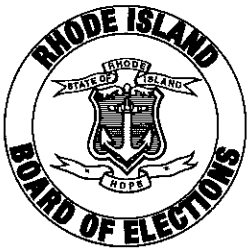


Please see reverse side for instructions on how to complete this form.



State of Rhode Island and Providence Plantations

RHODE ISLAND BOARD OF ELECTIONS

Board of Elections

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

17 MAY 23 AM 8:57

SUMMARY OF CAMPAIGN ACTIVITY (CF-2)

Time Stamp (For Office Use Only)

Full Name of Candidate, Officeholder, Political Party Committee, or Political Action Committee (PAC)

Organization Key #

Friends of Charino

Street Address

City/Town, State and Zip Code

102 Lewiston Ave

West Kingston RI 02892

Mailing Address (if different)

City/Town, State and Zip Code

Telephone Number

Daytime Telephone Number

Fax Number

E-mail Address

917-648-0752 / 401-578-5491

friendsofcharino@gmail.com

Reporting Period (Dates):

Amended Report

Period Beginning:

3/18/17

Period Ending:

5/4/17

Yes

No

Summary of Activity for Reporting Period

Campaign Fund Status

1. Beginning Cash Balance \$ 0.00
2. Cash Receipts
a. Contributions From:
1. Individuals \$ 2581.50
2. Political Parties \$ 500.00
3. Political Action Committees \$
4. Loan Proceeds \$
5. Payroll Check Off (PAC's Only) \$
b. Other Receipts \$
3. Total Cash Available (Add Lines 1 + 2a + 2b) \$ 3081.50
4. Cash Disbursements
a. Campaign Expenses \$ 2521.99
b. Repayment of Loans \$ 305.67
c. Other Disbursements \$
5. Ending Cash Balance (Line 3 - 4a - 4b - 4c) \$ 253.84

Assets
7. Cash (Enter Amount from Line 5) \$ 253.84
8. Other Assets \$
9. Total Assets (Add Lines 7 + 8) \$ 253.84

Liabilities and Fund Balance
10. Liabilities
a. Accounts Payable \$
b. Loans Payable \$
c. Other Liabilities \$
11. Total Liabilities (Add Lines 10a+10b+10c) \$

12. Total Fund Balance (Line 9 - Line 11) \$ 253.84
13. Total Funds Available (Line 5 - Line 11) \$ 253.84

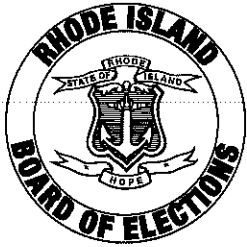
6. Report of In-Kind Contributions \$ 350.00

I hereby certify that this report of campaign contributions and expenditures and the supporting documents are complete, true and correct.

Signature of Person Completing Report

5/4/17 Date

Robin P Woodmansoe
Print Name of Person Completing Report
Vice President
Title of Person Completing Report



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SCHEDULE OF CONTRIBUTIONS RECEIVED (CF-3)

Key #	Full Name of Candidate, PAC or Party Committee	Amended Report	Reporting Period
	Friends of Chariko	Yes <input type="radio"/> No <input checked="" type="radio"/>	From: 3/18/17 To: 5/4/17

Item #	Transaction Type Code (see back for list of codes)	Contribution Type Code (see back for list of codes)	Receipt Date	Deposit Date	Contribution Amount
1	Check	individual	3/18/17	3/28/17	\$ 100.00

In-kind/Other Contribution Receipts Description:

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
	Donald		Areglado		- N/A -				
Street Address					Street Address				
2 Partridge Run									
City/Town				State	Zip Code	City/Town		State	Zip Code
Charlestown				RI	02813				

Item #	Transaction Type Code (see back for list of codes)	Contribution Type Code (see back for list of codes)	Receipt Date	Deposit Date	Contribution Amount
2	Cash	Aggregate	3/29 - 5/2/17		\$ 1,931.50

In-kind/Other Contribution Receipts Description:

