


CAMPAIGN FINANCE

WELCOME NEW CANDIDATES!



CF-1 NOTICE OF ORGANIZATION

		State of Rhode Island and Providence Plantations Board of Elections Campaign Finance Unit 50 Branch Avenue, Providence, Rhode Island 02904 Tel. (401) 222-2345 www.elections.ri.gov		Time Stamp (For Office Use Only)
NOTICE OF ORGANIZATION (CF-1)				
Notice of Organization for: <input type="checkbox"/> Candidate or Officeholder <input type="checkbox"/> Political Party Committee <input type="checkbox"/> Political Action Committee (PAC) (Complete Back of Form)		Purpose: <input type="checkbox"/> Initial Notice of Organization <input type="checkbox"/> Amendment to Notice of Organization <input type="checkbox"/> Change of Treasurer or Deputy Treasurer <input type="checkbox"/> Annual Political Party Treasurer's Filing		
Full Name of Candidate, Officeholder, Political Party Committee, or Political Action Committee (PAC)		Key #		
Street Address		City/Town, State and Zip Code		
Mailing Address (if different)		City/Town, State and Zip Code		
Telephone Number	Daytime Telephone Number	Fax Number	E-mail Address	
If a Candidate, office being sought:				
Party Affiliation, if any: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Other				
APPOINTMENT/DESIGNATION OF TREASURER				
As a Candidate, Officeholder or Chairperson of a Political Party or PAC named herein, I hereby:				
<input type="checkbox"/> Designate as Treasurer <input type="checkbox"/> Remove as Treasurer <input type="checkbox"/> Designate as Deputy Treasurer <input type="checkbox"/> Remove as Deputy Treasurer				
the person named below, as required by law:				
Name of Treasurer/Deputy Treasurer		Telephone Number	Daytime Telephone Number	Fax Number
Street Address		City/Town, State and Zip Code		E-mail Address
Mailing Address (if different)		City/Town, State and Zip Code		
Subscribed and sworn before me this _____ day of _____, 20____.				
x _____ Signature of Appointee	Date	x _____ Notary Public		
APPOINTMENT/DESIGNATION OF TREASURER (if adding or removing more than one individual)				
As a Candidate, Officeholder, or Chairperson of a Political Party or PAC named herein, I hereby:				
<input type="checkbox"/> Designate as Treasurer <input type="checkbox"/> Remove as Treasurer <input type="checkbox"/> Designate as Deputy Treasurer <input type="checkbox"/> Remove as Deputy Treasurer				
the person named below, as required by law:				
Name of Treasurer/Deputy Treasurer		Telephone Number	Daytime Telephone Number	Fax Number
Street Address		City/Town, State and Zip Code		E-mail Address
Mailing Address (if different)		City/Town, State and Zip Code		
Subscribed and sworn before me this _____ day of _____, 20____.				
x _____ Signature of Appointee	Date	x _____ Notary Public		
Campaign Account Depositories:				
Name(s) of Institution(s)	Number of Accounts (Example: One, Two)	Type of Account (Example: Checking, Savings)		
_____	_____	_____		
_____	_____	_____		

- Registers campaign with the BOE (must be done prior to raising or spending funds)
- Provide current and reliable contact info
- Designate a treasurer (a separate treasurer is required if raising/spending over \$10k)
- Disclose bank information (NOT BANK ACCOUNT NUMBER!)
- Sign affidavit on back of form
- All original signatures must be notarized!

BANK REQUIREMENTS

- Open a segregated bank account at a financial institution with a physical branch in the state of RI. No comingling of personal and campaign funds.
- Submit a copy of your December bank statement annually (or a close-out statement if you dissolve your campaign prior to the end of the year).
- All campaign activity should flow through your campaign account.

