

State of Rhode Island and Providence Plantations

Board of Elections
Campaign Finance Unit
50 Branch Avenue, Providence, Rhode Island 02904
Telephone No. (401) 222-2345
www.elections.ri.gov

RHODE ISLAND BOARD OF ELECTIONS

19 NOV -6 AM 10:15

SUMMARY OF BALLOT QUESTION ADVOCACY ACTIVITY (BQA-1)

Office Time Stamp

Full Name of Ballot Question Advocate

CITIZENS CONCERNED ABOUT CASINO GAMBLING

Other Name(s) Under Which Ballot Question Advocacy Conducted

"FOR THE LOVE OF NEWPORT"

Street Address

PO Box 1272

City/Town, State and Zip Code

NEWPORT RI 02840

Mailing Address (if different)

City/Town, State and Zip Code

Telephone Number

841-0363

Daytime Telephone Number

743-9684

Fax Number

E-mail Address

krocmahan2@cox.net

Name(s) and Address(es) of Endorsing or Member Organizations of This Ballot Question Advocate that have authorized the Ballot Question Advocate to use their name in support of their efforts: (Attach additional list if necessary)

Name

Address

The Question Whose Approval or Rejection the Ballot Question Advocate Intends to Advocate

Ballot Question:

Question 1 2014 Election

Approval

Rejection

Summary of Activity for Reporting Period (see reverse for instructions)

Reporting Period Beginning Date:

11-1-18

Original Report

Reporting Period Ending Date:

11-4-19

Amended Report

Beginning Fund Balance:

\$ 5003.70

Plus: Total Amount Contributed This Period: \$

0

Minus: Total Amount Expended This Period: (\$

572.20)

Ending Fund Balance:

\$ 4431.50

In-Kind Contributions This Period:

\$

Pursuant to R.I.G.L. 17-25.2-5(a)(1): The Name, Address and, if applicable, the Place of Employment of every person making a contribution(s) that in the aggregate exceed \$1,800 per election cycle to a ballot question advocate for the purpose of ballot question advocacy must be identified.

See attached "Schedule of Contributions For Ballot Advocacy" (Form BQA-2) for Identified Contributions.

Pursuant to R.I.G.L. 17-25.2-5(a)(2): The Name and Address of every person or entity receiving an expenditure for ballot question advocacy, which in the aggregate exceeds \$100, must be identified.

See attached "Schedule of Expenditures For Ballot Advocacy" (Form BQA-3) for Identified Expenditures.

I hereby certify that this report of contributions and expenditures and the supporting documents are complete, true and correct and that I am responsible for its contents and for the ballot question advocate's compliance with the provisions of R.I.G.L. 17-25.2.

Kiki McMahon
Print Name of Person Completing Report/Officer of the Ballot Question Advocate

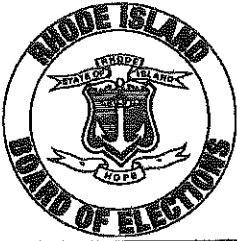
Treasurer
Title of Person Completing Report/Officer of the Ballot Question Advocate

20 School St - Newport RI 02840
Address of Person Completing Report/Officer of the Ballot Question Advocate

Kiki McMahon
Signature of Person Completing Report or an Officer of the Ballot Question Advocate

11-4-19
Date

Please see reverse side for instructions on how to complete this form.



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SCHEDULE OF CONTRIBUTIONS FOR BALLOT ADVOCACY (BQA-2)

Office Time Stamp

Full Name of Ballot Question Advocate

Citizens Concerned About Casino Gambling

Reporting Period Beginning Date: 11-1-18

[X] Original Report

Reporting Period Ending Date: 11-4-19

[] Amended Report

Table with 5 columns: NAME AND ADDRESS OF CONTRIBUTOR, PLACE OF EMPLOYMENT OF CONTRIBUTOR, IF INDIVIDUAL, DATE CONTRIBUTION RECEIVED, TRANSACTION TYPE, AMOUNT OF CONTRIBUTION. One row contains 'NA' in the second column.

For Gambling Ballot Questions Only: List all contributors on this page who have a direct or indirect affiliation with any entity or person that operates or owns any type or kind of gambling facility or entity in any jurisdiction and, if so, the name of such facility or entity.

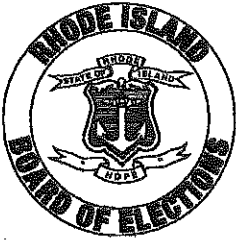
Contributor Name

Gambling Facility or Entity Name

Blank lines for entering contributor names.

Blank lines for entering gambling facility or entity names.

Please see reverse side for instructions on how to complete this form.



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SCHEDULE OF EXPENDITURES FOR BALLOT ADVOCACY (BQA-3)

Office Time Stamp

Full Name of Ballot Question Advocate

Citizens Concerned About Casino Gambling

Reporting Period Beginning Date: 11-1-18

Original Report

Reporting Period Ending Date: 11-4-19

Amended Report

NAME AND ADDRESS OF PERSON TO WHOM EXPENDITURE WAS MADE	PURPOSE OF EXPENDITURE	DATE EXPENDITURE MADE	AMOUNT OF EXPENDITURE
<i>Chip Leabas 14 Dexter St. Newport RI</i>	<i>Renewal of website</i>	<i>2-26-19</i>	<i>155.20</i>
<i>US Postal James G Newport RI 02840</i>	<i>Renewal of PO Box</i>	<i>3-12-19</i>	<i>122.00</i>
<i>O'Reilly & Skunick 39 Long Wharf Newport RI</i>	<i>Tax return preparation</i>	<i>5-12-19</i>	<i>275.00</i>
<i>State of RI Sec. of State</i>	<i>filing fee</i>	<i>6-14-19</i>	<i>20.00</i>