

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#
GIOVANNI FEROCCE	8617

Street Address	City/Town, State and Zip Code
P.O. BOX 993	PORTSMOUTH, RI 02871

Mailing Address (if different)	City/Town, State and Zip Code
1579 POST ROAD	WARWICK, RI 02888

Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 572-9000	(401) 225-4883		GF@FEROCCE.ORG

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

Reporting Period (Dates):	Period Beginning: 10/10/2018	Period Ending: 12/31/2018
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 1,351.33
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	0
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	1,351.33
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	895.00
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	\$ 456.33

CAMPAIGN FUND STATUS

6. Report of In-Kind Contributions	0
7. Cash	\$ 456.33
8. Other Assets	0
9. Total Assets	\$ 456.33

LIABILITIES AND FUND BALANCE

10. Liabilities	
a. Accounts Payable	\$ 6,787.58
b. Loans Payable	6,350.00
c. Other Liabilites	0
11. Total Liabilities	13,137.58
12. Total Fund Balance	\$(12,681.25)
13. Total Liability / Fund Balance	456.33

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
		From: _____ To: _____

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
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In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
Street Address					Street Address		
City			State	Zip	City		State Zip

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period	
8,617	GIOVANNI FEROCE	From: 10/10/2018	To: 12/31/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/01/2018		Campaign Expenditure	Rent & Utilities	\$895.00

Purpose of Expenditure

DEC Rent

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	James		Paiva	

Street Address	City	State	Zip
1587 Post Rd	Warwick	RI	02888