

**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: 10/09/2018	Period Ending: 10/29/2018
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**SUMMARY OF ACTIVITY FOR PERIOD**

1. Beginning Cash Balance	\$ 101,094.84
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	101,094.84
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
	0
	0
5. Ending Cash Balance	\$ 101,094.84

**CAMPAIGN FUND STATUS**

6. Report of In-Kind Contributions	0
7. Cash	\$ 101,094.84
8. Other Assets	0
	0
	0
9. Total Assets	\$ 101,094.84

**LIABILITIES AND FUND BALANCE**

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	100,600.03
c. Other Liabilities	0
	0
11. Total Liabilities	100,600.03
12. Total Fund Balance	\$ 494.81
13. Total Liability / Fund Balance	101,094.84

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	
					From:	To:
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount	
<b>Purpose of Expenditure</b>						
<b>Payee Information</b>						
Prefix	First Name	MI	LastName or Vendor Name		Suffix	
Street Address				City	State	Zip