REPORTING SCHEDULE

Primary and General Election Reporting Schedule

*All Candidates, Political Action Committees and Political Party Committees Participating in the 2018 Primary and/or General Election		
REPORT	REPORTING PERIOD	REPORT DUE DATE
Candidates, Political Action Committees and Political Party Committees with On-Going Campaigns Participating in the September 12, 2018 Primary**		
SECTION 1		
On-Going Quarterly (1 st)	01/01/18 - 03/31/18	04/30/18
On-Going Quarterly (2 nd)	04/01/18 - 06/30/18	07/31/18
28 Days Before Primary	07/01/18 - 08/14/18	08/15/18
7 Days Before Primary	08/15/18 - 09/04/18	09/05/18
If you were UNSUCCESSFUL in your primary, please continue to Section 2 If you were SUCCESSFUL in your primary, please continue to Section 3		
UNSUCCESSFUL Primary Candidates Only		
SECTION 2		
28 Days After Primary	09/05/18 - 10/09/18	10/10/18
On-Going Quarterly (4 th)	10/10/18 - 12/31/18	01/31/19
SUCCESSFUL Primary Candidates, Political Action Committees and Political Party Committees Participating in the November 6, 2018 Election		
SECTION 3		
28 Days Before Election	09/05/18 - 10/08/18	10/09/18
7 Days Before Election	10/09/18 - 10/29/18	10/30/18
28 Days After Election	10/30/18 - 12/03/18	12/04/18
On-Going Quarterly (4 th)	12/04/18 - 12/31/18	01/31/19
Candidates, Political Action Committees and Political Party Committees with On-Going Campaigns Participating in the November 6, 2018 Election ONLY**		
SECTION 4		
On-Going Quarterly (1 st)	01/01/18 - 03/31/18	04/30/18
On-Going Quarterly (2 nd)	04/01/18 - 06/30/18	07/31/18
28 Days Before Election	07/01/18 - 10/08/18	10/09/18
7 Days Before Election	10/09/18 - 10/29/18	10/30/18
28 Days After Election	10/30/18 - 12/03/18	12/04/18
On-Going Quarterly (4 th)	12/04/18 - 12/31/18	01/31/19

* Participation by a PAC or Political Party Committee in a primary or election occurs if either a contribution was made to, or expenditure incurred on behalf of, any candidate participating in a primary of election.

**Persons filing Declarations of Candidacy during the June 25-27, 2018 candidacy declaration period, and who do not have an on-going campaign, the Reporting Period begins with the Date of Declaration.

- Due dates differ depending on primary candidates or general election only candidates
- A report filed on paper consists of three forms: CF-2, CF-3, and CF-4
- Reporting must be done online if raise/spend over \$10k, or have \$25k or more, and may be done by any other campaign. Call to set up a training session.
- Late reports will be assessed a \$25 fine (increases \$2/day after certified letters sent)
- Reporting schedule is quarterly in a non-election year

CONTENTS OF REPORTS

- Campaign Finance reports (periodic and quarterly) shall consist of: “Summary of Campaign Activity” (Form CF-2), “Schedule of Contributions Received” (Form CF-3), and “Schedule of Expenditures” (Form CF-4)

Contributions

Each schedule **must** include:

- The amount contributed by each individual, PAC, or committee with:
 - Name, address, place of employment, and receipt date of all contributions exceeding \$100 in the aggregate in a calendar year

Expenditures

Each schedule **must** include:

- The amount of all expenditures with:
 - Name, address, date, and purpose of all expenditures that exceed \$100 in the aggregate in a calendar year
- Credit card expenses must be recorded in detail and list all vendors

AGGREGATE CONTRIBUTIONS/EXPENDITURES

- Contributions/Expenditures may be reported as an aggregate if a donor/vendor does NOT exceed \$100 in a calendar year (records of donor information and vendor receipts/invoices must be maintained for a period of four years).
- Any contribution/expenditure exceeding \$100 MUST be itemized. If previously reported as an aggregate, prior report must be amended and transaction itemized.

