

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#
H. CLAIBORNE PELL	7841

Street Address	City/Town, State and Zip Code
52 BARNES STREET	PROVIDENCE, RI 02906

Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 228-8016	(401) 228-8016		clay@claypell.com

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

Reporting Period (Dates):	Period Beginning: 07/01/2017	Period Ending: 09/30/2017
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 6,109.98
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	6,109.98
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	158.85
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	\$ 5,951.13

CAMPAIGN FUND STATUS

6. Report of In-Kind Contributions	0
7. Cash	\$ 5,951.13
8. Other Assets	0
	0
	0
9. Total Assets	\$ 5,951.13

LIABILITIES AND FUND BALANCE

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	3,504,704.85
c. Other Liabilities	0
	0
11. Total Liabilities	3,504,704.85
12. Total Fund Balance	\$(3,498,753.72)
13. Total Liability / Fund Balance	5,951.13

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	
7,841	H. CLAIBORNE PELL	From: 07/01/2017	To: 09/30/2017

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/05/2017		Campaign Expenditure	Other	\$27.95

Purpose of Expenditure
Credit Card Processing Fees

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Authorize.net Corporation		
Street Address			City	State	Zip
915 South 500 East Suite 200			American Fork	UT	84003

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/02/2017		Campaign Expenditure	Other	\$27.95

Purpose of Expenditure
Credit Card Processing Fees

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Authorize.net Corporation		
Street Address			City	State	Zip
915 South 500 East Suite 200			American Fork	UT	84003

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/05/2017		Campaign Expenditure	Other	\$27.95

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Authorize.net Corporation		
Street Address			City	State	Zip
915 South 500 East Suite 200			American Fork	UT	84003

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/29/2017		Campaign Expenditure	Bank Fees	\$25.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Citizens Bank		
Street Address			City	State	Zip
720 South Main Street			Sharon	MA	02067

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/31/2017		Campaign Expenditure	Bank Fees	\$25.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Citizens Bank		
Street Address			City	State	Zip
720 South Main Street			Sharon	MA	02067

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/31/2017		Campaign Expenditure	Bank Fees	\$25.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Citizens Bank	
Street Address	City	State	Zip	
720 South Main Street	Sharon	MA	02067	