

**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#
NELLIE M GORBEA	7813

Street Address	City/Town, State and Zip Code
65 FISHING COVE ROAD	NORTH KINGSTOWN, RI 02852

Mailing Address (if different)	City/Town, State and Zip Code
PO BOX 5893	PROVIDENCE, RI 02903

Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 667-3656			

If Candidate Office Sought:	Party Affiliation if any:
Secretary of State	Democratic

Reporting Period (Dates):	Period Beginning: 12/04/2018	Period Ending: 12/31/2018
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**SUMMARY OF ACTIVITY FOR PERIOD**

1. Beginning Cash Balance	\$ 137,304.05
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	0
a. (Individuals)	0
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	556.00
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	150.00
10. Party Building	0
11. Matching Public Funds	0
12. Other	0
13. Returned Contributions	(100.00)
14. Returned Checks	0
b. Other:	0
	0
	0
	0
3. Total Cash	137,910.05
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	19,949.31
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	\$ 117,960.74

**CAMPAIGN FUND STATUS**

6. Report of In-Kind Contributions	0
7. Cash	\$ 117,960.74
8. Other Assets	0
	0
9. Total Assets	\$ 117,960.74

**LIABILITIES AND FUND BALANCE**

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	0
c. Other Liabilities	0
	0
	0
11. Total Liabilities	0
12. Total Fund Balance	\$ 117,960.74
13. Total Liability / Fund Balance	117,960.74

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**

<b>Key #</b> 7,813	<b>Full Name of Candidate or Committee</b> NELLIE M GORBEA	<b>Reporting Period</b> <b>From: 12/04/2018 To: 12/31/2018</b>
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<b>Item</b>	<b>Transaction Type</b> Credit/Debit Card	<b>Contribution Type</b> Individual	<b>Receipt Date</b> 12/24/2018	<b>Deposit Date</b>	<b>Contribution Amount</b> 100.00
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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		
	Matthew		Ando		University of Illinois		
<b>Street Address</b>					<b>Street Address</b>		
712 W. Michigan Avenue					1409 Green Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Urbana			IL	61801	Urbana	IL	61801

<b>Item</b>	<b>Transaction Type</b> Credit/Debit Card	<b>Contribution Type</b> Individual	<b>Receipt Date</b> 12/04/2018	<b>Deposit Date</b>	<b>Contribution Amount</b> 3.00
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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		
	Daisy		Bassen		Daisy Bassen MD PC		
<b>Street Address</b>					<b>Street Address</b>		
20 Devon Ct					340 Broadway		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
East Greenwich			RI	02818	Providence	RI	02909

<b>Item</b>	<b>Transaction Type</b> Credit/Debit Card	<b>Contribution Type</b> Individual	<b>Receipt Date</b> 12/04/2018	<b>Deposit Date</b>	<b>Contribution Amount</b> 15.00
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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		
	Sylvia		Bernal		United Way RI		
<b>Street Address</b>					<b>Street Address</b>		
26 Vernon St.					50 Valley St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02903	Providence	RI	02903

<b>Item</b>	<b>Transaction Type</b> Credit/Debit Card	<b>Contribution Type</b> Individual	<b>Receipt Date</b> 12/06/2018	<b>Deposit Date</b>	<b>Contribution Amount</b> 5.00
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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		
	Mary		Bonney		Homemaker		
<b>Street Address</b>					<b>Street Address</b>		
19 Harrison Ave					19 Harrison Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Warwick			RI	02888	Warwick	RI	02888

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	12/06/2018		5.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Sean		Connor		retired			
<b>Street Address</b>					<b>Street Address</b>			
140 Power St					140 Power St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Providence		RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	12/12/2018		50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Ralph		Coppola		Meridien			
<b>Street Address</b>					<b>Street Address</b>			
229 Burt St					10 Dorrance St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Warwick					Warwick		RI	02886

