

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#
PAT V CORTELLESSA	4052

Street Address	City/Town, State and Zip Code
160 OAKLAWN AVE	CRANSTON, RI 02920

Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 345-4892			PATCORTELLESSA@GMAIL.COM

If Candidate Office Sought:	Party Affiliation if any:
Secretary of State	Republican

Reporting Period (Dates):	Period Beginning: 04/01/2018	Period Ending: 06/30/2018
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 0
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	0
a. (Individuals)	0
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	285.00
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
	0
3. Total Cash	285.00
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	0
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	\$ 285.00

CAMPAIGN FUND STATUS

6. Report of In-Kind Contributions	0
7. Cash	\$ 285.00
8. Other Assets	0
	0
	0
9. Total Assets	\$ 285.00

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	\$ 285.00
13. Total Liability / Fund Balance	285.00

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 # 4,052	Full Name of Candidate or Committee PAT V CORTELLESSA	Reporting Period From: 04/01/2018 To: 06/30/2018
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Item	Transaction Type Credit/Debit Card	Contribution Type Individual	Receipt Date 06/15/2018	Deposit Date 06/15/2018	Contribution Amount 10.00
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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		
	GRACE		CORTELLESSA		RETIRED		
Street Address					Street Address		
2138 PHENIX AVENUE							
City			State	Zip	City	State	Zip
CRANSTON			RI	02921			

Item	Transaction Type Credit/Debit Card	Contribution Type Individual	Receipt Date 06/20/2018	Deposit Date 06/20/2018	Contribution Amount 10.00
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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		
	CAROL		GIAMMARCO		FIRST STUDENT BUS CO		
Street Address					Street Address		
77 PURITAN AVENUE					2550 PLAINFIELD PIKE		
City			State	Zip	City	State	Zip
CRANSTON			RI	02920	CRANSTON	RI	02921

Item	Transaction Type Check	Contribution Type Individual	Receipt Date 06/10/2018	Deposit Date 06/10/2018	Contribution Amount 250.00
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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		
	JOE		LENTINI		RETIRED		
Street Address					Street Address		
31 ORCHARD DRIVE							
City			State	Zip	City	State	Zip
HOPE			RI	02831			

Item	Transaction Type Credit/Debit Card	Contribution Type Individual	Receipt Date 06/15/2018	Deposit Date 06/15/2018	Contribution Amount 5.00
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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		
	STEPHANIE		MANDARELLI		MET LIFE INSURANCE		
Street Address					Street Address		
77 PURITAN AVENUE					700 QUAKER LANE		
City			State	Zip	City	State	Zip
CRANSTON			RI	02920	WARWICK	RI	02886

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	06/15/2018	06/15/2018	10.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	LISA		PAPA					
Street Address					Street Address			
2138 PHOENIX AVENUE								
City			State	Zip	City		State	Zip
CRANSTON			RI	02921				

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