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 F ALLAN W FUNG	Party, Political Action Committ	tee			Key# 5080
Street Address 1581 PHENIX AVE				y/Town, State and Zip Code ANSTON, RI 02921	
Mailing Address (if different)			Cit	y/Town, State and Zip Code	
Telephone Number (401) 825-7166	Daytime Telephone Number (401) 580-5136			nail FUNG@COX.NET	
If Candidate Office Sought: Governor			Party Affi Repub	liation if any: lican	
Reporting Period (Dates):	Period Beginning: 12/0	04/2018	Period Ending:	12/31/2018	
	F ACTIVITY FOR PERIOD		3		
Beginning Cash Balance	-	\$ 4,354.60	4. Cash Disbursements	, continued	
2. Cash Receipts		-	f. Other Disbursements		
a. Contributions From:					0
1. Aggregate		100.00			0
a. (Individuals)		100.00			0
b. (Political Parties)		0	5. Ending Cash Balance	e	\$ 2,070.76
c. (Political Action C	Committees)	0			
2. Individuals		0			
3. Political Parties		0		CAMPAIGN FUND STATUS	
4. Political Action Com	mittees	0	(D) (H) (10		0
5. Loan Proceeds		0	6. Report of In-Kind Co	ontributions	0
6. Payroll Check off		0			
7. Interest Received		0.51	7. Cash		\$ 2,070.76
8. State Check Off		0	8. Other Assets		•
9. Refund/Rebate		597.00			0
10. Party Building		0			0
11. Matching Public Fu	nds	0			0
12. Other		0	9. Total Assets		\$ 2,070.76
13. Returned Contributi	ons	0			•
14. Returned Checks		0		BILITIES AND FUND BALANCE	
b. Other:			10. Liabilities		Φ.0
		0	a. Accounts Payable		\$ 0
		0	b. Loans Payable		0
		0	c. Other Liabilites		
3. Total Cash		5,052.11			0
4. Cash Disbursements		,			0
a. Aggregate Expenses		0			0
b. Campaign Expenses		2,981.35	11. Total Liabilities		0
c. Repayment of Loans		0	12. Total Fund Balance		\$ 2,070.76
d. Account Payable Repaya	ments	0	13. Total Liability / Fu		2,070.76
e. Other		0			•

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Name of Person Filing Report	I HEREBY CERTIFY THAT THIS REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES AND THE SUPPORTING DOCUMENTS ARE TRUE AND CORRECT.			
Title of Person Filing Report	X Signature of Person	Date		
Address of Person Filing This Report	SUBSCRIBED AND SWORN TO BEFORE ME THIS Day of 20 X Notary Public			

SCHEDULE OF CONTRIBUTIONS RECEIVED

Key # 5,080	Full Name o ALLAN W I		idate or Committee	Committee Reporting Period From: 12/04/20			18 To: 12/31/2018		
Item	Transaction Type Other		Contribution Type Aggregate - Individual		eceipt Date 12/11/2018	Deposit Date 12/11/2018	Contri	bution Amount 100.00	
			In Kind/Other Receipts De	scription					
		Con	tributor Information			Employ	yer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	lame			
Street A	Address				Street Addr	ess			
City			State Zip		City		State Z	ip	
Item	Transaction Type Other		Contribution Type Interest Received		eceipt Date 12/21/2018	Deposit Date	Contri	bution Amount 0.51	
			In Kind/Other Receipts De						
		Con	tributor Information			Fmnlov	yer Data		
Prefix	First Name	MI			Employer N		, cr Butu		
Street A	Address		washington mast		Street Addr	ess			
City			State Zip		City		State Z	ip	
Item	Transaction Type Other		Contribution Type Refund/Rebate		eceipt Date 12/13/2018	Deposit Date 12/13/2018	Contri	bution Amount 597.00	
			In Kind/Other Receipts De	scription					
Refund	after cancellation of account					T2 1	D 4		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name QGiv, Inc	Suffix	Employer N		yer Data		
Street A	address tkow Rd		(,		Street Addr	ess			
City Lakelan	d		State Zip FL 33801		City		State Z	ip	

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SCHEDULE OF EXPENDITURES

Key #	Full Nan	ne of Candidate or	Committee	Reporting Period				
5,080		W FUNG		From:	12/04/2018	To:	12/31/	2018
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type		Expen	diture A	
Direct	12/04/2018		Campaign Expenditure	Fundraising Expenses				\$15.00
Purpose of	Expenditure							
			Pav	ee Information				
Prefix	First Name		MI	LastName or Vendor Name				Suffix
				AuthNet Gateway				
Street Add	ress			City	St	ate	Zip	
1295 Charle				Mountain View	C		r	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type		Expen	diture A	
1815	12/22/2018		Campaign Expenditure	Fundraising Expenses				\$1,830.60
Purpose of	Expenditure							
			Pav	ee Information				
Prefix	First Name		MI	LastName or Vendor Name				Suffix
	211001111111		1111	Capriccio's				Julia
Street Add	ress			City	St	ate	Zip	
2 Pine St	. 000			Providence	RI		02903	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type		Expen	diture A	mount
Direct	12/18/2018		Campaign Expenditure	Office Equipment & Supplies				\$320.00
Purpose of	Expenditure							
			Pav	ee Information				
Prefix	First Name		MI	LastName or Vendor Name				Suffix
TICHA	1 H St I tallic		1111	CMDI				Suma
Street Add	ress			City	St	ate	Zip	
	g Hill Road, Suite 400			Tysons Corner	V		22182	
1 0								
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type		Expen	diture A	mount
Direct	12/10/2018		Campaign Expenditure	Employee Services				\$112.75
Purpose of	Expenditure							
			D	I £ 4				
Prefix	First Name		MI	ee Information LastName or Vendor Name				Suffix
rrenx	rirst Name		IVII	Paychex EIB				Sullix
Street Add	ross			City	Ç4	ate	Zip	
501 Wampa				East Providence	RI		02915	
oor wampa	moag 11an			East 1 TOVIGENCE	KI		04713	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type		Expen	diture A	mount
Direct	12/04/2018		Campaign Expenditure	Fundraising Expenses				\$597.00
Purpose of	Expenditure							
			n	oo Information				
Duofis	Finat Name			ee Information				C., CC
Prefix	First Name		MI	LastName or Vendor Name QGiv, Inc				Suffix
C4					G.	-4-	7.	
Street Add				City Lakaland		ate	Zip	
207 Bartkov	w NU			Lakeland	FI	_	33801	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Amount			
1813	12/20/2018		Campaign Expenditure	Office Equipment & Supplies			\$96.0
Purpose of	Expenditure						
PO Box Re	ntal Fee						
			Pay	ee Information			
Prefix	First Name		MI			Suffix	
				US Postal Service			
Street Address			City		Zip		
Midway Plaza			Cranston	RI			
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure A	mount
Direct	12/31/2018		Campaign Expenditure Bank Fees		r.		\$10.0
Purpose of	Expenditure						
Maintenanc	e Fee						
			Pay	ee Information			
	First Name		MI	LastName or Vendor Name			Suffix
Prefix	rii st ivaille						
Prefix	riist Name			Washington Trust			
Prefix Street Add				Washington Trust City	State	Zip	

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