

**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#
PETER F KILMARTIN	83

Street Address	City/Town, State and Zip Code
598 ARMISTICE BLVD	PAWTUCKET, RI 02860

Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number	Daytime Telephone Number	Fax Number	E-mail
727-2211			

If Candidate Office Sought:	Party Affiliation if any:
Attorney General	Democratic

Reporting Period (Dates):	Period Beginning: 10/01/2017	Period Ending: 12/31/2017
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**SUMMARY OF ACTIVITY FOR PERIOD**

1. Beginning Cash Balance	\$ 22,567.39
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	0
a. (Individuals)	0
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	2,000.00
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	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
3. Total Cash	24,567.39
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	7,684.15
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	\$ 16,883.24

**CAMPAIGN FUND STATUS**

6. Report of In-Kind Contributions	0
7. Cash	\$ 16,883.24
8. Other Assets	
	0
	0
9. Total Assets	\$ 16,883.24

**LIABILITIES AND FUND BALANCE**

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	8,430.00
c. Other Liabilities	
	0
	0
11. Total Liabilities	8,430.00
12. Total Fund Balance	\$ 8,453.24
13. Total Liability / Fund Balance	16,883.24

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> 83	<b>Full Name of Candidate or Committee</b> PETER F KILMARTIN	<b>Reporting Period</b> <b>From:</b> 10/01/2017 <b>To:</b> 12/31/2017
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<b>Item</b>	<b>Transaction Type</b>	<b>Contribution Type</b>	<b>Receipt Date</b>	<b>Deposit Date</b>	<b>Contribution Amount</b>
	Check	Individual	12/11/2017		1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	John		Corrigan		Adler Pollock & Sheehan		
<b>Street Address</b>					<b>Street Address</b>		
86 Blackstone Blvd.					One Citizens Plaza		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906	Providence	RI	02903

<b>Item</b>	<b>Transaction Type</b>	<b>Contribution Type</b>	<b>Receipt Date</b>	<b>Deposit Date</b>	<b>Contribution Amount</b>
	Check	Individual	12/11/2017		1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Paul		Corrigan		Paul Corrigan Esq.		
<b>Street Address</b>					<b>Street Address</b>		
2654 Highland Avenue					2654 Highland Avenue		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Santa Monica			CA	90405	Santa Monica	CA	90405

**SCHEDULE OF EXPENDITURES**

Key #	Full Name of Candidate or Committee	Reporting Period
83	PETER F KILMARTIN	From: 10/01/2017 To: 12/31/2017

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1530	10/24/2017		Campaign Expenditure	Travel & Lodging	\$117.59

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Beijing Hotel		
Street Address			City	State	Zip
33 E Changan Avenue			Beijing		10006

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1530	10/24/2017		Campaign Expenditure	Fundraising Expenses	\$126.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			BELLA PASTA RESTAURANT		
Street Address			City	State	Zip
BENEFIT STREET			PAWTUCKET	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1536	12/01/2017		Campaign Expenditure	Other	\$63.74

**Purpose of Expenditure**

IT help

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Best Buy		
Street Address			City	State	Zip
24 Universal Blvd			Warwick	RI	02886

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1536	12/01/2017		Campaign Expenditure	Food, Beverages and Meals	\$135.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Boulevard Cigars		
Street Address			City	State	Zip
609 Armistice Blvd.			Pawtucket	RI	02860

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1537	12/26/2017		Campaign Expenditure	Other	\$4,052.97

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Chase Card		
Street Address			City	State	Zip
P.O. Box 94014			Palatine	IL	60094-4014

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2515	10/02/2017		Campaign Expenditure	Consultant & Professional Services	\$750.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Galvin & Associates	
Street Address			City	State Zip
1 Park Row, 5th Floor			Providence	RI 02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2516	11/01/2017		Campaign Expenditure	Consultant & Professional Services	\$750.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Galvin & Associates	
Street Address			City	State Zip
1 Park Row, 5th Floor			Providence	RI 02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2517	12/01/2017		Campaign Expenditure	Consultant & Professional Services	\$750.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Galvin & Associates	
Street Address			City	State Zip
1 Park Row, 5th Floor			Providence	RI 02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	10/24/2017		Campaign Expenditure	Consultant & Professional Services	\$15.17

**Purpose of Expenditure**

web

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Go Daddy Web	
Street Address			City	State Zip

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1530	10/24/2017		Campaign Expenditure	Food, Beverages and Meals	\$76.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Hanley's Ale House	
Street Address			City	State Zip
52 Pine Street			Providence	RI 02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1538	12/26/2017		Campaign Expenditure	Gifts	\$56.98

**Purpose of Expenditure**

reimburse for gifts purchased

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Peter		Kilmartin	
Street Address			City	State Zip
598 Armistice Blvd			Pawtucket	RI 02861

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	12/04/2017		Campaign Expenditure	Bank Fees	\$71.90

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Merchant Bank Card	
Street Address			City	State Zip
PO Box 9488			Providence	RI 02940

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	10/03/2017		Campaign Expenditure	Bank Fees	\$71.90

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Merchant Bank Card	
Street Address			City	State Zip
PO Box 9488			Providence	RI 02940

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/03/2017		Campaign Expenditure	Bank Fees	\$71.90

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Merchant Bank Card	
Street Address			City	State Zip
PO Box 9488			Providence	RI 02940

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1529	10/16/2017		Campaign Expenditure	Advertising	\$125.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Pawtucket Hall of Fame	
Street Address			City	State Zip
137 Roosevelt Avenue			Pawtucket	RI 02860

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1536	12/01/2017		Campaign Expenditure	Other	\$450.00

**Purpose of Expenditure**

political event ticket

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Salve Regina Alumni Event	
Street Address			City	State Zip
100 Ochre Point Avenue			Newport	RI 02840