

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: 07/01/2018	Period Ending: 10/08/2018
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 137.53
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	0
a. (Individuals)	0
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	275.00
3. Political Parties	0
4. Political Action Committees	0
5. Loan Proceeds	340.00
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
3. Total Cash	752.53
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	505.92
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	\$ 246.61

CAMPAIGN FUND STATUS

6. Report of In-Kind Contributions	0
7. Cash	\$ 246.61
8. Other Assets	
	0
	0
	0
9. Total Assets	\$ 246.61

LIABILITIES AND FUND BALANCE

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	440.00
c. Other Liabilities	
	0
	0
11. Total Liabilities	440.00
12. Total Fund Balance	\$(193.39)
13. Total Liability / Fund Balance	246.61

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 # 8,586	Full Name of Candidate or Committee PAUL EUGENE PENCE JR.	Reporting Period From: 07/01/2018 To: 10/08/2018
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Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	08/13/2018	08/13/2018	50.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Diane	B	Allen		Allens Seed		
Street Address					Street Address		
74 Raymond Potter Lane					693 South County Trail		
City			State	Zip	City	State	Zip
Exeter			Ri	02822	Exeter	RI	02822

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	07/05/2018	07/19/2018	150.00

In Kind/Other Receipts Description

check dated 6/29/18 but not received in the mail until 7/5/18.

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Gerald		Diebold		Brown University		
Street Address					Street Address		
324 Brook Street Box H					324 Brook Street Box H		
City			State	Zip	City	State	Zip
Providence			RI	02912	Providence	RI	02912

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/06/2018	09/06/2018	50.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Cheri		Moss		Homemaker		
Street Address					Street Address		
85 Laural Wood Drive					85 Laural Wood Drive		
City			State	Zip	City	State	Zip
East Greenwich			RI	02818	East Greenwich	RI	02818

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	07/21/2018	07/25/2018	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		
	Martha		Stamp		Retired		
Street Address					Street Address		
40 Bedford Drive					40 Bedford Drive		
City			State	Zip	City	State	Zip
Wakefield			RI	02879	Wakefield	RI	02879

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Loan	Loan Proceeds	08/13/2018	08/13/2018	340.00

In Kind/Other Receipts Description

From Paul Pence

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	PAUL		PENCE		TORAY		
Street Address					Street Address		
2 BARBER AVE					50 BELVER AVE		
City			State	Zip	City	State	Zip
WARWICK			RI		NORTH KINGSTOWN	RI	

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Rev. 3/01

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period
8,586	PAUL EUGENE PENCE JR.	From: 07/01/2018 To: 10/08/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Electronic Pa	08/20/2018		Campaign Expenditure	Advertising	\$350.00

Purpose of Expenditure

Signs (Ricci Printing also called Chewbarka's)

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Chewbarka's Tags		
Street Address			City	State	Zip
165 Dyerville Ave Suite 2			Johnston	RI	02919

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
92	07/19/2018		Campaign Expenditure	Advertising	\$75.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			East Greenwich Republican City Committee		
Street Address			City	State	Zip
TBD			East Greenwich	RI	02818

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Electronic Pa	09/06/2018		Campaign Expenditure	Bank Fees	\$1.75

Purpose of Expenditure

Fee for deposit

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			PAYPAL		
Street Address			City	State	Zip
PO BOX 45950			OMAHA	NE	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
93	09/15/2018		Campaign Expenditure	Advertising	\$25.00

Purpose of Expenditure

Booth at Smithfield Sportsman's Club field day event

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Smithfield Sportsman's Club		
Street Address			City	State	Zip
14 Walter Carey Rd			Smithfield	RI	02917

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Electronic Pa	07/05/2018		Campaign Expenditure	Office Equipment & Supplies	\$14.94

Purpose of Expenditure

Clip boards

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			STAPLES		
Street Address		City		State	Zip
1007 TEN ROD RD		NORTH KINGSTOWN		RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Electronic Pa	07/18/2018		Campaign Expenditure	Advertising	\$26.74

Purpose of Expenditure
Business cards and printed materials

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Vistaprint		
Street Address		City		State	Zip
275 Wyman St		Waltham		MA	02451

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Electronic Pa	07/25/2018		Campaign Expenditure	Advertising	\$12.48

Purpose of Expenditure
Business Cards and other printed materials

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Vistaprint		
Street Address		City		State	Zip
275 Wyman St		Waltham		MA	02451

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Electronic Pa	07/25/2018		Campaign Expenditure	Other	\$0.01

Purpose of Expenditure
DUPLICATE TO BE REMOVED

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Vistaprint		
Street Address		City		State	Zip
275 Wyman St		Waltham		MA	02451