Numerous contributions below \$100 via cash or paypal

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
					- N/A -				
Street Address					Street Address				
- N/A -					- N/A -				
City/Town				State	Zip Code	City/Town		State	Zip Code

Item #	Transaction Type Code (see back for list of codes)	Contribution Type Code (see back for list of codes)	Receipt Date	Deposit Date	Contribution Amount
3	In Kind	individual	3/18 - 4/14/17		\$ 150.00

In-kind/Other Contribution Receipts Description:

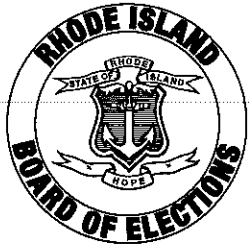
materials for signs and printed material

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
	Robin R		Woodmansee						
Street Address					Street Address				
227 Richmond Townhouse Rd									
City/Town				State	Zip Code	City/Town		State	Zip Code
Carolina				RI	02812				

Item #	Transaction Type Code (see back for list of codes)	Contribution Type Code (see back for list of codes)	Receipt Date	Deposit Date	Contribution Amount
4	Check	individual	4/3/17	4/5/17	\$ 100.00

In-kind/Other Contribution Receipts Description:

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
	Kara		Pease		N/A				
Street Address					Street Address				
13 Shannock Hill Road									
City/Town				State	Zip Code	City/Town		State	Zip Code
Carolina				RI	02812				



State of Rhode Island and Providence Plantations
Board of Elections
 Campaign Finance Unit
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SCHEDULE OF CONTRIBUTIONS RECEIVED (CF-3)

Time Stamp
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Key #	Full Name of Candidate, PAC or Party Committee <i>Friends of Charino</i>	Amended Report Yes <input type="radio"/> No <input checked="" type="radio"/>	Reporting Period From: <i>3/18/17</i> To: <i>5/4/17</i>
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Item #	Transaction Type Code (see back for list of codes)	Contribution Type Code (see back for list of codes)	Receipt Date	Deposit Date	Contribution Amount
<i>5</i>	<i>Check</i>	<i>individual</i>	<i>4/5/17</i>	<i>4/5/17</i>	<i>\$ 250.00</i>

In-kind/Other Contribution Receipts Description:

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
	<i>Judson</i>		<i>Philips</i>		<i>N/A</i>				
Street Address <i>P.O. Box 1334</i>					Street Address				
City/Town <i>Charlestown</i>					State <i>RI</i>	Zip Code <i>02813</i>	City/Town	State	Zip Code

Item #	Transaction Type Code (see back for list of codes)	Contribution Type Code (see back for list of codes)	Receipt Date	Deposit Date	Contribution Amount
<i>6</i>	<i>Check</i>	<i>Party</i>	<i>4/1/17</i>	<i>4/3/17</i>	<i>\$ 500.00</i>

In-kind/Other Contribution Receipts Description:

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
			<i>Richmond Democratic Town Committee</i>		<i>- N/A -</i>				
Street Address <i>P.O. Box 497</i>					Street Address				
City/Town <i>Richmond</i>					State <i>RI</i>	Zip Code <i>02898</i>	City/Town	State	Zip Code

Item #	Transaction Type Code (see back for list of codes)	Contribution Type Code (see back for list of codes)	Receipt Date	Deposit Date	Contribution Amount
<i>7</i>	<i>individual</i>	<i>check</i>	<i>3/27/17</i>	<i>4/3/17</i>	<i>\$ 100.00</i>

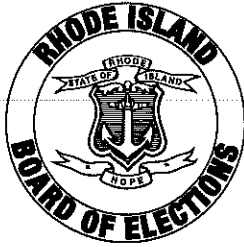
In-kind/Other Contribution Receipts Description:
check individual

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
	<i>Gregory</i>		<i>Plunkett</i>		<i>- N/A -</i>				
Street Address <i>43 Hoxie Ave</i>					Street Address				
City/Town <i>Charlestown</i>					State <i>RI</i>	Zip Code <i>02813</i>	City/Town	State	Zip Code

