

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#
WILLIAM H GILBERT	5171

Street Address	City/Town, State and Zip Code
209 YORKTOWN ROAD	NORTH KINGSTOWN, RI 02852

Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 932-8364	(401) 932-8364		w12gilbert@gmail.com

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

Reporting Period (Dates):	Period Beginning: 10/30/2018	Period Ending: 12/03/2018
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 500.84
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	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	500.84
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	0
c. Repayment of Loans	500.84
d. Account Payable Repayments	0
e. Other	0

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

CAMPAIGN FUND STATUS

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

LIABILITIES AND FUND BALANCE

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

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
		From: _____ To: _____

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
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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				
Street Address					Street Address				
City					State	Zip	City	State	Zip

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period	
5,171	WILLIAM H GILBERT	From: 10/30/2018	To: 12/03/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	11/20/2018		Repayment of Loan	Loans Payable	\$500.84

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	WILLIAM	H	GILBERT	

Street Address	City	State	Zip
209 YORKTOWN ROAD	NORTH KINGSTOWN	RI	02852