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	12/15/2018		50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Thomas		Rosby		retired			
<b>Street Address</b>					<b>Street Address</b>			
134 Lloyd Rd					134 Lloyd Rd			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Saunderstown					Saunderstown		RI	02874

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	12/04/2018		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			
	David		Schaller		Chocolate Delicacy			
<b>Street Address</b>					<b>Street Address</b>			
1265 Frenchtown Road					219 Main Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
East Greenwich					East Greenwich		RI	02818

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	12/04/2018		50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	David		Schaller		Chocolate Delicacy			
<b>Street Address</b>					<b>Street Address</b>			
1265 Frenchtown Road					219 Main Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
East Greenwich					East Greenwich		RI	02818

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	12/28/2018		3.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Jessica		Stensrud		Optum Insight			
<b>Street Address</b>					<b>Street Address</b>			
177 Armistice Blvd					70 Royal Little Dr			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Pawtucket					Providence		RI	02904

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	12/15/2018		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			
	Abbot		Stranahan		self employed arts administration			
<b>Street Address</b>					<b>Street Address</b>			
67 Manning St					67 Manning St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Providence		RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	12/04/2018		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			
Dr	Francisco		Trilla		Physician			
<b>Street Address</b>					<b>Street Address</b>			
1770 Centre Street					1770 Centre Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Jamaica Plain					Jamaica Plain		MA	02130

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	12/04/2018		50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Andrea		Watson		homemaker			
<b>Street Address</b>					<b>Street Address</b>			
90 Windward Lane								
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Bristol								

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Refund/Rebate	12/13/2018	12/13/2018	150.00

**In Kind/Other Receipts Description**

Bank fee reimbursement

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
			ActBlue					
<b>Street Address</b>					<b>Street Address</b>			
366 Summer St								
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Somerville								

**SCHEDULE OF EXPENDITURES**

Key #	Full Name of Candidate or Committee	Reporting Period	
7,813	NELLIE M GORBEA	From: 12/04/2018	To: 12/31/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/04/2018		Campaign Expenditure	Bank Fees	\$10.01

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			ActBlue		
Street Address			City	State	Zip
366 Summer St			Somerville	MA	02144

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/11/2018		Campaign Expenditure	Bank Fees	\$24.29

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			ActBlue		
Street Address			City	State	Zip
366 Summer St			Somerville	MA	02144

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
562	12/28/2018		Campaign Expenditure	Consultant & Professional Services	\$800.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Anayra Garcia		
Street Address			City	State	Zip
11 Woodland Ct			Lincoln	RI	02865

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/07/2018		Campaign Expenditure	Food, Beverages and Meals	\$67.16

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Bareburger		
Street Address			City	State	Zip
1109 Walnut St			Philadelphia	PA	19101

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/31/2018		Campaign Expenditure	Bank Fees	\$3.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Citizens Bank		
Street Address			City	State	Zip
One Citizens Plaza			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/31/2018		Campaign Expenditure	Bank Fees	\$2.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Citizens Bank	
Street Address			City	State Zip
One Citizens Plaza			Providence	RI 02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
106	12/29/2018		Campaign Expenditure	Consultant & Professional Services	\$15,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Diane		Currier	
Street Address			City	State Zip
16 Wingate Road			Wakefield	RI 02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
560	12/20/2018		Campaign Expenditure	Food, Beverages and Meals	\$91.50

**Purpose of Expenditure**  
Food and beverage reimbursement

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Elizabeth Sepe	
Street Address			City	State Zip
126 Martingale Dr			Warwick	RI 02886

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
561	12/20/2018		Campaign Expenditure	Food, Beverages and Meals	\$338.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Fireworks Catering	
Street Address			City	State Zip
840 Allens Ave			Providence	RI 02904

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/10/2018		Campaign Expenditure	Food, Beverages and Meals	\$17.09

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Georgetown Market	
Street Address			City	State Zip
4375 Georgetown Rd			Indianapolis	IN 46254