CONTRIBUTION LIMITS, SOURCES, & CASH

ALLOWABLE

- Can receive up to \$1,000 in a calendar year from individual/candidate or Political Action Committee (PAC)
- Can receive up to \$25,000 and unlimited in-kind from state political parties

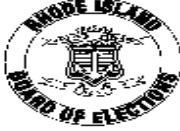
PROHIBITED

- Direct contributions from corporations, unions, non-profit organizations, or any business entity
- The personal use of campaign funds
- Contributions over \$25 in cash from a single source in the aggregate in a calendar year
- Contributions from other than an individual, PAC, or a political party
- Anonymous Contributions

IN-KIND CONTRIBUTIONS

- Non-monetary contribution received from a donor
 - Examples: Food at a fundraiser or ad in the newspaper
- Contribution must have a fair market value (receipt/invoice provided by donor) and cannot be a special deal/discount (price available to general public).
- Amount of in-kind contribution is inclusive of \$1,000 individual maximum in a calendar year.

CF-5 AFFIDAVIT FOR ANNUAL FILING EXEMPTION


		State of Rhode Island and Providence Plantations Board of Elections Campaign Finance Unit 50 Branch Avenue, Providence, Rhode Island 02904 Tel. (401) 222-2345 www.elections.ri.gov		Time Stamp (For Office Use Only)	
AFFIDAVIT FOR ANNUAL FILING EXEMPTION (CF-5)					
Full Name of Candidate, Officeholder, Political Party Committee, or Political Action Committee (PAC)				Key #	
Street Address		City/Town, State and Zip Code			
Mailing Address (if different)		City/Town, State and Zip Code			
Telephone Number	Daytime Telephone Number	Fax Number	E-mail Address		
Report Year Requesting Exemption	Funds Available (See Instructions)	Accounts Payable (See Instructions)	Loans Payable (See Instructions)		
	\$ _____	\$ _____	\$ _____		
AFFIDAVIT					
I, _____, do hereby certify in my capacity					
Name of Treasurer					
as treasurer, that I will accept no contributions in excess of \$100 in the aggregate from a single source within this calendar year nor make aggregate expenditures in excess of \$1,000 within this calendar year. *					
x _____					
Signature of Treasurer					
Date					
*NOTES: If this affidavit is filed, the treasurer is excused from filing the periodic reports of contributions and expenditures. However, at the end of the calendar year, the campaign treasurer is required to file a "Summary of Campaign Activity" (CF-2), a "Schedule of Contributions Received" (CF-3) to report contributions, and a "Schedule of Expenditures" (CF-4) to report expenses. Also, after executing this affidavit, a Candidate, Officeholder, PAC or Political Party Committee who in a calendar year accepts contributions in excess of \$100 in the aggregate from a single source or incurs aggregate expenditures in excess of \$1,000, the treasurer will immediately commence filing the required periodic reports.					
INSTRUCTIONS					
<small>The information reported is required under the Rhode Island Campaign Contributions and Expenditures Reporting Act of 1974 as amended.</small>					
Full Name of Candidate, Officeholder, Political Party Committee, or Political Action Committee (PAC) – Enter the full name of the candidate, officeholder, political party committee or political action committee as reported on the "Notice of Organization" (Form CF-1).					
Key # – Enter the unique number assigned to this organization by the Board of Elections.					
Street Address – Enter the address of the organization as reported on the "Notice of Organization" (Form CF-1).					
City/Town, State & Zip Code – Enter the city/town, state and zip code as reported on the "Notice of Organization" (Form CF-1).					
Mailing Address – Enter the address where mail is directed to this organization.					
City/Town, State and Zip Code – Enter the city/town, state and zip code where mail is directed to this organization.					
Telephone Number – Enter the telephone number as reported on the "Notice of Organization" (Form CF-1).					
Daytime Telephone Number – Enter a secondary telephone for this organization.					
Fax Number – Enter the fax number for this organization.					
E-mail Address – Enter the E-mail address for this organization.					
Report Year Requesting Exemption – Enter the calendar year that the organization is requesting an annual exemption (Ex.: 2004).					
Funds Available – Enter the total amount of money the organization has available as of January 1 st of the report year (for ongoing organizations), or at the time of filing a declaration of candidacy (for new candidates), whichever is earlier.					
Accounts Payable – Enter the total amount of money owed to others in exchange for goods and services already received as of January 1 st of the report year, if applicable. This amount should match the accounts payable balance reported on the organization's last report filed with the Board of Elections.					
Loans Payable – Enter the total amount of money owed by your organization that was previously recorded as "loan proceeds" as of January 1 st of the report year, if applicable. This amount should match the Loans Payable balance on the last report filed with the Board of Elections.					
<small>If you have any questions on how to complete this form, please contact the Board of Elections.</small>					
PENALTIES: Any person violating the provisions of the Rhode Island Campaign Contributions and Expenditures Reporting Act (Chapter 25 of Title 17 of the Rhode Island General Laws) shall be subject to civil and/or criminal penalties.					

