

**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#
SCOTT AVEDISIAN	347

Street Address	City/Town, State and Zip Code
200 ATLANTIC AVENUE	WARWICK, RI 02888

Mailing Address (if different)	City/Town, State and Zip Code
P O BOX 7866	WARWICK, RI 02887

Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 737-8683	(401) 374-2835		chrisallen2000@aol.com

If Candidate Office Sought:	Party Affiliation if any:
Mayor/Administrator	Republican

Reporting Period (Dates):	Period Beginning: 12/06/2016	Period Ending: 12/31/2016
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**SUMMARY OF ACTIVITY FOR PERIOD**

1. Beginning Cash Balance	\$ 22,124.64
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	0
a. (Individuals)	0
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	6,100.00
3. Political Parties	0
4. Political Action Committees	1,075.00
5. Loan Proceeds	0
6. Payroll Check off	0
7. Interest Received	1.65
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
	0
3. Total Cash	29,301.29
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	5,994.96
c. Repayment of Loans	0
d. Account Payable Repayments	0
e. Other	0

4. Cash Disbursements, continued	
f. Other Disbursements	0
5. Ending Cash Balance	\$ 23,306.33

**CAMPAIGN FUND STATUS**

6. Report of In-Kind Contributions	0
7. Cash	\$ 23,306.33
8. Other Assets	0
9. Total Assets	\$ 23,306.33

**LIABILITIES AND FUND BALANCE**

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	0
c. Other Liabilites	0
11. Total Liabilities	0
12. Total Fund Balance	\$ 23,306.33
13. Total Liability / Fund Balance	23,306.33

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>	<b>Full Name of Candidate or Committee</b>	<b>Reporting Period</b>
347	SCOTT AVEDISIAN	<b>From:</b> 12/06/2016 <b>To:</b> 12/31/2016

<b>Item</b>	<b>Transaction Type</b>	<b>Contribution Type</b>	<b>Receipt Date</b>	<b>Deposit Date</b>	<b>Contribution Amount</b>
	Check	Individual	12/30/2016		500.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data				
<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>				
	Christopher	P	Chantre		Overhead Door Company				
<b>Street Address</b>					<b>Street Address</b>				
155 Ashley Street					One Overhead Way				
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>			<b>State</b>	<b>Zip</b>
Cranston			RI	02920	Warwick			RI	02888

<b>Item</b>	<b>Transaction Type</b>	<b>Contribution Type</b>	<b>Receipt Date</b>	<b>Deposit Date</b>	<b>Contribution Amount</b>
	Check	Individual	12/29/2016		500.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data				
<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>				
	Leonard		Curreri		Curren Collision Center				
<b>Street Address</b>					<b>Street Address</b>				
34 Ledgefield Road					2160 Hartford Avenue				
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>			<b>State</b>	<b>Zip</b>
North Scituate			RI	02857	Johnston			RI	

<b>Item</b>	<b>Transaction Type</b>	<b>Contribution Type</b>	<b>Receipt Date</b>	<b>Deposit Date</b>	<b>Contribution Amount</b>
	Check	Individual	12/15/2016		500.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data				
<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>				
	William	J	DeChristofaro		requested				
<b>Street Address</b>					<b>Street Address</b>				
16 Fairmount Avenue									
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>			<b>State</b>	<b>Zip</b>
Johnston			RI	02919					

<b>Item</b>	<b>Transaction Type</b>	<b>Contribution Type</b>	<b>Receipt Date</b>	<b>Deposit Date</b>	<b>Contribution Amount</b>
	Check	Individual	12/29/2016		1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data				
<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>				
	Stephanie		Gulotta		Requested				
<b>Street Address</b>					<b>Street Address</b>				
75 Independence Way									
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>			<b>State</b>	<b>Zip</b>
Cranston			RI	02921					

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	12/26/2016		250.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Johathan	J.	Janikies		JANCO			
<b>Street Address</b>					<b>Street Address</b>			
166 Waterway					35 Sockanosset Cross Road			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Saunderstown					Cranston		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	12/21/2016		1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Rosanne		Marandola		Requested			
<b>Street Address</b>					<b>Street Address</b>			
230 Lexington Avenue								
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
North Providence							RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	12/21/2016		1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Danielle		Parks		Housewife			
<b>Street Address</b>					<b>Street Address</b>			
Four Little Lane								
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Barrington							RI	02806

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	12/21/2016		500.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Michael		Parks		Student			
<b>Street Address</b>					<b>Street Address</b>			
Four Little Lane								
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Barrington							RI	02806