Item #	Transaction Type Code (see back for list of codes)	Contribution Type Code (see back for list of codes)	Receipt Date	Deposit Date	Contribution Amount
<i>8</i>	<i>Check</i>	<i>Other</i>	<i>3/29/17</i>	<i>3/31/17</i>	<i>\$ 100.00</i>

In-kind/Other Contribution Receipts Description:

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
			<i>Woodmansee Insurance INC.</i>		<i>- N/A -</i>				
Street Address <i>122 Main Street</i>					Street Address				
City/Town <i>Wyoming</i>					State <i>RI</i>	Zip Code <i>02898</i>	City/Town	State	Zip Code



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SCHEDULE OF CONTRIBUTIONS RECEIVED (CF-3)

Key #	Full Name of Candidate, PAC or Party Committee	Amended Report	Reporting Period
	Friends of Charitho	Yes <input type="radio"/> No <input checked="" type="radio"/>	From 3/18/17 To: 5/4/17

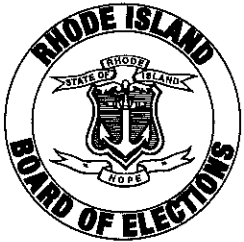
Item #	Transaction Type Code (see back for list of codes)	Contribution Type Code (see back for list of codes)	Receipt Date	Deposit Date	Contribution Amount
9	in kind	individual	3/18-4/14/17		\$ 350.00
In-kind/Other Contribution Receipts Description: Purchased signs in advance. All was repaid except \$100.00 paid by FOC					
Contributor Information			Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name
	Tam		Moyer		people purchased
Street Address			Street Address		
275 James Trail					
City/Town	State	Zip Code	City/Town	State	Zip Code
West Kingston	RI	02890			

Item #	Transaction Type Code (see back for list of codes)	Contribution Type Code (see back for list of codes)	Receipt Date	Deposit Date	Contribution Amount
10	in kind	individual	3/18-4/14/17		\$ 100.00
In-kind/Other Contribution Receipts Description: materials for pins and promotion items					
Contributor Information			Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name
	Sheila		Graver		- n/a -
Street Address			Street Address		
62 Lewiston Ave.					
City/Town	State	Zip Code	City/Town	State	Zip Code
West Kingston	RI	02890			

Item #	Transaction Type Code (see back for list of codes)	Contribution Type Code (see back for list of codes)	Receipt Date	Deposit Date	Contribution Amount
11	Loan	individual	4/10-4/11/17		\$ 205.67
In-kind/Other Contribution Receipts Description: Advance Payment for Facebook Ad Promotion					
Contributor Information			Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name
	Robin P		Woodmansee		- n/a -
Street Address			Street Address		
227 Richmond Townhouse Rd					
City/Town	State	Zip Code	City/Town	State	Zip Code
Coonardina	RI	02812			

Item #	Transaction Type Code (see back for list of codes)	Contribution Type Code (see back for list of codes)	Receipt Date	Deposit Date	Contribution Amount
					\$
In-kind/Other Contribution 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/Town	State	Zip Code	City/Town	State	Zip Code

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SCHEDULE OF EXPENDITURES (CF-4)

Key #	Full Name of Candidate, PAC or Party Committee	Amended Report	Reporting Period
	Friends of Charino	Yes <input type="radio"/> No <input checked="" type="radio"/>	From: 3/18/17 To: 5/4/17

Check #	Expenditure Date	Payment Date	Disbursement Type (See back for list of codes)	Expenditure Type (See back for list of codes)	Expenditure Amount
128	5/2/17 4/11/17	5/2/17	Repay loan	Loan Payment	\$ 205.67
Purpose of Expenditure Repayment for Facebook ad promotions					

Payee Information

Prefix	First Name	MI	Last Name or Vendor Name	Suffix
	Robin	D	Woodmansee	
Street Address			City/Town	State Zip Code
227 Richmond Townhouse Rd			Carolina	RI 02812

Check #	Expenditure Date	Payment Date	Disbursement Type (See back for list of codes)	Expenditure Type (See back for list of codes)	Expenditure Amount
102	3/18/17	4/25/17	Repay loan	Loan Payment	\$ 100.00
Purpose of Expenditure					

