# 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 PETER F KILMARTIN	n Committee		Key# 83
Street Address 598 ARMISTICE BLVD		City/Town, State and Zip Code PAWTUCKET, RI 02860	
Mailing Address (if different)		City/Town, State and Zip Code	
Telephone Number Daytime Telephon 727-2211	e Number	Fax Number E-mail	
If Candidate Office Sought: Attorney General		Party Affiliation if any: Democratic	
Reporting Period (Dates): Period Beginni	ng: 10/01/2018	Period Ending: 12/31/2018	_
SUMMARY OF ACTIVITY FOR			
Beginning Cash Balance     Cash Receipts	\$ 12,450.30	Cash Disbursements, continued     f. Other Disbursements	
a. Contributions From:	0		0
1. Aggregate	0		0
<ul><li>a. (Individuals)</li><li>b. (Political Parties)</li></ul>	0	5. Ending Cash Balance	\$ 7,199.75
c. (Political Action Committees)	0	3. Ending Cash Balance	\$ 1,199.13
2. Individuals	0		
3. Political Parties	0	CAMPAIGN FUND STAT	TUS
4. Political Action Committees	0		
5. Loan Proceeds	0	6. Report of In-Kind Contributions	0
6. Payroll Check off	0		
7. Interest Received	0.06	7. Cash	\$ 7,199.75
8. State Check Off	0	8. Other Assets	. ,
9. Refund/Rebate	0		0
10. Party Building	0		0
11. Matching Public Funds	0		0
12. Other	0	9. Total Assets	\$ 7,199.75
13. Returned Contributions	0	LIABILITIES AND FUND BAI	LANCE
14. Returned Checks	0	10. Liabilities	DANCE
b. Other:		a. Accounts Payable	\$ 0
	0	b. Loans Payable	8,430.00
	0	c. Other Liabilites	0,120.00
	0		0
3. Total Cash	12,450.36		0
4. Cash Disbursements	•		0
a. Aggregate Expenses	0	11 7 ( ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.420.00
b. Campaign Expenses	5,250.61	11. Total Liabilities	8,430.00
c. Repayment of Loans	0	12. Total Fund Balance	\$(1,230.25)
d. Account Payable Repayments	0	13. Total Liability / Fund Balance	7,199.75
e. Other	0		

CF-2 Rev. 3/02

Name of Person Filing Report	I HEREBY CERTIFY THAT THIS REPORT OF CAMPAIGN  CONTRIBUTIONS AND EXPENDITURES AND THE SUPPORTING DOCUMENTS ARE TRUE AND CORRECT.			
Title of Person Filing Report	X Signature of Person	Date		
Address of Person Filing This Report	SUBSCRIBED AND SWORN TO BEFORE ME THIS  Day of 20  X Notary Public			

## SCHEDULE OF CONTRIBUTIONS RECEIVED

Other Interest Received 1031/2018 0.02  In Kind/Other Receipts Description    Contributor Information	Key #	Full Name o PETER F KI		idate or Committee FIN	Reporting Period From: 10/01/2018 To: 12/31/2018				31/2018
Contributor Information   Suffix   Street Address   Suffix   Street Address   Suffix   Suff	Item			· -		_	Deposit Date	Co	
Prefix First Name MI Last Name or PAC/Party Committee Name Sovereign Bank  Street Address Newport Avenue  City State Zip City State Zip  Other Interest Received 11/30/2018 Deposit Date Contribution Amount Interest Received Sovereign Bank  Street Address  RI Last Name or PAC/Party Committee Name Other Interest Received 11/30/2018 Once  Transaction Type Contribution Type Receipt Date Deposit Date Contribution Amount Interest Received 11/30/2018 Once  To Contributor Information Sovereign Bank  Street Address  Nowereign Bank  Street Address  Newport Avenue  City State Zip City State Zip  Other Interest Received 12/31/2018 Once  RI  Item Transaction Type State Zip City State Zip  Other Interest Received 12/31/2018 Once  RI  Item Transaction Type Other Interest Received 12/31/2018 Once  The Kind/Other Receipts Description  Interest Received 12/31/2018 Once  The Kind/Other Receipts Description  Sovereign Bank  Street Address  Nowereign Bank  Sovereign Bank  Sovereign Bank  Sovereign Bank  Street Address  Nowereign		Other				10/31/2018			0.02
