

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#
ALAN L GORDON	8710

Street Address	City/Town, State and Zip Code
99 HUDSON POND RD	WEST GREENWICH, RI 02817

Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 316-2960			JUDGES1412@GMAIL.COM

If Candidate Office Sought: Attorney General	Party Affiliation if any: Unaffiliated
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Reporting Period (Dates):	Period Beginning: 10/30/2018	Period Ending: 12/03/2018
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 276.92	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	\$ 25.00
c. (Political Action Committees)	0		
2. Individuals	0		
3. Political Parties	0	CAMPAIGN FUND STATUS	
4. Political Action Committees	0	6. Report of In-Kind Contributions	0
5. Loan Proceeds	0		
6. Payroll Check off	0	7. Cash	\$ 25.00
7. Interest Received	0	8. Other Assets	
8. State Check Off	0		0
9. Refund/Rebate	0		0
10. Party Building	0	9. Total Assets	\$ 25.00
11. Matching Public Funds	0		
12. Other	0	LIABILITIES AND FUND BALANCE	
13. Returned Contributions	0	10. Liabilities	
14. Returned Checks	0	a. Accounts Payable	\$ 0
b. Other:	0	b. Loans Payable	99.48
	0	c. Other Liabilites	
	0		0
3. Total Cash	276.92		0
4. Cash Disbursements			0
a. Aggregate Expenses	0	11. Total Liabilities	99.48
b. Campaign Expenses	21.40	12. Total Fund Balance	\$(74.48)
c. Repayment of Loans	230.52	13. Total Liability / Fund Balance	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 EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period	
8,710	ALAN L GORDON	From: 10/30/2018	To: 12/03/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	11/03/2018		Campaign Expenditure	Advertising	\$21.40

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			SPECIAL OCCASIONS		
Street Address			City	State	Zip
BROAD ST			PROVIDENCE	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	12/03/2018		Repayment of Loan	Loans Payable	\$230.52

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	ANN		ARMSTRONG		
Street Address			City	State	Zip
99 HUDSON POND RD			WEST GREENWICH	RI	