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
558	12/07/2018		Campaign Expenditure	Consultant & Professional Services	\$375.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Gretchen Ertl Photography	
Street Address			City	State Zip
20 Fuller Ave			East Walpole	MA 02032

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/24/2018		Campaign Expenditure	Food, Beverages and Meals	\$59.32

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Haxton's Tollgate Liquors		
Street Address			City	State	Zip
1123 Bald Hill Road			Warwick	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/28/2018		Campaign Expenditure	Food, Beverages and Meals	\$224.05

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Haxton's Tollgate Liquors		
Street Address			City	State	Zip
1123 Bald Hill Road			Warwick	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/21/2018		Campaign Expenditure	Food, Beverages and Meals	\$190.38

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Hemenways		
Street Address			City	State	Zip
121 South Main St			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/31/2018		Campaign Expenditure	Food, Beverages and Meals	\$75.54

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Heritage Liquors		
Street Address			City	State	Zip
529 Reservoir Ave			Cranston	RI	02910

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/10/2018		Campaign Expenditure	Consultant & Professional Services	\$16.95

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Hostgator		
Street Address			City	State	Zip
5005 Mitchelldale Suite 100			Houston	TX	77092

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/31/2018		Campaign Expenditure	Travel & Lodging	\$212.91

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			JetBlue		
Street Address			City	State	Zip
27-01 Queens Plaza N			Long Island City	NY	11101



Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
559	12/28/2018		Campaign Expenditure	Advertising	\$410.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Jewish Alliance	
Street Address			City	State Zip
401 Elmgrove Ave			Providence	RI 02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/31/2018		Campaign Expenditure	Entertainment	\$202.27

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Marriott Hotels	
Street Address			City	State Zip
310 Bearcat Drive			Salt Lake City	UT 84115

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/31/2018		Campaign Expenditure	Entertainment	\$202.27

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Marriott Hotels	
Street Address			City	State Zip
310 Bearcat Drive			Salt Lake City	UT 84115

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
557	12/14/2018		Campaign Expenditure	Consultant & Professional Services	\$1,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Melissa T Diaz	
Street Address			City	State Zip
350 G Street SW Suite 606N			Washington	DC 20024

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/31/2018		Campaign Expenditure	Travel & Lodging	\$20.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Orbitz	
Street Address			City	State Zip
500 W Madison Street Suite 1000			Chicago	IL 60661

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/07/2018		Campaign Expenditure	Food, Beverages and Meals	\$49.05

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Sonoma Bistro	
Street Address			City	State Zip
7366 Post Rd			North Kingstown	RI 02852

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/26/2018		Campaign Expenditure	Office Equipment & Supplies	\$75.95

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Staples, Inc.	
Street Address	City	State	Zip	
1007 Ten Rod Road	North Kingstown	RI	02852	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/13/2018		Campaign Expenditure	Food, Beverages and Meals	\$34.10

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Sydney Providence	
Street Address	City	State	Zip	
400 Exchange St	Providence	RI	02903	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/21/2018		Campaign Expenditure	Travel & Lodging	\$18.27

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Uber	
Street Address	City	State	Zip	
275 Sacramento St 4th Floor	San Francisco	CA	94111	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/24/2018		Campaign Expenditure	Office Equipment & Supplies	\$150.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			USPS 4371	
Street Address	City	State	Zip	
2 Exchange Terrace	Providence	RI	02903	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/17/2018		Campaign Expenditure	Office Equipment & Supplies	\$280.20

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Walmart	
Street Address	City	State	Zip	
51 Silver Spring St Providence, RI	Providence	RI	02911	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	12/17/2018	12/17/2018	Refund of Contribution	Other	\$50.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	James		Yoder	
Street Address	City	State	Zip	
40 Cedar Circle	Kingston	RI	02881	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	12/17/2018	12/17/2018	Refund of Contribution	Other	\$50.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	James		Yoder	
Street Address	City	State	Zip	
40 Cedar Circle	Kingston	RI	02881	