

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#
ROSS MCCURDY	8708

Street Address	City/Town, State and Zip Code
10 MEADOW VIEW DR	SMITHFIELD, RI 02917

Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 241-6506	(401) 231-7986		RKMCCURDY@YAHOO.COM

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

Reporting Period (Dates):	Period Beginning: 10/09/2018	Period Ending: 10/29/2018
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SUMMARY OF ACTIVITY FOR PERIOD			
1. Beginning Cash Balance	\$ 416.48	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	\$ 237.86
c. (Political Action Committees)	0		
2. Individuals	450.00	CAMPAIGN FUND STATUS	
3. Political Parties	0	6. Report of In-Kind Contributions	0
4. Political Action Committees	0		
5. Loan Proceeds	0	7. Cash	\$ 237.86
6. Payroll Check off	0	8. Other Assets	
7. Interest Received	0		0
8. State Check Off	0		0
9. Refund/Rebate	0	9. Total Assets	\$ 237.86
10. Party Building	0		
11. Matching Public Funds	0	LIABILITIES AND FUND BALANCE	
12. Other	0	10. Liabilities	
13. Returned Contributions	0	a. Accounts Payable	\$ 0
14. Returned Checks	0	b. Loans Payable	0
b. Other:	0	c. Other Liabilites	
	0		0
	0		0
3. Total Cash	866.48	11. Total Liabilities	0
4. Cash Disbursements		12. Total Fund Balance	\$ 237.86
a. Aggregate Expenses	0	13. Total Liability / Fund Balance	237.86
b. Campaign Expenses	603.62		
c. Repayment of Loans	25.00		
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
8,708	ROSS MCCURDY	From: 10/09/2018 To: 10/29/2018

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	10/25/2018	10/25/2018	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		
Dr.	Lynn		Bedard		Foster Gloucester Regional School District		
Street Address					Street Address		
1070 Sisson Rd					137 Anan Wade Road		
City					State		Zip
Greene					RI		02827
					City		State
					N. Scituate		RI
							02857

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/15/2018	10/19/2018	300.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
Dr.	Lloyd		Matsumoto		retired		
Street Address					Street Address		
2070 Back Nine Trail					2070 Back Nine Trail		
City					State		Zip
Reno					NV		89523
					City		State
					Reno		NV
							89523

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	10/11/2018	10/11/2018	100.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Robert		Morton		Newport Biodiesel, Inc.		
Street Address					Street Address		
407 Corey Lane					312 Connell Highway		
City					State		Zip
Middletown					RI		02842
					City		State
					Newport		RI
							02840

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period	
8,708	ROSS MCCURDY	From: 10/09/2018	To: 10/29/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/28/2018		Campaign Expenditure	Advertising	\$70.00

Purpose of Expenditure

website work

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Kyle		Corry		
Street Address			City	State	Zip
P.O. Box 339, , RI, 02814			Chepachet	RI	02814

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/28/2018		Campaign Expenditure	Travel & Lodging	\$51.05

Purpose of Expenditure

gasoline for campaign travel

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Douglas Food Mart		
Street Address			City	State	Zip
175 Douglas Ave.			Providence	RI	02908

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/24/2018		Campaign Expenditure	Advertising	\$233.26

Purpose of Expenditure

50 lawn signs, 100 bumper stickers, lapel stickers

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Ricci Printing		
Street Address			City	State	Zip
165 Dyerville Ave			Johnston	RI	02919

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/18/2018		Campaign Expenditure	Advertising	\$201.16

Purpose of Expenditure

lawn signs, bumper stickers, lapel stickers

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Ricci Printing		
Street Address			City	State	Zip
165 Dyerville Ave			Johnston	RI	02919

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/29/2018		Campaign Expenditure	Advertising	\$48.15

Purpose of Expenditure

magnet signs

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Ricci Printing		
Street Address			City	State	Zip
165 Dyerville Ave			Johnston	RI	02919

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/18/2018		Repayment of Loan	Loans Payable	\$25.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Tamara	E	McCurdy		
Street Address			City	State	Zip
10 Meadow View Dr			Smithfield	RI	02917