

**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:	Party Affiliation if any:
Attorney General	Unaffiliated

Reporting Period (Dates):	Period Beginning: 10/09/2018	Period Ending: 10/29/2018
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<b>SUMMARY OF ACTIVITY FOR PERIOD</b>			
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	\$ 276.92
c. (Political Action Committees)	0		
2. Individuals	0	<b>CAMPAIGN FUND STATUS</b>	
3. Political Parties	0	6. Report of In-Kind Contributions	0
4. Political Action Committees	0		
5. Loan Proceeds	0	7. Cash	\$ 276.92
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	\$ 276.92
11. Matching Public Funds	0	<b>LIABILITIES AND FUND BALANCE</b>	
12. Other	0	10. Liabilities	
13. Returned Contributions	0	a. Accounts Payable	\$ 0
14. Returned Checks	0	b. Loans Payable	330.00
b. Other:	0	c. Other Liabilites	
	0		0
	0		0
3. Total Cash	276.92	11. Total Liabilities	330.00
4. Cash Disbursements		12. Total Fund Balance	\$(53.08)
a. Aggregate Expenses	0	13. Total Liability / Fund Balance	276.92
b. Campaign Expenses	0		
c. Repayment of Loans	0		
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	
		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	
<b>Purpose of Expenditure</b>						
<b>Payee Information</b>						
Prefix	First Name	MI	LastName or Vendor Name		Suffix	
Street Address				City	State	Zip