

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: 10/01/2018	Period Ending: 12/31/2018
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 12,450.30
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
3. Total Cash	12,450.36
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	5,250.61
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	\$ 7,199.75

CAMPAIGN FUND STATUS

6. Report of In-Kind Contributions	0
7. Cash	\$ 7,199.75
8. Other Assets	0
	0
	0
9. Total Assets	\$ 7,199.75

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	\$(1,230.25)
13. Total Liability / Fund Balance	7,199.75

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 #	Full Name of Candidate or Committee	Reporting Period	
83	PETER F KILMARTIN	From: 10/01/2018	To: 12/31/2018

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	10/31/2018		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					State		Zip
East Providence					RI		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	11/30/2018		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					State		Zip
East Providence					RI		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	12/31/2018		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					State		Zip
East Providence					RI		

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period	
83	PETER F KILMARTIN	From: 10/01/2018	To: 12/31/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1553	11/27/2018		Campaign Expenditure	Food, Beverages and Meals	\$693.47

Purpose of Expenditure

Capriccio - \$434; Hemenways - \$73; Cards Direct - \$186.47 (holiday cards)

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
1555	12/27/2018		Campaign Expenditure	Other	\$3,406.44

Purpose of Expenditure

Henry's Market, SC \$80; Charleston Hotel, SC \$96; Intl Assoc. of Prosecutors \$58.82; Chemart, RI \$2567.10; Il Fornello Rest. \$530.15; Best Buy \$74.36

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
2529	12/05/2018		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
2527	10/01/2018		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
2528	11/01/2018		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
DM	10/24/2018		Campaign Expenditure	Advertising	\$15.17

Purpose of Expenditure

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
DM	12/03/2018		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	12/03/2018		Campaign Expenditure	Bank Fees	\$19.83

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	11/05/2018		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	10/03/2018		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
1552	11/08/2018		Campaign Expenditure	Office Equipment & Supplies	\$150.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Postmaster	
Street Address			City	State Zip
30 Monticello Road			Pawtucket	RI 02861