Prefix   First Name   MI				In Kind/Other Receipts De	scription				
Street Address Newport Avenue City Other    Transaction Type			Con	tributor Information			Employ	er Data	
Street Address   Stre	Prefix F	irst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	lame		
State   Zip   City   State   Zip   City   State   Zip   City   State   Zip				Sovereign Bank					
State   Zip   City	Street Add	ress				Street Addr	ess		
RI	Newport A	venue							
Transaction Type   Contribution Type   Interest Received   11/30/2018   Contribution Amount   11/30/2018   Contribution	City			State Zip		City		State	Zip
Other Interest Received 11/30/2018 0.02    Contributor Information	East Provid	lence		RI					
Contributor Information   Employer Data	Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
Prefix First Name MI Last Name or PAC/Party Committee Name Sovereign Bank  Street Address Newport Avenue  City State Zip City State Zip  Hem Transaction Type Other Interest Received 12/31/2018 Deposit Date Contribution Amount Interest Received 12/31/2018 Contribution Amount 12/31/2018 0.02  Prefix First Name MI Last Name or PAC/Party Committee Name Sovereign Bank  Street Address Newport Avenue  City State Zip  City State Zip  Employer Data  Employer Data  Contribution Information  Employer Data  Contribution Amount 12/31/2018 Deposit Date Cont		Other		Interest Received		11/30/2018			0.02
Prefix First Name MI Last Name or PAC/Party Committee Name Sovereign Bank  Street Address Newport Avenue City State Zip City State Zip East Providence  Transaction Type Other Interest Received 12/31/2018 Contribution Amount 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 Sovereign Bank  Street Address Newport Avenue City State Zip City State Zip East Providence RI  City State Zip				In Kind/Other Receipts De	scription				
Prefix First Name MI Last Name or PAC/Party Committee Name Sovereign Bank  Street Address Newport Avenue City State Zip City State Zip East Providence  Transaction Type Other Interest Received 12/31/2018 Contribution Amount 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 Sovereign Bank  Street Address Newport Avenue City State Zip City State Zip East Providence RI  City State Zip									
Sovereign Bank  Street Address Newport Avenue  City State Zip City State Zip East Providence  Transaction Type Other Interest Received 12/31/2018 Deposit Date Contribution Amount 12/31/2018 0.02  The Kind/Other Receipts Description  Transaction Type Other Interest Received 12/31/2018 Deposit Date Other Interest Received 12/31/2018 0.02  The Kind/Other Receipts Description  The Contribution Type Receipt Description							1 7	er Data	
Street Address Newport Avenue City State Zip City State Zip East Providence  Transaction Type Other Interest Received 12/31/2018  Contributor Information  Transaction Type Other Interest Received 12/31/2018  Contributor Information  Contributor Information  Frefix First Name MI Last Name or PAC/Party Committee Name Sovereign Bank  Street Address Newport Avenue City State Zip East Providence  Street Address RI  City State Zip City State Zip RI  City State Zip City State Zip City State Zip	Prefix F	irst Name	MI	· ·	Suffix	Employer N	lame		
Newport Avenue  City State Zip City State Zip East Providence RI  Item Transaction Type Other Interest Received 12/31/2018 Deposit Date 12/31/2018 Ontribution Amount 12/31/2018 Ontributi				Sovereign Bank					
