

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



State of Rhode Island and Providence Plantations

Board of Elections

Campaign Finance Unit

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www.elections.ri.gov

SCHEDULE OF CONTRIBUTIONS FOR BALLOT ADVOCACY (BQA-2)

Office Time Stamp

Full Name of Ballot Question Advocate

Reporting Period Beginning Date: \_\_\_\_\_

Original Report

Reporting Period Ending Date: \_\_\_\_\_

Amended Report

Table with 5 columns: 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

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 Contributor Name

Blank lines for Gambling Facility or Entity Name

PAGE NO: \_\_\_\_ OF \_\_\_\_

PAGE TOTAL (Do Not Include In-Kind) \$

## INSTRUCTIONS

The information reported is required under the Rhode Island Ballot Advocacy and Reporting Act.

**Full Name of Ballot Question Advocate** – Enter the full name of the Ballot Question Advocate (Any person making an expenditure with a cumulative total that exceeds one thousand dollars (\$1,000) in a calendar year for ballot question advocacy on a particular ballot question.)

**Original Report** – Check this box if the report being filed is the initial report for this Reporting Period.

**Amended Report** – Check this box if the report being filed contains changes from the initial report for this Reporting Period.

**Reporting Period Beginning Date** – Enter the first date of the reporting period.

**Reporting Period Ending Date** – Enter the last date of the reporting period.

**Name and Address of Contributor** – Enter the name and address of the person contributing an amount in excess of one thousand eight hundred dollars (\$1,800) per election cycle to a ballot question advocate for purposes of ballot question advocacy.

**Place of Employment of Contributor, if Individual** – Enter the name of the business at which the contributor is employed, provided the contributor is an individual.

**Date Contribution Received** – Enter the date that a donation in the form of money, gifts, loans, paid personal services, or contributions in-kind was received by the ballot question advocate.

**Transaction Types** – Acceptable entries for transaction types are:

### **Transaction Types**

- Cash
- Check
- Money Order
- Credit Card/Internet
- In-Kind
  
- Other

### **Description**

Contributions received by Cash from each person or source.  
Contributions received by Check from each person or source.  
Contributions received by Money Order from each person or source.  
Contributions received by Credit Card or through the Internet from each person or source.  
Non-monetary contribution of goods, services or other things of value received from each person or source.  
Contributions received from other sources, i.e interest received, other receipts, refunds/rebates.

**Amount of Contribution** – Enter the amount contributed.

**Page No.** – Enter the specific page number and the total pages number of this “*Schedule of Contributions for Ballot Question Advocacy*” for this reporting period.

**Page Total** – Enter the sum of the contributions received as reported on this page, excluding in-kind contributions.

**If you have any questions on how to complete this form, please contact the Board of Elections.**

**PENALTIES:** Any person violating the provisions of the Rhode Island Ballot Advocacy and Reporting Act (Chapter 25.2 of Title 17 of the Rhode Island General Laws) shall be subject to penalties.