

**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#
PAUL EUGENE PENCE JR.	8586

Street Address	City/Town, State and Zip Code
2 BARBER AVE	WARWICK, RI 02886

Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 480-9355			PAULPENCE@USA.COM

If Candidate Office Sought:	Party Affiliation if any:
Lieutenant Governor	Republican

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	\$ 184.54	4. Cash Disbursements, continued	
2. Cash Receipts		f. Other Disbursements	0
a. Contributions From:			0
1. Aggregate	0		0
a. (Individuals)	0		0
b. (Political Parties)	0	5. Ending Cash Balance	\$ 107.62
c. (Political Action Committees)	0		
2. Individuals	0		
3. Political Parties	0	<b>CAMPAIGN FUND STATUS</b>	
4. Political Action Committees	0	6. Report of In-Kind Contributions	176.92
5. Loan Proceeds	0		
6. Payroll Check off	0	7. Cash	\$ 107.62
7. Interest Received	0	8. Other Assets	0
8. State Check Off	0		0
9. Refund/Rebate	0		0
10. Party Building	0	9. Total Assets	\$ 107.62
11. Matching Public Funds	0		
12. Other	0	<b>LIABILITIES AND FUND BALANCE</b>	
13. Returned Contributions	0	10. Liabilities	
14. Returned Checks	0	a. Accounts Payable	\$ 0
b. Other:	0	b. Loans Payable	440.00
	0	c. Other Liabilites	0
	0		0
3. Total Cash	184.54		0
4. Cash Disbursements			0
a. Aggregate Expenses	0	11. Total Liabilities	440.00
b. Campaign Expenses	76.92	12. Total Fund Balance	\$ (332.38)
c. Repayment of Loans	0	13. Total Liability / Fund Balance	107.62
d. Account Payable Repayments	0		
e. Other	0		

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**

<b>Key #</b> 8,586	<b>Full Name of Candidate or Committee</b> PAUL EUGENE PENCE JR.	<b>Reporting Period</b> <b>From:</b> 10/30/2018 <b>To:</b> 12/03/2018
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<b>Item</b>	<b>Transaction Type</b>	<b>Contribution Type</b>	<b>Receipt Date</b>	<b>Deposit Date</b>	<b>Contribution Amount</b>
	In-Kind	In-Kind - Individual	11/01/2018		176.92

**In Kind/Other Receipts Description**

Signs, printed without request, but accepted in-kind.

<b>Contributor Information</b>					<b>Employer Data</b>		
<b>Prefix</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name or PAC/Party Committee Name</b>	<b>Suffix</b>	<b>Employer Name</b>		
	Frank		Ricci		Ricci Printing		
<b>Street Address</b>					<b>Street Address</b>		
129 SCITUATE AVE					165 Dyerville Ave Suite 2		
<b>City</b>					<b>City</b>	<b>State</b>	<b>Zip</b>
Johnston					Johnston	RI	02919

**SCHEDULE OF EXPENDITURES**

<b>Key #</b>	<b>Full Name of Candidate or Committee</b>	<b>Reporting Period</b>	
8,586	PAUL EUGENE PENCE JR.	<b>From:</b> 10/30/2018	<b>To:</b> 12/03/2018

<b>Check #</b>	<b>Expenditure Date</b>	<b>Payment Date</b>	<b>Disbursement Type</b>	<b>Expenditure Type</b>	<b>Expenditure Amount</b>
Electronic Pa	12/01/2018		Campaign Expenditure	Refunds/Reimbursements	\$76.92

**Purpose of Expenditure**

Returning the basic expense of donated signs. Leaving \$100 as an in-kind donation.

**Payee Information**

<b>Prefix</b>	<b>First Name</b>	<b>MI</b>	<b>LastName or Vendor Name</b>	<b>Suffix</b>
	Frank		Ricci	

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
129 SCITUATE AVE	Johnston	RI	02919