

**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 JUL -5 PM 12: 01

**SUMMARY OF BALLOT QUESTION ADVOCACY ACTIVITY (BQA-1)**

Office Time Stamp

Full Name of Ballot Question Advocate

TTA BQA

Other Name(s) Under Which Ballot Question Advocacy Conducted

Street Address

City/Town, State and Zip Code

Mailing Address (if different)

PO Box 525

City/Town, State and Zip Code

Tiverton, RI 02878

Telephone Number  
 (401) 835-7156

Daytime Telephone Number

Fax Number

E-mail Address

justin@justinkatz.com

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: Budget #1 and associated resolutions

Approval  Rejection

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

Reporting Period Beginning Date: 5/1/19

Original Report

Reporting Period Ending Date: 6/30/19

Amended Report

Beginning Fund Balance: \$ 0

Plus: Total Amount Contributed This Period: \$ 2,959.05

Minus: Total Amount Expended This Period: (\$ 2,959.05)

Ending Fund Balance: \$ 0

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.

**Justin Katz**

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

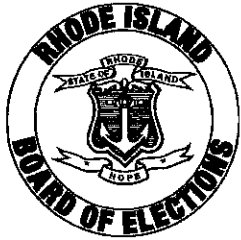
Title of Person Completing Report/Officer of the Ballot Question Advocate

189 Cottrell Rd. Tiverton, RI 02878

Address of Person Completing Report/Officer of the Ballot Question Advocate

x [Signature] 7/1/19  
 Signature of Person Completing Report or An Officer of the Ballot Question Advocate 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

TTA BQA

Reporting Period Beginning Date: 5/1/19

Original Report

Reporting Period Ending Date: 6/30/19

Amended Report

| NAME AND ADDRESS OF CONTRIBUTOR | PLACE OF EMPLOYMENT OF CONTRIBUTOR, IF INDIVIDUAL | DATE CONTRIBUTION RECEIVED | TRANSACTION TYPE (see back for list of types) | AMOUNT OF CONTRIBUTION |
|---------------------------------|---------------------------------------------------|----------------------------|-----------------------------------------------|------------------------|
| Aggregate                       |                                                   | 5/18/19-6/28/19            |                                               | \$2,959.05             |
|                                 |                                                   |                            |                                               |                        |
|                                 |                                                   |                            |                                               |                        |
|                                 |                                                   |                            |                                               |                        |
|                                 |                                                   |                            |                                               |                        |
|                                 |                                                   |                            |                                               |                        |
|                                 |                                                   |                            |                                               |                        |
|                                 |                                                   |                            |                                               |                        |

**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

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