City State Zip Contribution Type Receipt Date Deposit Date Contribution Amount 12/31/2018 0.0.02    In Kind/Other Receipts Description						Street Addr	ess		
Item Transaction Type Other Contribution Type Receipt Date Deposit Date Other Interest Received 12/31/2018 0.02    Contributor Information   Employer Data	-	venue							
Transaction Type Other Contribution Type Interest Received 12/31/2018 Deposit Date 12/31/2018 0.02    Contributor Information	City					City		State	Zip
Other   Interest Received   12/31/2018   0.02	East Provid	lence		RI					
Contributor Information   Employer Data	Item	<b>Transaction Type</b>		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
Contributor Information Employer Data  Prefix First Name MI Last Name or PAC/Party Committee Name Sovereign Bank  Street Address Newport Avenue  City State Zip City State Zip East Providence RI		Other		Interest Received		12/31/2018			0.02
Prefix First Name  MI Last Name or PAC/Party Committee Name Suffix Sovereign Bank  Street Address Newport Avenue  City  State Zip East Providence  RI  Employer Name  Suffix City  City  State Zip  RI				In Kind/Other Receipts De	scription				
Prefix First Name  MI Last Name or PAC/Party Committee Name Suffix Sovereign Bank  Street Address Newport Avenue  City  State Zip East Providence  RI  Employer Name  Suffix City  City  State Zip  RI			~						
Sovereign Bank  Street Address Newport Avenue  City East Providence  State Zip RI  City State Zip RI						Τ.		er Data	
Newport Avenue  City State Zip City State Zip  East Providence RI	Prefix F	irst Name	MI	· ·	Suffix	Employer N	Vame		
City State Zip City State Zip East Providence RI	Street Add	ress				Street Addr	ress		
East Providence RI	Newport A	venue							
East Providence RI	City			State Zip		City		State	Zip
		lence							•
	CF-3								Pay 2/0'

### SCHEDULE OF EXPENDITURES

Key#	Full Nan	ne of Candidate or	Committee		Reportin	g Period			
83		KILMARTIN			From:	10/01/2018	To:	12/31/20	18
					110111				
Check #	<b>Expenditure Date</b>	Payment Date	Disbursement Type	Expenditure Type			Expen	diture Amo	
1553	11/27/2018		Campaign Expenditure	Food, Beverages and	l Meals				\$693.4
_	Expenditure								
Capriccio -	\$434; Hemenways - \$73	3; Cards Direct - \$	186.47 (holiday cards)						
			Payo	ee Information					
Prefix	First Name		MI	LastName or Vendor Name				S	uffix
				Chase Card					
Street Add	ress			City		S	tate	Zip	
P.O. Box 94	4014			Palatine		II	_	60094-40	)14
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type			Evnon	diture Amo	unt
1555	12/27/2018	1 ayıncın Date	Campaign Expenditure	Other			Expen		3,406.4
			Campaign Expenditure	Other				ψ.	2,100.1
_	Expenditure	Hotel SC \$96: In	tl Assoc of Prosecuters \$58	.82; Chemart, RI \$2567.10; Il Forne	llo Rest \$5	30 15: Rest Bu	v \$74 36	<u> </u>	
10111 y 5 1v1a		. 113tei, 50 \$70, III		ee Information	πουτ. φυ.		, Ψ1 <del>-1</del> .50		
Prefix	First Name		MI	LastName or Vendor Name				C.	uffix
LICHA	r ii st ivaille		IVII	Chase Card				3	uIIIX
Street Add	wood					C.	tate	7:	
P.O. Box 94				City Palatine		II		<b>Zip</b> 60094-40	114
1.O. DOX 9-	+014			1 diatilic		11	_	00054-40	714
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type			Expen	diture Amo	unt
2529	12/05/2018	J	Campaign Expenditure	Consultant & Profes	sional Servi	ces	•		\$250.0
Purpose of	Expenditure								
•	•								
			Paye	ee Information					
Prefix	First Name		MI	LastName or Vendor Name				S	uffix
				Galvin & Associates					
Street Add	ress			City		C.			
