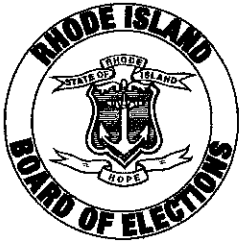


Please see reverse side for instructions on how to complete this form.



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 JUL 25 AM 8:52

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 #

TAXPAYERS ASSOCIATION OF JAMESTOWN

Street Address

City/Town, State and Zip Code

10 DANTE TITA PL COLUMBIAN

JAMESTOWN, RI 02835

Mailing Address (if different)

City/Town, State and Zip Code

SAME

Telephone Number

Daytime Telephone Number

Fax Number

E-mail Address

423-0912

SAME

NA

02835.TAV@COX.NET

Reporting Period (Dates):

Amended Report

4-1-2017

6-30-2017

Yes No

Period Beginning:

Period Ending:

Summary of Activity for Reporting Period

Campaign Fund Status

1. Beginning Cash Balance	\$ 1,366.14
2. Cash Receipts	
a. Contributions From:	
1. Individuals	\$ -0-
2. Political Parties	\$ /
3. Political Action Committees	\$ /
4. Loan Proceeds	\$ /
5. Payroll Check Off (PAC's Only)	\$ /
b. Other Receipts	\$ -0-
	\$ /
	\$ /
3. Total Cash Available (Add Lines 1 + 2a + 2b)	\$ 1,366.14
4. Cash Disbursements	
a. Campaign Expenses	\$ 253.00
b. Repayment of Loans	\$ -0-
c. Other Disbursements	\$ /
	\$ /
	\$ /
5. Ending Cash Balance (Line 3 - 4a - 4b - 4c)	\$ 1,113.14

Assets	
7. Cash (Enter Amount from Line 5)	\$ 1,113.14
8. Other Assets	\$ -0-
	\$ /
	\$ /
9. Total Assets (Add Lines 7 + 8)	\$ 1,113.14
Liabilities and Fund Balance	
10. Liabilities	
a. Accounts Payable	\$ -0-
b. Loans Payable	\$ /
c. Other Liabilities	\$ /
	\$ /
	\$ /
11. Total Liabilities (Add Lines 10a+10b+10c)	\$ -0-
12. Total Fund Balance (Line 9 - Line 11)	\$ 1,113.14
13. Total Funds Available (Line 5 - Line 11)	\$ 1,113.14

6. Report of In-Kind Contributions \$ -0-

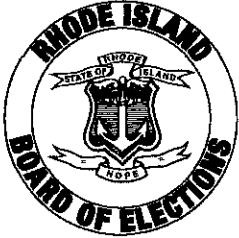
I hereby certify that this report of campaign contributions and expenditures and the supporting documents are complete, true and correct.

Mary Lou Swanson
Print Name of Person Completing Report

x Mary Lou Swanson 7-21-2017
Signature of Person Completing Report Date

CHAIR
Title of Person Completing Report

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



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Board of Elections
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50 Branch Avenue, Providence, Rhode Island 02904
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Time Stamp
(For Office Use Only)

SCHEDULE OF CONTRIBUTIONS RECEIVED (CF-3)

Key # Full Name of Candidate, PAC or Party Committee Amended Report Reporting Period
TAXPAYERS ASSOC OF JAMESTOWN Yes No 4-1-2017 From: To: 6-30-2017

Table with 6 columns: Item #, Transaction Type Code, Contribution Type Code, Receipt Date, Deposit Date, Contribution Amount. Total: \$

In-kind/Other Contribution Receipts Description: NONE

Contributor Information and Employer Data section with fields for Prefix, First Name, MI, Last Name, Suffix, Employer Name, Street Address, City/Town, State, Zip Code.

Table with 6 columns: Item #, Transaction Type Code, Contribution Type Code, Receipt Date, Deposit Date, Contribution Amount. Total: \$

In-kind/Other Contribution Receipts Description:

Contributor Information and Employer Data section with fields for Prefix, First Name, MI, Last Name, Suffix, Employer Name, Street Address, City/Town, State, Zip Code.

Table with 6 columns: Item #, Transaction Type Code, Contribution Type Code, Receipt Date, Deposit Date, Contribution Amount. Total: \$

In-kind/Other Contribution Receipts Description:

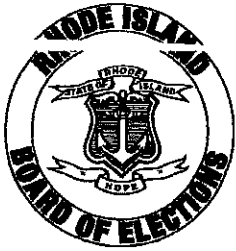
Contributor Information and Employer Data section with fields for Prefix, First Name, MI, Last Name, Suffix, Employer Name, Street Address, City/Town, State, Zip Code.

Table with 6 columns: Item #, Transaction Type Code, Contribution Type Code, Receipt Date, Deposit Date, Contribution Amount. Total: \$

In-kind/Other Contribution Receipts Description:

Contributor Information and Employer Data section with fields for Prefix, First Name, MI, Last Name, Suffix, Employer Name, Street Address, City/Town, State, Zip Code.

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SCHEDULE OF EXPENDITURES (CF-4)

Time Stamp
(For Office Use Only)

Key #	Full Name of Candidate, PAC or Party Committee <i>LAWYERS ASSOC. OF JAMESTOWN</i>	Amended Report Yes <input type="radio"/> No <input checked="" type="radio"/>	Reporting Period From: <i>4-1-2017</i> To: <i>6-30-2017</i>
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Check #	Expenditure Date	Payment Date	Disbursement Type (See back for list of codes)	Expenditure Type (See back for list of codes)	Expenditure Amount
<i>126</i>	<i>5-17-2017</i>	<i>5-24-2017</i>	<i>CAMPAIGN</i>	<i>ADVERTISING</i>	<i>\$ 253. -</i>

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	Last Name or Vendor Name <i>JAMESTOWN PRESS</i>	Suffix
Street Address <i>45 NARRACANSETT AVE</i>			City/Town <i>JAMESTOWN</i>	State <i>RI</i> Zip Code <i>02835</i>

Check #	Expenditure Date	Payment Date	Disbursement Type (See back for list of codes)	Expenditure Type (See back for list of codes)	Expenditure Amount
					<i>\$</i>

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	Last Name or Vendor Name	Suffix
Street Address			City/Town	State Zip Code

Check #	Expenditure Date	Payment Date	Disbursement Type (See back for list of codes)	Expenditure Type (See back for list of codes)	Expenditure Amount
					<i>\$</i>

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	Last Name or Vendor Name	Suffix
Street Address			City/Town	State Zip Code

Check #	Expenditure Date	Payment Date	Disbursement Type (See back for list of codes)	Expenditure Type (See back for list of codes)	Expenditure Amount
					<i>\$</i>

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	Last Name or Vendor Name	Suffix
Street Address			City/Town	State Zip Code