

**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#
KARA D YOUNG	7092

Street Address	City/Town, State and Zip Code
4 ANGELL ROAD	NARRAGANSETT, RI 02882

Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 477-6178	(401) 477-6178		

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

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	\$ 0	4. Cash Disbursements, continued	
2. Cash Receipts		f. Other Disbursements	0
a. Contributions From:			
1. Aggregate	0		0
a. (Individuals)	0		0
b. (Political Parties)	0	5. Ending Cash Balance	\$ 0
c. (Political Action Committees)	0		
2. Individuals	0		
3. Political Parties	0	<b>CAMPAIGN FUND STATUS</b>	
4. Political Action Committees	0	6. Report of In-Kind Contributions	0
5. Loan Proceeds	0		
6. Payroll Check off	0	7. Cash	\$ 0
7. Interest Received	0	8. Other Assets	0
8. State Check Off	0		
9. Refund/Rebate	0		
10. Party Building	0		
11. Matching Public Funds	0	9. Total Assets	\$ 0
12. Other	0		
13. Returned Contributions	0	<b>LIABILITIES AND FUND BALANCE</b>	
14. Returned Checks	0	10. Liabilities	
b. Other:	0	a. Accounts Payable	\$ 0
	0	b. Loans Payable	0
	0	c. Other Liabilites	0
3. Total Cash	0		0
4. Cash Disbursements			0
a. Aggregate Expenses	0	11. Total Liabilities	0
b. Campaign Expenses	0	12. Total Fund Balance	\$ 0
c. Repayment of Loans	0	13. Total Liability / Fund Balance	0
d. Account Payable Repayments	0		
e. Other	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	
					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