

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:	10/09/2018	Period Ending:	10/29/2018
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SUMMARY OF ACTIVITY FOR PERIOD		CAMPAIGN FUND STATUS	
1. Beginning Cash Balance	\$ 246.62	4. Cash Disbursements, continued	
2. Cash Receipts		f. Other Disbursements	0
a. Contributions From:			
1. Aggregate	0		0
a. (Individuals)	0		0
b. (Political Parties)	0	5. Ending Cash Balance	\$ 184.54
c. (Political Action Committees)	0		
2. Individuals	50.00	LIABILITIES AND FUND BALANCE	
3. Political Parties	0	6. Report of In-Kind Contributions	0
4. Political Action Committees	0		
5. Loan Proceeds	0	7. Cash	\$ 184.54
6. Payroll Check off	0	8. Other Assets	
7. Interest Received	0		0
8. State Check Off	0		0
9. Refund/Rebate	0		0
10. Party Building	0	9. Total Assets	\$ 184.54
11. Matching Public Funds	0		
12. Other	0		
13. Returned Contributions	0		
14. Returned Checks	0		
b. Other:			
	0	10. Liabilities	
	0	a. Accounts Payable	\$ 0
	0	b. Loans Payable	440.00
	0	c. Other Liabilities	
3. Total Cash	296.62		0
4. Cash Disbursements			0
a. Aggregate Expenses	0	11. Total Liabilities	440.00
b. Campaign Expenses	112.08	12. Total Fund Balance	\$(255.46)
c. Repayment of Loans	0	13. Total Liability / Fund Balance	184.54
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

Key #	Full Name of Candidate or Committee	Reporting Period
8,586	PAUL EUGENE PENCE JR.	From: 10/09/2018 To: 10/29/2018

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/20/2018	10/29/2018	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			
	Virginia		Meade		Retired			
Street Address					Street Address			
7 Ridgewood Road					7 Ridgewood Road			
City			State	Zip	City		State	Zip
Barrington			RI	02806	Barrington		RI	02806

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	10/13/2018	10/13/2018	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			
	Michael		Tusconi		TBD			
Street Address					Street Address			
5 Taylor Court					TBD			
City			State	Zip	City		State	Zip
Cumberland			RI	02864	TBD		RI	

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period	
8,586	PAUL EUGENE PENCE JR.	From: 10/09/2018	To: 10/29/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Electronic Pa	10/24/2018		Campaign Expenditure	Advertising	\$95.88

Purpose of Expenditure

Website hosting

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			GODADDY.COM		
Street Address			City	State	Zip
1 MAIN ST			CAMBRIDGE	MA	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Electronic Pa	10/25/2018		Campaign Expenditure	Advertising	\$15.17

Purpose of Expenditure

Domain registration

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			GODADDY.COM		
Street Address			City	State	Zip
1 MAIN ST			CAMBRIDGE	MA	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Electronic Pa	10/13/2018		Campaign Expenditure	Bank Fees	\$1.03

Purpose of Expenditure

Paypal fee for Tusconi

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