

**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: 04/01/2018	Period Ending: 06/30/2018
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**SUMMARY OF ACTIVITY FOR PERIOD**

1. Beginning Cash Balance	\$ 15,349.96
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	513.90
5. Loan Proceeds	0
6. Payroll Check off	0
7. Interest Received	0.06
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	17,863.92
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	2,247.91
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	\$ 15,616.01

**CAMPAIGN FUND STATUS**

6. Report of In-Kind Contributions	0
7. Cash	\$ 15,616.01
8. Other Assets	0
	0
	0
9. Total Assets	\$ 15,616.01

**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	\$ 7,186.01
13. Total Liability / Fund Balance	15,616.01

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>	<b>Full Name of Candidate or Committee</b>	<b>Reporting Period</b>
83	PETER F KILMARTIN	<b>From: 04/01/2018 To: 06/30/2018</b>

<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	06/09/2018		1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data				
<b>Prefix</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name or PAC/Party Committee Name</b>	<b>Suffix</b>	<b>Employer Name</b>				
	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	06/08/2018		1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data				
<b>Prefix</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name or PAC/Party Committee Name</b>	<b>Suffix</b>	<b>Employer Name</b>				
	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

<b>Item</b>	<b>Transaction Type</b>	<b>Contribution Type</b>	<b>Receipt Date</b>	<b>Deposit Date</b>	<b>Contribution Amount</b>
	Other	Interest Received	06/30/2018		0.02

**In Kind/Other Receipts Description**

Contributor Information					Employer Data				
<b>Prefix</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name or PAC/Party Committee Name</b>	<b>Suffix</b>	<b>Employer Name</b>				
			Sovereign Bank						
<b>Street Address</b>					<b>Street Address</b>				
Newport Avenue									
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>			<b>State</b>	<b>Zip</b>
East Providence			RI						

<b>Item</b>	<b>Transaction Type</b>	<b>Contribution Type</b>	<b>Receipt Date</b>	<b>Deposit Date</b>	<b>Contribution Amount</b>
	Other	Interest Received	04/30/2018		0.02

**In Kind/Other Receipts Description**

Contributor Information					Employer Data				
<b>Prefix</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name or PAC/Party Committee Name</b>	<b>Suffix</b>	<b>Employer Name</b>				
			Sovereign Bank						
<b>Street Address</b>					<b>Street Address</b>				
Newport Avenue									
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>			<b>State</b>	<b>Zip</b>
East Providence			RI						

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	05/30/2018		0.02

**In Kind/Other Receipts Description**

Contributor Information					Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
			Sovereign Bank			
<b>Street Address</b>					<b>Street Address</b>	
Newport Avenue						
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State Zip</b>
East Providence			RI			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	06/29/2018		513.90

**In Kind/Other Receipts Description**

Contributor Information					Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
			GENERAL JUSTICE PAC			
<b>Street Address</b>					<b>Street Address</b>	
393 ARMISTICE BLVD						
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State Zip</b>
PAWTUCKET			RI	02861		

**SCHEDULE OF EXPENDITURES**

Key #	Full Name of Candidate or Committee	Reporting Period
83	PETER F KILMARTIN	From: 04/01/2018 To: 06/30/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1544	04/26/2018		Campaign Expenditure	Other	\$387.79

**Purpose of Expenditure**

Shellys Backroom, Wash.DC - 132.19; Taxi - Wash.DC - \$41.60; Martins Tavern, Wash.DC 185.00; The Ritz Carlton, Wash.DC - \$29.00 (all related to NAAG)

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
1545	05/07/2018		Campaign Expenditure	Food, Beverages and Meals	\$694.95

**Purpose of Expenditure**

Patrick's Pub, Providence - \$664.00; Eisenhower Museum, Yorba Linda, CA - \$30.95 (gift)

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
1546	06/01/2018		Campaign Expenditure	Other	\$199.47

**Purpose of Expenditure**

Nextgen Chophouse, Maple Hill KS - \$65.00; Imondi & Son Florist, Pawt. RI - \$64.20 (funeral flowers); LaConcha Renaissance, San Juan PR - \$70.27 (NAAG)

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
2523	06/01/2018		Campaign Expenditure	Consultant & Professional Services	\$250.00

**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
2521	04/03/2018		Campaign Expenditure	Consultant & Professional Services	\$250.00

**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
2522	05/04/2018		Campaign Expenditure	Consultant & Professional Services	\$250.00

**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	04/03/2018		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	05/03/2018		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	06/03/2018		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