

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#
Patricia L. Morgan	5974

Street Address	City/Town, State and Zip Code
411 WAKEFIELD STREET	WEST WARWICK, RI 02893

Mailing Address (if different)	City/Town, State and Zip Code
--------------------------------	-------------------------------

Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 828-4831	(401) 828-4831		REP-MORGAN@RILEGSLATURE.GOV

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

Reporting Period (Dates):	Period Beginning: 10/10/2018	Period Ending: 12/31/2018
---------------------------	------------------------------	---------------------------

SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 15,373.42
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	0
a. (Individuals)	0
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	1,760.00
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	(200.00)
14. Returned Checks	0
b. Other:	0
	0
	0
3. Total Cash	16,933.42
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	16,933.42
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	\$ 0

CAMPAIGN FUND STATUS

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

LIABILITIES AND FUND BALANCE

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	97,786.97
c. Other Liabilites	
	0
	0
11. Total Liabilities	97,786.97
12. Total Fund Balance	\$(97,786.97)
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 # 5,974	Full Name of Candidate or Committee Patricia L. Morgan	Reporting Period From: 10/10/2018 To: 12/31/2018
-----------------------	--	---

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/31/2018	10/31/2018	25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Robert		Cooke		Cube Smart		
Street Address					Street Address		
400 Commonwealth Ave #4					61 Putnam Pike		
City			State	Zip	City	State	Zip
Warwick			RI	02886	Johnston	RI	02919

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018	10/31/2018	350.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Anthony		DeMarinis		retired		
Street Address					Street Address		
525 Namquid Drive					525 Namquid Drive		
City			State	Zip	City	State	Zip
Warwick			RI	02888	Warwick	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/31/2018	10/31/2018	35.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Patricia	W	Nerney		Retired		
Street Address					Street Address		
85 Austin Ave					retired		
City			State	Zip	City	State	Zip
Greenville			RI	02828	Greenville	RI	02828

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/31/2018	10/31/2018	100.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	J		Pomoransky		Retired		
Street Address					Street Address		
PO Box 6843					retired		
City			State	Zip	City	State	Zip
Providence			Ri	02940	Providence	RI	02940

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/31/2018	10/31/2018	1,000.00

In Kind/Other Receipts Description

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
	Perry		Traquina		retired				
Street Address					Street Address				
49 Old Sudbury Rd									
City					City		State		Zip
Wayland					MA		01778		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018	10/31/2018	250.00

In Kind/Other Receipts Description

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
	Greg		Zervos		North Start Realty-				
Street Address					Street Address				
124 Old Boston Neck Road					3890 Post Rd				
City					City		State		Zip
Narragansett					RI		02882		warwick
							RI		

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period
5,974	Patricia L. Morgan	From: 10/10/2018 To: 12/31/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
246	11/21/2018		Campaign Expenditure	Advertising	\$2,359.91

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Advoc8		
Street Address			City	State	Zip
500 Penn St, NE			Washington	DC	20002

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/18/2018		Campaign Expenditure	Advertising	\$3,299.82

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Capital One Visa		
Street Address			City	State	Zip
PO Box 71083			Charlotte	NC	28269

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
243-1	10/31/2018		Campaign Expenditure	Consultant & Professional Services	\$1,000.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Edward Tarnowski		
Street Address			City	State	Zip
393 Carpenter Rd			Hope	Ri	02831

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/15/2018		Campaign Expenditure	Consultant & Professional Services	\$1,800.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Nick		Guarino		
Street Address			City	State	Zip
29 Garden Drive			Riverside	RI	02915

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
242-1	10/31/2018		Campaign Expenditure	Consultant & Professional Services	\$1,000.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Kalashia Richer		
Street Address			City	State	Zip
15 Rustic Drive			Woonsocket	RI	02895

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
247	11/10/2018		Campaign Expenditure	Rent & Utilities	\$151.69

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			National Grid	
Street Address			City	State Zip
PO 11739			Newark	NJ 07101

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
266.65	10/31/2018		Campaign Expenditure	Rent & Utilities	\$0.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			National Grid	
Street Address			City	State Zip
PO 11739			Newark	NJ 07101

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
232	10/31/2018		Campaign Expenditure	Rent & Utilities	\$0.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			National Grid	
Street Address			City	State Zip
PO 11739			Newark	NJ 07101

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
245-1	10/31/2018		Campaign Expenditure	Advertising	\$1,000.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Nick Guarino	
Street Address			City	State Zip
29 Gardner Drive			Riverside	RI 02915

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Wire Transfe	10/30/2018		Campaign Expenditure	Bank Fees	\$72.00

Purpose of Expenditure

Bank Fees - Wire 75 minus aCC fee adj of \$27 tto Reconcile

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Ocean State Credit Union	
Street Address			City	State Zip
744 Main St			West Warwick	Ri 02893

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/15/2018		Campaign Expenditure	Consultant & Professional Services	\$1,800.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Kalashia		Richer	
Street Address			City	State Zip
15 Rustic Drive			Woonsocket	RI 02895

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/15/2018		Campaign Expenditure	Consultant & Professional Services	\$1,800.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Ed		Tarnowski	
Street Address			City	State Zip

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
248	11/08/2018		Campaign Expenditure	Advertising	\$2,650.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Werpolitics, LLC	
Street Address			City	State Zip
21411 Uppermont Lane			Gaihersburg	MD 20882

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/31/2018	09/11/2018	Refund of Contribution	Other	\$200.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Jessica		Baker	
Street Address			City	State Zip
361 Shawomet Ave			Warwick	RI 02889