CF-5

Rev. 04/04


- For smaller campaigns
- Exempts candidate from all reports except annual summary due January 31
- Parameters:
 - Cannot spend more than \$1,000 in a calendar year
 - Cannot accept more than \$100 per source (including loans and in-kind) in a calendar year
- Must be filed annually

CF-7 AFFIDAVIT DISSOLVING CAMPAIGN ACCOUNT

		State of Rhode Island and Providence Plantations Board of Elections Campaign Finance Unit 50 Branch Avenue, Providence, Rhode Island 02904 Tel. (401) 222-2345 www.elections.ri.gov		Time Stamp (For Office Use Only)	
AFFIDAVIT DISSOLVING CAMPAIGN ACCOUNT (CF-7)					
Full Name of Candidate, Officeholder, Political Party Committee, or Political Action Committee (PAC)			Key #		
Street Address		City/Town, State and Zip Code			
Mailing Address (if different)		City/Town, State and Zip Code			
Telephone Number	Daytime Telephone Number	Fax Number	E-mail Address		
Campaign Dissolved as of (Date):					
DECLARATION					
Upon filing this form, there are no remaining campaign funds, and the organization (Candidate, Officeholder, Political Party, or Political Action Committee) has completed its business and is hereby dissolved.					
AFFIDAVIT					
I, _____, do hereby certify that the declaration provided above is true and correct. <small style="margin-left: 100px;">Name of Treasurer</small>					
X _____ <small>Signature of Treasurer</small>		_____ <small>Date</small>			
INSTRUCTIONS					
<small>The information reported is required under the Rhode Island Campaign Contributions and Expenditures Reporting Act of 1974 as amended.</small>					
Full Name of Candidate, Officeholder, Political Party Committee, or Political Action Committee (PAC) – Enter the full name of the candidate, officeholder, political party committee or political action committee as reported on the "Notice of Organization" (Form CF-1).					
Key # - Enter the unique number assigned to this campaign by the Board of Elections.					
Street Address – Enter the address of this organization as reported on the "Notice of Organization" (Form CF-1).					
City/Town, State & Zip Code – Enter the city/town, state and zip code as reported on the "Notice of Organization" (Form CF-1).					
Mailing Address – Enter the address where mail is directed to this organization.					
City/Town, State and Zip Code – Enter the city/town, state and zip code where mail is directed to this organization.					
Telephone Number – Enter the telephone number as reported on the "Notice of Organization" (Form CF-1).					
Daytime Telephone Number – Enter a secondary telephone for this campaign.					
Fax Number – Enter the fax number for this campaign.					
E-mail Address – Enter the E-mail address for this campaign.					
Campaign Dissolved as of (Date) – Enter the date the campaign has concluded its business.					
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 Campaign Contributions and Expenditures Reporting Act (Chapter 25 of Title 17 of the Rhode Island General Laws) shall be subject to civil and/or criminal penalties.					

