

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: 07/01/2018	Period Ending: 09/30/2018
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 15,616.01
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	0.06
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
	0
3. Total Cash	15,616.07
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	3,165.77
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	\$ 12,450.30

CAMPAIGN FUND STATUS

6. Report of In-Kind Contributions	0
7. Cash	\$ 12,450.30
8. Other Assets	
	0
	0
	0
9. Total Assets	\$ 12,450.30

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	\$ 4,020.30
13. Total Liability / Fund Balance	12,450.30

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 # 83	Full Name of Candidate or Committee PETER F KILMARTIN	Reporting Period From: 07/01/2018 To: 09/30/2018
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Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	07/31/2018		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					
Street Address					Street Address			
Newport Avenue								
City					City		State Zip	
East Providence					RI			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	08/31/2018		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					
Street Address					Street Address			
Newport Avenue								
City					City		State Zip	
East Providence					RI			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	09/30/2018		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					
Street Address					Street Address			
Newport Avenue								
City					City		State Zip	
East Providence					RI			

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period	
83	PETER F KILMARTIN	From: 07/01/2018	To: 09/30/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1547	07/06/2018		Campaign Expenditure	Food, Beverages and Meals	\$600.25

Purpose of Expenditure

Oliver St.John Gogarty-35.34; The Donegal Shop-386.63; The Shelbourne Hotel-58.28 - Dublin. official pictures for travel -16; Old Canteen-104

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
1550	07/27/2018		Campaign Expenditure	Rent & Utilities	\$310.64

Purpose of Expenditure

Courtyard Boston Logan - flight/parking fees

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
1551	08/18/2018		Campaign Expenditure	Food, Beverages and Meals	\$889.18

Purpose of Expenditure

Canteen Brewhouse-50.10; Twin Warrior Golf Club-14.98; Rio Grande Brew Pub-62.05; NM Brown Palace Hotel-183.60 CO; Capriccio Prov. 434; Imondi -144.45

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
1549	07/09/2018		Campaign Expenditure	Donations (All Others)	\$100.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Friends of Jim Dube		
Street Address			City	State	Zip
Info Requested					

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2526	09/04/2018		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
2525	08/01/2018		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
2524	07/02/2018		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	07/03/2018		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	08/03/2018		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	09/04/2018		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
1548	07/09/2018		Campaign Expenditure	Refunds/Reimbursements	\$300.00

Purpose of Expenditure

reimb. for tickets to Womens Resource Center fundraiser

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Stacey		Veranci		
Street Address			City	State	Zip
Info. Requested			Info. req.	RI	
