

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 DEC 10 AM 11:15 Office Time Stamp

SUMMARY OF BALLOT QUESTION ADVOCACY ACTIVITY (BQA-1)

Full Name of Ballot Question Advocate

Save Our Town Ball

Other Name(s) Under Which Ballot Question Advocacy Conducted

Progress RI for donations and expenditures

Street Address

22 London Street

City/Town, State and Zip Code

East Greenwich, RI 02818

Mailing Address (if different)

N/A

City/Town, State and Zip Code

N/A

Telephone Number

(401) 467-8835

Daytime Telephone Number

same

Fax Number

N/A

E-mail Address

guyadefault@gmail.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:

North Kingstown Ballot Question 1

[X] Approval [] Rejection

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

Reporting Period Beginning Date:

11/1/2019

[X] Original Report

Reporting Period Ending Date:

12/5/2019

[] Amended Report

Beginning Fund Balance:

\$

547

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.

Plus: Total Amount Contributed This Period: \$

0

Minus: Total Amount Expended This Period: (\$

482.

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.

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

Ending Fund Balance:

\$

65

In-Kind Contributions This Period:

\$

0

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.

Signature of Person Completing Report or An Officer of the Ballot Question Advocate

12/10/2019

Date

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

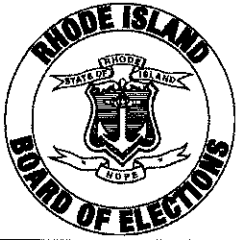
Guy Default

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

Chair Progress RI

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

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

Save Our Town Ball

Reporting Period Beginning Date: 11/1/2019

Original Report

Reporting Period Ending Date: 12/5/2019

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
None				

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

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

Save Our Town Hall

Reporting Period Beginning Date: 11/1/2019

Original Report

Reporting Period Ending Date: 12/31/2019

Amended Report

Table with 4 columns: NAME AND ADDRESS OF PERSON TO WHOM EXPENDITURE WAS MADE, PURPOSE OF EXPENDITURE, DATE EXPENDITURE MADE, AMOUNT OF EXPENDITURE. Row 1: United States Postal Service, stamps-postcards, 11/1/2019, \$482.