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	12/21/2016		500.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	James	G.	Pereira		RIPTA			
<b>Street Address</b>					<b>Street Address</b>			
42 Kinney Avenue					MELROSE STREET			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Narragansett					PROVIDENCE		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	12/21/2016		250.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Philip		Rizzuto	M.D.	Self Employed - Doctor			
<b>Street Address</b>					<b>Street Address</b>			
2 LaFayette Court					120 Dudley Street # 301			
<b>City</b>		<b>State</b>		<b>Zip</b>	<b>City</b>	<b>State</b>		<b>Zip</b>
Barrington		RI		02806	Providence	RI		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	12/22/2016		100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	James		Tierney		RIPTA			
<b>Street Address</b>					<b>Street Address</b>			
PO Box 339					Melrose Street			
<b>City</b>		<b>State</b>		<b>Zip</b>	<b>City</b>	<b>State</b>		<b>Zip</b>
Saunderstown		RI		02874	East Providence	RI		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	12/31/2016		1.65

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
			Coastway Community Bank					
<b>Street Address</b>					<b>Street Address</b>			
Coastway Plaza								
<b>City</b>		<b>State</b>		<b>Zip</b>	<b>City</b>	<b>State</b>		<b>Zip</b>
Cranston		RI						

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	12/12/2016		75.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
			PROVIDENCE RI CENTRAL FEDERATED COU					
<b>Street Address</b>					<b>Street Address</b>			
23 UNION STREET								
<b>City</b>		<b>State</b>		<b>Zip</b>	<b>City</b>	<b>State</b>		<b>Zip</b>
BRISTOL		RI		02809				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	12/21/2016		1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
			RI TROOPERS ASSOCIATION PAC					
<b>Street Address</b>					<b>Street Address</b>			
PO BOX 1924								
<b>City</b>		<b>State</b>		<b>Zip</b>	<b>City</b>	<b>State</b>		<b>Zip</b>
EAST GREENWICH		RI		02882				

**SCHEDULE OF EXPENDITURES**

Key #	Full Name of Candidate or Committee	Reporting Period
347	SCOTT AVEDISIAN	From: 12/06/2016 To: 12/31/2016

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
5981	12/23/2016		Campaign Expenditure	Rent & Utilities	\$900.00

**Purpose of Expenditure**

Rent - Headquarters

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Airport Plaza Associates	

Street Address	City	State	Zip
Main Street	Pawtucket	RI	02860

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
5979	12/21/2016		Campaign Expenditure	Fundraising Expenses	\$1,561.00

**Purpose of Expenditure**

Fundraiser at Capriccio's

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Capriccio	

Street Address	City	State	Zip
2 Pine Street	Providence	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
5976	12/21/2016		Campaign Expenditure	Rent & Utilities	\$116.91

**Purpose of Expenditure**

Internet & phone at headquarters

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Cox Communications	

Street Address	City	State	Zip
PO Box 39	Newark	NJ	07101

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
5980	12/23/2016		Campaign Expenditure	Consultant & Professional Services	\$960.00

**Purpose of Expenditure**

Consulting

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Investigative Services, Inc.	

Street Address	City	State	Zip
111 Airport Road	Warwick	RI	02886

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Debit	12/30/2016		Campaign Expenditure	Office Equipment & Supplies	\$13.09

**Purpose of Expenditure**

Ribbon for Inauguration Programs

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Michaels Store	
Street Address			City	State Zip
1500 Bald Hill Road			Warwick	RI

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
5977	12/21/2016		Campaign Expenditure	Refunds/Reimbursements	\$91.56

**Purpose of Expenditure**

Electric Bill

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			National Grid	
Street Address			City	State Zip
PO Box 11739			Newark	Nj

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
5978	12/21/2016		Campaign Expenditure	Rent & Utilities	\$47.19

**Purpose of Expenditure**

Gas Bill

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			National Grid	
Street Address			City	State Zip
PO Box 11739			Newark	Nj

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/22/2016		Campaign Expenditure	Employee Services	\$1,127.50

**Purpose of Expenditure**

Payroll Services

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			PCS, Inc.	
Street Address			City	State Zip
1001 Reservoir Avenue			Cranston	RI

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/29/2016		Campaign Expenditure	Employee Services	\$1,127.50

**Purpose of Expenditure**

Payroll Services

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			PCS, Inc.	
Street Address			City	State Zip
1001 Reservoir Avenue			Cranston	RI

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Debit	12/28/2016		Campaign Expenditure	Office Equipment & Supplies	\$50.21

**Purpose of Expenditure****Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			US Postal Service	
Street Address			City	State Zip
Strawberry Field Road			Warwick	RI