1 Dark Dow				City		3	tate	Zip	
I I alk Kow	, 5th Floor			Providence		R		<b>Zip</b> 02903	
	•			Providence			I	02903	
Check #	Expenditure Date	Payment Date	Disbursement Type	Providence  Expenditure Type		R	I	02903	
Check #	•	Payment Date	<b>Disbursement Type</b> Campaign Expenditure	Providence	sional Servi	R	I	02903	
Check # 2527	Expenditure Date	Payment Date	**	Providence  Expenditure Type	sional Servi	R	I	02903	
Check # 2527	Expenditure Date 10/01/2018	Payment Date	Campaign Expenditure	Providence  Expenditure Type  Consultant & Profes	sional Servi	R	I	02903	
Check # 2527 Purpose of	Expenditure Date 10/01/2018  Expenditure	Payment Date	Campaign Expenditure  Payo	Providence  Expenditure Type  Consultant & Profese	sional Servi	R	I	02903	\$250.0
Check # 2527 Purpose of	Expenditure Date 10/01/2018	Payment Date	Campaign Expenditure	Providence  Expenditure Type Consultant & Profes  ee Information LastName or Vendor Name	sional Servi	R	I	02903	
Check # 2527 Purpose of Prefix	Expenditure Date 10/01/2018  Expenditure  First Name	Payment Date	Campaign Expenditure  Payo	Expenditure Type Consultant & Profes  ee Information LastName or Vendor Name Galvin & Associates	sional Servi	ces	Expen	02903 Inditure Amo	\$250.00
Check # 2527 Purpose of Prefix Street Add	Expenditure Date 10/01/2018  Expenditure  First Name	Payment Date	Campaign Expenditure  Payo	Expenditure Type Consultant & Profes  ree Information LastName or Vendor Name Galvin & Associates City	sional Servi	ces S	I Expen	02903 Inditure Amo	\$250.00
Check # 2527 Purpose of Prefix	Expenditure Date 10/01/2018  Expenditure  First Name	Payment Date	Campaign Expenditure  Payo	Expenditure Type Consultant & Profes  ee Information LastName or Vendor Name Galvin & Associates	sional Servi	ces	I Expen	02903 Inditure Amo	\$250.00
Check # 2527 Purpose of Prefix Street Add 1 Park Row	Expenditure Date 10/01/2018  Expenditure  First Name  ress 7, 5th Floor	Payment Date	Campaign Expenditure  Payo MI	Providence  Expenditure Type Consultant & Profes  ee Information LastName or Vendor Name Galvin & Associates City Providence	sional Servi	ces S	I Expen	02903  Iditure Amo  S  Zip 02903	\$250.00 uffix
Check # 2527 Purpose of Prefix Street Add 1 Park Row Check #	Expenditure Date 10/01/2018  Expenditure  First Name		Campaign Expenditure  Payo MI  Disbursement Type	Expenditure Type Consultant & Profes  ree Information LastName or Vendor Name Galvin & Associates City		ces S R	I Expen	02903  diture Amo  S  Zip 02903	\$250.00
Check # 2527 Purpose of Prefix Street Add 1 Park Row Check # 2528	Expenditure Date 10/01/2018 Expenditure  First Name  ress 4, 5th Floor  Expenditure Date 11/01/2018		Campaign Expenditure  Payo MI	Providence  Expenditure Type Consultant & Profes  ee Information LastName or Vendor Name Galvin & Associates City Providence  Expenditure Type		ces S R	I Expen	02903  diture Amo  S  Zip 02903	\$250.00 uffix
Check # 2527 Purpose of Prefix Street Add 1 Park Row Check # 2528	Expenditure Date 10/01/2018 Expenditure  First Name  ress 7, 5th Floor  Expenditure Date		Campaign Expenditure  Payo MI  Disbursement Type	Providence  Expenditure Type Consultant & Profes  ee Information LastName or Vendor Name Galvin & Associates City Providence  Expenditure Type		ces S R	I Expen	02903  diture Amo  S  Zip 02903	\$250.0 uffix
Check # 2527 Purpose of Prefix Street Add 1 Park Row Check # 2528	Expenditure Date 10/01/2018 Expenditure  First Name  ress 4, 5th Floor  Expenditure Date 11/01/2018		Paye MI  Disbursement Type Campaign Expenditure	Providence  Expenditure Type Consultant & Profes  ee Information LastName or Vendor Name Galvin & Associates City Providence  Expenditure Type		ces S R	I Expen	02903  diture Amo  S  Zip 02903	\$250.0 uffix
