiv	
Street Address			City	State Zip
PO Box 441146			Somerville	MA 02144-0031

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	10/20/2018		Campaign Expenditure	Fundraising Expenses	\$19.90

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			DreamHost	
Street Address			City	State Zip
417 Associated Road			Brea	CA 92821

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	11/20/2018		Campaign Expenditure	Fundraising Expenses	\$19.90

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			DreamHost	
Street Address			City	State Zip
417 Associated Road			Brea	CA 92821

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	12/20/2018		Campaign Expenditure	Fundraising Expenses	\$19.90

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			DreamHost	
Street Address			City	State Zip
417 Associated Road			Brea	CA 92821

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	12/01/2018		Campaign Expenditure	Office Equipment & Supplies	\$26.75

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Google LLC	
Street Address			City	State Zip
1600 Amphitheatre Pkwy			Mountain View	CA 94043

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	11/02/2018		Campaign Expenditure	Office Equipment & Supplies	\$26.75

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Google LLC	
Street Address			City	State Zip
1600 Amphitheatre Pkwy			Mountain View	CA 94043

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	12/10/2018		Campaign Expenditure	Employee Services	\$58.00

**Purpose of Expenditure**

Paychex service fee

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Paychex of New York LLC	
Street Address			City	State Zip
501 Wampanoag Trail			Riverside	RI 02915

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	10/15/2018		Campaign Expenditure	Employee Services	\$34.24

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Paychex of New York LLC	
Street Address			City	State Zip
501 Wampanoag Trail			Riverside	RI 02915

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	12/03/2018		Campaign Expenditure	Consultant & Professional Services	\$37.45

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			QuickBooks Online	
Street Address			City	State Zip
2700 Coast Ave			Mountain View	CA 94043

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	11/03/2018		Campaign Expenditure	Consultant & Professional Services	\$37.45

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			QuickBooks Online	
Street Address	City	State	Zip	
2700 Coast Ave	Mountain View	CA	94043	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	11/09/2018		Campaign Expenditure	Bank Fees	\$1.30

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Vantiv	
Street Address	City	State	Zip	
PO Box 441146	Somerville	MA	02144-0031	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	12/11/2018		Campaign Expenditure	Bank Fees	\$0.50

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Vantiv	
Street Address	City	State	Zip	
PO Box 441146	Somerville	MA	02144-0031	