

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 NERONHA	8582

Street Address	City/Town, State and Zip Code
7 RANGER COURT	JAMESTOWN, RI 02835

Mailing Address (if different)	City/Town, State and Zip Code
ONE PARK ROW, 5TH FLOOR	PROVIDENCE, RI 02903

Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 435-3611	(401) 435-3611		

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

Reporting Period (Dates):	Period Beginning: 10/30/2018	Period Ending: 12/03/2018
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 70,166.02
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	0
a. (Individuals)	0
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	250.00
3. Political Parties	0
4. Political Action Committees	300.00
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
	0
3. Total Cash	70,716.02
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	13,186.91
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	\$ 57,529.11

CAMPAIGN FUND STATUS

6. Report of In-Kind Contributions	0
7. Cash	\$ 57,529.11
8. Other Assets	
	0
	0
9. Total Assets	\$ 57,529.11

LIABILITIES AND FUND BALANCE

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	0
c. Other Liabilites	
	0
	0
11. Total Liabilities	0
12. Total Fund Balance	\$ 57,529.11
13. Total Liability / Fund Balance	57,529.11

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
8,582	PETER F NERONHA	From: 10/30/2018 To: 12/03/2018

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	11/01/2018		250.00

In Kind/Other Receipts Description

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
	George	A.	Zainyeh		Shechtman Halperin Savage, LLP				
Street Address					Street Address				
433 Seaside Dr					1080 Main St				
City			State	Zip	City			State	Zip
Jamestown			RI	02835	Pawtucket			RI	02860

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	11/01/2018		300.00

In Kind/Other Receipts Description

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
			CONNECTICUT HEALTH CARE DISTRICT	1195					
Street Address					Street Address				
77 HUYSHOPE AVENUE									
City			State	Zip	City			State	Zip
HARTFORD			CT	06106					

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period
8,582	PETER F NERONHA	From: 10/30/2018 To: 12/03/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2161	11/01/2018		Campaign Expenditure	Consultant & Professional Services	\$1,500.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			CFO Consulting Group		
Street Address			City	State	Zip
1 Park Row, Ste 5			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	10/31/2018		Campaign Expenditure	Bank Fees	\$3.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Citizens Bank		
Street Address			City	State	Zip
Newport Avenue			Pawtucket	RI	02860

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/30/2018		Campaign Expenditure	Bank Fees	\$3.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Citizens Bank		
Street Address			City	State	Zip
Newport Avenue			Pawtucket	RI	02860

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2165	11/21/2018		Campaign Expenditure	Employee Services	\$3,426.01

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Blake		Collins		
Street Address			City	State	Zip
30 Baker St			Seekonk	MA	02771

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2162	11/08/2018		Campaign Expenditure	Employee Services	\$374.80

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Blake		Collins		
Street Address			City	State	Zip
30 Baker St			Seekonk	MA	02771

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2158	11/01/2018		Campaign Expenditure	Employee Services	\$1,505.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Blake		Collins	
Street Address	City	State	Zip	
30 Baker St	Seekonk	MA	02771	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2160	11/01/2018		Campaign Expenditure	Refunds/Reimbursements	\$372.10

Purpose of Expenditure

reimb. for food/bev.

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Blake		Collins	
Street Address	City	State	Zip	
30 Baker St	Seekonk	MA	02771	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2157	11/11/2018		Campaign Expenditure	Telephone	\$50.56

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Cox Communications	
Street Address	City	State	Zip	
PO Box 78000	Detroit	MI	48278	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/05/2018		Campaign Expenditure	Advertising	\$60.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Facebook	
Street Address	City	State	Zip	
1601 Willow Rd	Menlo Park	CA	94025	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/06/2018		Campaign Expenditure	Advertising	\$30.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Facebook	
Street Address	City	State	Zip	
1601 Willow Rd	Menlo Park	CA	94025	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/07/2018		Campaign Expenditure	Advertising	\$30.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Facebook	
Street Address	City	State	Zip	
1601 Willow Rd	Menlo Park	CA	94025	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	10/30/2018		Campaign Expenditure	Advertising	\$170.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Facebook	
Street Address	City	State	Zip	
1601 Willow Rd	Menlo Park	CA	94025	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2159	11/01/2018		Campaign Expenditure	Consultant & Professional Services	\$1,500.00

Purpose of Expenditure

Payee Information

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/02/2018		Campaign Expenditure	Advertising	\$48.15

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Google	
Street Address	City	State	Zip	
1600 Amphitheatre Pkwy	Mountain View	CA	94043	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	12/03/2018		Campaign Expenditure	Advertising	\$48.15

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Google	
Street Address	City	State	Zip	
1600 Amphitheatre Pkwy	Mountain View	CA	94043	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/15/2018		Campaign Expenditure	Employee Services	\$1,078.52

Purpose of Expenditure

payroll taxes

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Internal Revenue Service	
Street Address	City	State	Zip	
Department of the Treasury	Austin	TX	73301	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2166	11/27/2018		Campaign Expenditure	Other	\$600.00

Purpose of Expenditure

photo shoot

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Kizirian Phtography	
Street Address	City	State	Zip	
214 Rankin Ave	Providence	RI	02908	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2156	11/01/2018		Campaign Expenditure	Rent & Utilities	\$850.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Knight Street Holdings	
Street Address			City	State Zip
181 Knight Street			Warwick	RI 02886

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/02/2018		Campaign Expenditure	Bank Fees	\$46.49

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Merchant Bankcard	
Street Address			City	State Zip
71 S Central Ave #200			Valley Stream	NY 11580

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	12/03/2018		Campaign Expenditure	Bank Fees	\$3.84

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Merchant Bankcard	
Street Address			City	State Zip
71 S Central Ave #200			Valley Stream	NY 11580

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2163	11/09/2018		Campaign Expenditure	Rent & Utilities	\$113.61

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			National Grid	
Street Address			City	State Zip
PO Box 11739			Newark	NJ 07101

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/08/2018		Campaign Expenditure	Other	\$477.94

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Providence Biltmore	
Street Address			City	State Zip
11 Dorrance Street			Providence	RI 02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2164	11/16/2018		Campaign Expenditure	Employee Services	\$149.26

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			RI Division of Taxation	
Street Address			City	State Zip
PO Box 9703, Dept. 200			Providence	RI 02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2155	10/30/2018		Campaign Expenditure	Employee Services	\$173.16

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			RI Division of Taxation		
Street Address			City	State	Zip
PO Box 9703, Dept. 200			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/06/2018		Campaign Expenditure	Office Equipment & Supplies	\$236.58

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Target		
Street Address			City	State	Zip
			Warwick	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/05/2018		Campaign Expenditure	Food, Beverages and Meals	\$286.74

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			The Sandwich Hut		
Street Address			City	State	Zip
1253 North Main Street			Providence	RI	02904

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/02/2018		Campaign Expenditure	Advertising	\$50.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Twitter Online Ads		
Street Address			City	State	Zip
1355 Market Street, Suite 900			San Francisco	CA	94103