

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#
PATRICK LYNCH	4978

Street Address	City/Town, State and Zip Code
320 NEWPORT AVENUE	EAST PROVIDENCE, RI 02916

Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 438-3302	456-1200		

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

Reporting Period (Dates):	Period Beginning: 04/01/2017	Period Ending: 06/30/2017
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 284,164.90
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	0
a. (Individuals)	0
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	0
3. Political Parties	0
4. Political Action Committees	0
5. Loan Proceeds	0
6. Payroll Check off	0
7. Interest Received	58.29
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	284,223.19
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	\$ 284,223.19

CAMPAIGN FUND STATUS

6. Report of In-Kind Contributions	0
7. Cash	\$ 284,223.19
8. Other Assets	0
	0
	0
9. Total Assets	\$ 284,223.19

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	\$ 284,223.19
13. Total Liability / Fund Balance	284,223.19

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
4,978	PATRICK LYNCH	From: 04/01/2017 To: 06/30/2017

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	04/30/2017		2.57

In Kind/Other Receipts Description

Contributor Information					Employer Data					
Prefix	First Name	MI	Last Name or PAC/Party Committee Name		Suffix	Employer Name				
			Bank of America							
Street Address						Street Address				
Newport Avenue										
City			State	Zip	City			State	Zip	
Pawtucket			RI							

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	05/31/2017		2.66

In Kind/Other Receipts Description

Contributor Information					Employer Data					
Prefix	First Name	MI	Last Name or PAC/Party Committee Name		Suffix	Employer Name				
			Bank of America							
Street Address						Street Address				
Newport Avenue										
City			State	Zip	City			State	Zip	
Pawtucket			RI							

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	06/30/2017		2.57

In Kind/Other Receipts Description

Contributor Information					Employer Data					
Prefix	First Name	MI	Last Name or PAC/Party Committee Name		Suffix	Employer Name				
			Bank of America							
Street Address						Street Address				
Newport Avenue										
City			State	Zip	City			State	Zip	
Pawtucket			RI							

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	06/30/2017		16.65

In Kind/Other Receipts Description

Contributor Information					Employer Data					
Prefix	First Name	MI	Last Name or PAC/Party Committee Name		Suffix	Employer Name				
			Sovereign Bank							
Street Address						Street Address				
Newport Avenue										
City			State	Zip	City			State	Zip	
Rumford			RI							

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	05/31/2017		18.31

In Kind/Other Receipts Description

Contributor Information					Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
			Sovereign Bank			
Street Address					Street Address	
Newport Avenue						
City			State	Zip	City	State Zip
Rumford			RI			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	04/30/2017		15.53

In Kind/Other Receipts Description

Contributor Information					Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
			Sovereign Bank			
Street Address					Street Address	
Newport Avenue						
City			State	Zip	City	State Zip
Rumford			RI			

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