

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#
ANNE ARMSTRONG	7902

Street Address	City/Town, State and Zip Code
99 HUDSON POND ROAD	WEST GREENWICH, RI 02817

Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 304-6543			ANNEARMSTRONGRI@GMAIL.COM

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

Reporting Period (Dates):	Period Beginning: 07/01/2018	Period Ending: 10/08/2018
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 0
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	0
a. (Individuals)	0
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	55.00
3. Political Parties	0
4. Political Action Committees	0
5. Loan Proceeds	300.00
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	355.00
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	60.15
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	\$ 294.85

CAMPAIGN FUND STATUS

6. Report of In-Kind Contributions	0
7. Cash	\$ 294.85
8. Other Assets	0
	0
	0
9. Total Assets	\$ 294.85

LIABILITIES AND FUND BALANCE

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	300.00
c. Other Liabilities	0
	0
11. Total Liabilities	300.00
12. Total Fund Balance	\$(5.15)
13. Total Liability / Fund Balance	294.85

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 # 7,902	Full Name of Candidate or Committee ANNE ARMSTRONG	Reporting Period From: 07/01/2018 To: 10/08/2018
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Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Cash	Individual	09/04/2018	09/04/2018	20.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	DAVID		EISENBERGER					
Street Address					Street Address			
WICKENDON ST								
City					City		State Zip	
PROVIDENCE					RI			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Cash	Individual	09/05/2018	09/05/2018	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			
	JOSEPH		HART					
Street Address					Street Address			
24 BRYANT ST								
City					City		State Zip	
CUMBERLAND					RI			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	07/27/2018	07/27/2018	30.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	ANNA	H	WINOGRAD VRAN KAR		UNEMPLOYED			
Street Address					Street Address			
99 HUDSON POND ROAD								
City					City		State Zip	
WEST GREENWICH					RI		02817	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Loan	Loan Proceeds	08/29/2018	08/29/2018	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			
	ANNA	H	WINOGRAD VRAN KAR		UNEMPLOYED			
Street Address					Street Address			
99 HUDSON POND ROAD								
City					City		State Zip	
WEST GREENWICH					RI		02817	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Loan	Loan Proceeds	07/01/2018	07/01/2018	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		
	ANNA	H	WINOGRAD VRAN KAR		UNEMPLOYED		
Street Address					Street Address		
99 HUDSON POND ROAD							
City			State	Zip	City	State	Zip
WEST GREENWICH			RI	02817			

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period
7,902	ANNE ARMSTRONG	From: 07/01/2018 To: 10/08/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/22/2018		Campaign Expenditure	Advertising	\$8.29

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
			FED EX		
Street Address			City	State	Zip
			MIDDLETOWN	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/07/2018		Campaign Expenditure	Advertising	\$12.50

Purpose of Expenditure

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Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
			SOS		
Street Address			City	State	Zip
WEST RIVER ST			PROVIDENCE	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/29/2018		Campaign Expenditure	Advertising	\$39.36

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
			STAPLES		
Street Address			City	State	Zip
			WAKEFIELD	RI	