

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#
J. AARON REGUNBERG	7859

Street Address	City/Town, State and Zip Code
50 DUNCAN AVE	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) 263-7770			AARON@REGUNBERGFORREP.COM

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

Reporting Period (Dates):	Period Beginning: 10/10/2018	Period Ending: 12/31/2018
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 1,992.02
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	1,000.00
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	2,992.02
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	519.44
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	\$ 2,472.58

CAMPAIGN FUND STATUS

6. Report of In-Kind Contributions	0
7. Cash	\$ 2,472.58
8. Other Assets	0
	0
9. Total Assets	\$ 2,472.58

LIABILITIES AND FUND BALANCE

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	130,000.00
c. Other Liabilites	0
	0
11. Total Liabilities	130,000.00
12. Total Fund Balance	\$(127,527.42)
13. Total Liability / Fund Balance	2,472.58

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 # 7,859	Full Name of Candidate or Committee J. AARON REGUNBERG	Reporting Period From: 10/10/2018 To: 12/31/2018
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Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Refund/Rebate	10/19/2018		850.00

In Kind/Other Receipts Description

Return of rental deposit after vacating office

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
			aBodhi Properties LLC					
Street Address					Street Address			
80 Dexter St								
City			State	Zip	City		State	Zip
Providence			RI					

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Refund/Rebate	11/13/2018		150.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
			Paychex Inc.					
Street Address					Street Address			
501 Wampanoag Trail								
City			State	Zip	City		State	Zip
Riverside			RI					

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period
7,859	J. AARON REGUNBERG	From: 10/10/2018 To: 12/31/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/10/2018		Campaign Expenditure	Advertising	\$216.44

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Facebook		
Street Address	City	State	Zip		
1601 Willow Road	Menlo Park	CA			

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	11/13/2018		Campaign Expenditure	Consultant & Professional Services	\$289.75

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Paychex Inc.		
Street Address	City	State	Zip		
501 Wampanoag Trail	Riverside	RI			

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/11/2018		Campaign Expenditure	Fundraising Expenses	\$10.75

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Vantiv, LLC		
Street Address	City	State	Zip		
8500 Governors Hill Drive	Symmestownship	OH			

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/19/2018		Campaign Expenditure	Fundraising Expenses	\$1.25

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Vantiv, LLC		
Street Address	City	State	Zip		
8500 Governors Hill Drive	Symmestownship	OH			

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/29/2018		Campaign Expenditure	Fundraising Expenses	\$1.25

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Vantiv, LLC		
Street Address	City	State	Zip		
8500 Governors Hill Drive	Symmestownship	OH			

