

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: 12/04/2018	Period Ending: 12/31/2018
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 57,529.11
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	1,025.00
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	58,554.11
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	13,181.34
c. Repayment of Loans	0
d. Account Payable Repayments	0
e. Other	0

4. Cash Disbursements, continued	
f. Other Disbursements	0
5. Ending Cash Balance	\$ 45,372.77

CAMPAIGN FUND STATUS

6. Report of In-Kind Contributions	0
7. Cash	\$ 45,372.77
8. Other Assets	0
9. Total Assets	\$ 45,372.77

LIABILITIES AND FUND BALANCE

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	0
c. Other Liabilites	0
11. Total Liabilities	0
12. Total Fund Balance	\$ 45,372.77
13. Total Liability / Fund Balance	45,372.77

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: 12/04/2018 To: 12/31/2018

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	12/28/2018		25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
			BARRINGTON POLICE IBPO LOCAL 351 FOP L				
Street Address					Street Address		
100 FEDERAL ROAD							
City			State	Zip	City		State Zip
BARRINGTON			RI	02806			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	12/28/2018		500.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
			CONNECTICUT LABORERS POLITICAL LEAGU				
Street Address					Street Address		
475 LEDYARD STREET							
City			State	Zip	City		State Zip
HARTFORD			CT	06114			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	12/28/2018		500.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
			LIUNA EDUCATION FUND RHODE ISLAND				
Street Address					Street Address		
905 16TH STREET, NW, 2ND FLOOR							
City			State	Zip	City		State Zip
WASHINGTON			DC	20006			

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period
8,582	PETER F NERONHA	From: 12/04/2018 To: 12/31/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2168	12/07/2018		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
2171	12/27/2018		Campaign Expenditure	Consultant & Professional Services	\$5,750.00

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
2173	12/31/2018		Campaign Expenditure	Fundraising Expenses	\$448.58

Purpose of Expenditure

mail production

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Checkmate		
Street Address			City	State	Zip
22 London Street			East Greenwich	RI	02915

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	12/31/2018		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
2167	12/05/2018		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	12/17/2018		Campaign Expenditure	Employee Services	\$1,792.04

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
2172	12/27/2018		Campaign Expenditure	Advertising	\$58.82

Purpose of Expenditure

reimb. for materials for signs

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Leo	J.	Perrotta	
Street Address	City	State	Zip	
117 Cliff Ave	Portsmouth	RI	02871	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2170	12/24/2018		Campaign Expenditure	Fundraising Expenses	\$1,899.82

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Regine Printing Co., Inc.	
Street Address	City	State	Zip	
208 Laurel Hill Ave	Providence	RI	02909	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2169	12/20/2018		Campaign Expenditure	Employee Services	\$229.08

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	