

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: 12/04/2018	Period Ending: 12/31/2018
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 201.01
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	201.01
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	0
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	\$ 201.01

CAMPAIGN FUND STATUS

6. Report of In-Kind Contributions	0
7. Cash	\$ 201.01
8. Other Assets	0
	0
	0
9. Total Assets	\$ 201.01

LIABILITIES AND FUND BALANCE

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	0
c. Other Liabilites	0
	0
	0
11. Total Liabilities	0
12. Total Fund Balance	\$ 201.01
13. Total Liability / Fund Balance	201.01

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	
					From:	To:
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount	
Purpose of Expenditure						
Payee Information						
Prefix	First Name	MI	LastName or Vendor Name		Suffix	
Street Address				City	State	Zip