Check # 2527 Purpose of Prefix Street Add 1 Park Row Check # 2528 Purpose of	Expenditure Date 10/01/2018 Expenditure  First Name  ress 4, 5th Floor  Expenditure Date 11/01/2018		Paye MI  Disbursement Type Campaign Expenditure	Expenditure Type Consultant & Profes  ee Information LastName or Vendor Name Galvin & Associates City Providence  Expenditure Type Consultant & Profes		ces S R	I Expen	02903  diture Amo  S  Zip 02903  diture Amo	\$250.0 uffix
Check # 2527 Purpose of Prefix Street Add 1 Park Row Check # 2528	Expenditure Date 10/01/2018  Expenditure  First Name  ress 4, 5th Floor  Expenditure Date 11/01/2018  Expenditure		Paye MI  Disbursement Type Campaign Expenditure  Paye	Expenditure Type Consultant & Profes  ree Information LastName or Vendor Name Galvin & Associates City Providence  Expenditure Type Consultant & Profes		ces S R	I Expen	02903  diture Amo  S  Zip 02903  diture Amo	\$250.00  uffix  ount \$250.00
Check # 2527 Purpose of Prefix Street Add 1 Park Row Check # 2528 Purpose of	Expenditure Date 10/01/2018 Expenditure  First Name  ress 7, 5th Floor  Expenditure Date 11/01/2018 Expenditure  First Name		Paye MI  Disbursement Type Campaign Expenditure  Paye	Expenditure Type Consultant & Profes  tee Information LastName or Vendor Name Galvin & Associates City Providence Expenditure Type Consultant & Profes  tee Information LastName or Vendor Name		ces S R	I Expen	02903  diture Amo  S  Zip 02903  diture Amo	\$250.00  uffix  ount \$250.00

Check #	<b>Expenditure Date</b>	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
OM	10/24/2018		Campaign Expenditure	Advertising		\$15.17
urpose of	Expenditure					
			Pav	ree Information		
refix	First Name		MI	LastName or Vendor Name		Suffix
				Go Daddy Web		
Street Addr	ress			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
OM	12/03/2018		Campaign Expenditure	Bank Fees		\$71.90
urpose of	Expenditure					
			Pay	ee Information		
refix	First Name		MI	LastName or Vendor Name		Suffix
				Merchant Bank Card		
Street Addr	ress			City	State	Zip
O Box 948	38			Providence	RI	02940
Check #	<b>Expenditure Date</b>	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
OM	12/03/2018		Campaign Expenditure	Bank Fees		\$19.83
urpose of	Expenditure					
			_			
	17° . N.		-	ree Information		G 999
refix	First Name		MI	LastName or Vendor Name Merchant Bank Card		Suffix
treet Addr	ress			City	State	Zip
O Box 948	38			Providence	RI	02940
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
lm	11/05/2018		Campaign Expenditure	Bank Fees		\$71.90
urpose of	Expenditure					
			D	I		
)	E24 N		-	ree Information		C <b>cc</b>
Prefix	First Name		MI	LastName or Vendor Name Merchant Bank Card		Suffix
Street Addr	2000			City	State	7in
O Box 948				Providence	RI	<b>Zip</b> 02940
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
OM Purpose of	10/03/2018 Expenditure		Campaign Expenditure	Bank Fees		\$71.90
urpose or	zpenuiture					
_				ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Merchant Bank Card	Ĝ	a.
treet Addr O Box 948				City Providence	State RI	<b>Zip</b> 02940
O BOX 940				Flovidence	KI	02940
Check # 552	Expenditure Date 11/08/2018	Payment Date	<b>Disbursement Type</b> Campaign Expenditure	Expenditure Type Office Equipment & Supplies	Expe	nditure Amount \$150.00
	Expenditure		Campaign Expenditure	Office Equipment & Supplies		\$150.00
			P	voo Information		
Duofi-	Finet Name		-	ree Information		C CC:
Prefix	First Name		MI	LastName or Vendor Name Postmaster		Suffix
·	2055				State	7in
troot Add-	CSS			City	State	Zip
Street Addr 30 Monticel	lo Road			Pawtucket	RI	02861

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