Payee Information

Prefix	First Name	MI	Last Name or Vendor Name	Suffix
	Pam		Mayer	
Street Address			City/Town	State Zip Code
275 James Trail			West Kingston	RI 02892

Check #	Expenditure Date	Payment Date	Disbursement Type (See back for list of codes)	Expenditure Type (See back for list of codes)	Expenditure Amount
10	4/3/17	4/3/17	Campaign Exp.	Advertise	\$ 1,213.38
Purpose of Expenditure Printing & preparing of Flyers sent to Residents					

Payee Information

Prefix	First Name	MI	Last Name or Vendor Name	Suffix
	Spectra Graphics			
Street Address			City/Town	State Zip Code
17 Industrial Drive			Exeter RI	RI 02822

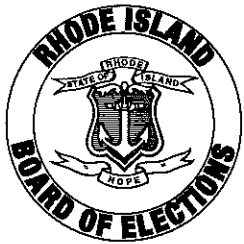
Check #	Expenditure Date	Payment Date	Disbursement Type (See back for list of codes)	Expenditure Type (See back for list of codes)	Expenditure Amount
11	4/5/17	4/5/17	Campaign Exp	Advertise	\$ 106.91
Purpose of Expenditure Postage for mailers to residents					

Payee Information

Prefix	First Name	MI	Last Name or Vendor Name	Suffix
	USPS			
Street Address			City/Town	State Zip Code
1190 Main Street			Weymouth	RI 02898

PAGE NO: 1 OF 2	PAGE TOTAL \$
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Board of Elections
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SCHEDULE OF EXPENDITURES (CF-4)

Key #	Full Name of Candidate, PAC or Party Committee	Amended Report	Reporting Period
	Friends of Charinho	Yes <input type="radio"/> No <input checked="" type="radio"/>	From: 3/8/17 To: 5/4/17

Check #	Expenditure Date	Payment Date	Disbursement Type (See back for list of codes)	Expenditure Type (See back for list of codes)	Expenditure Amount
12	4/5/17	4/5/17	Campaign Exp	Advertise	\$296.30
Purpose of Expenditure Postage for mailers					

Payee Information					
Prefix	First Name	MI	Last Name or Vendor Name	Suffix	
	USPS				
Street Address			City/Town	State	Zip Code
1007 Main Street			Hope Valley	RI	02832

Check #	Expenditure Date	Payment Date	Disbursement Type (See back for list of codes)	Expenditure Type (See back for list of codes)	Expenditure Amount
13	4/5/17	4/5/17	Campaign Exp	Advertise	\$236.83
Purpose of Expenditure Postage for mailers					

Payee Information					
Prefix	First Name	MI	Last Name or Vendor Name	Suffix	
	USPS				
Street Address			City/Town	State	Zip Code
304 Kingstown Rd.			West Kingston	RI	02892

Check #	Expenditure Date	Payment Date	Disbursement Type (See back for list of codes)	Expenditure Type (See back for list of codes)	Expenditure Amount
15	4/5/17	4/5/17	Campaign Exp	Advertise	\$657.02
Purpose of Expenditure Postage for mailers to residents					

Payee Information					
Prefix	First Name	MI	Last Name or Vendor Name	Suffix	
	USPS				
Street Address			City/Town	State	Zip Code
3970 Old Post Road			Charlestown	RI	02813

Check #	Expenditure Date	Payment Date	Disbursement Type (See back for list of codes)	Expenditure Type (See back for list of codes)	Expenditure Amount
—	4/5/17	4/5/17	Campaign Exp	Bank Fee	\$110.55
Purpose of Expenditure Check purchased from check company					

Payee Information					
Prefix	First Name	MI	Last Name or Vendor Name	Suffix	
	Harland Clarke				
Street Address			City/Town	State	Zip Code
15955 La Cantera Parkway			San Antonio	TX	78250

PAGE NO. 2 OF 2		PAGE TOTAL	\$
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