- Campaign account is still active until CF-7 is completed.
 - Must have cash balance of zero to close out
 - Remaining funds can be dispersed in the following ways:
 - Repayment of Loan (if any exist)
 - Donate to candidate/PAC/party committee (subject to limitations)
 - Donate to a non-profit (candidate cannot receive any benefit)
 - Return contributions to donors
 - Forfeit to State of RI

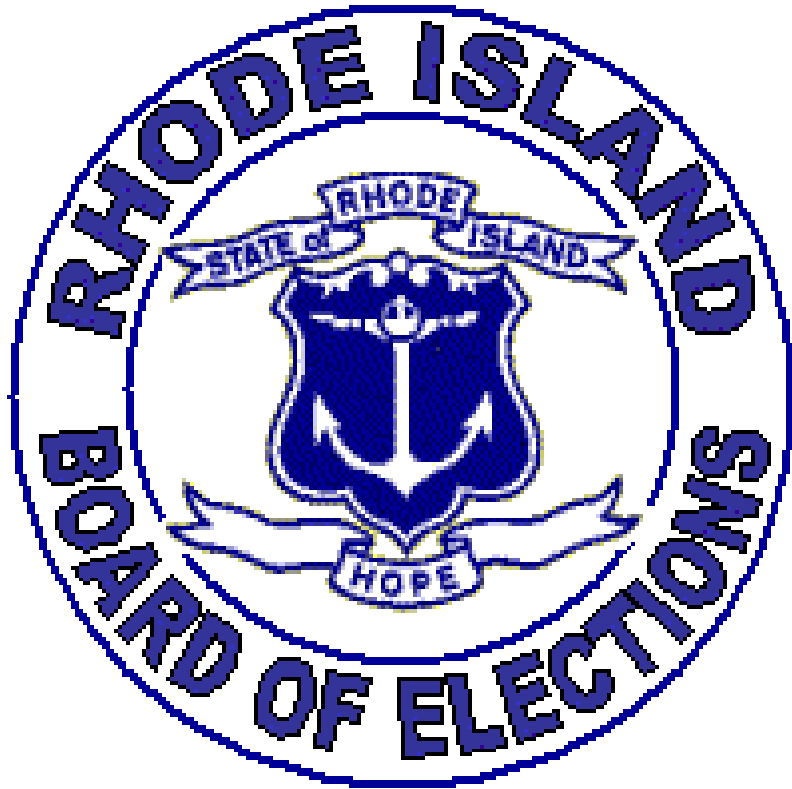
CF-9 ACCOUNT CERTIFICATION

		State of Rhode Island and Providence Plantations Board of Elections Campaign Finance Unit 50 Branch Avenue, Providence, Rhode Island 02904 Tel. (401) 222-2345 www.elections.ri.gov		Time Stamp (For Office Use Only)	
ACCOUNT CERTIFICATION (CF-9)					
Name of Candidate or Political Action Committee (PAC)			Key #		
Candidate or PAC Address		City/Town, State and Zip Code			
Candidate or PAC Mailing Address (if different)		City/Town, State and Zip Code			
Telephone Number	Daytime Telephone Number	Fax Number	E-mail Address		
<p>Pursuant to R.I.G.L. 17-25-11.2(a): Whenever a campaign account containing campaign funds received and expended by a candidate, office holder, or treasurer...receives or expends at least \$10,000 in any year, the account shall require the appointment of a treasurer or deputy treasurer, who shall be a person other than the candidate. For such accounts, a candidate may remain as either treasurer or deputy treasurer on his or her campaign account; provided, the treasurer or deputy treasurer who is not the candidate shall examine all campaign account records and shall certify to the substantial accuracy of the campaign finance report at the time of filing with the board of elections. The provisions of this section as to examination and certification shall be applicable to political action committees.</p>					
<u>CERTIFICATION</u>					
I, _____, in my capacity as (choose one) <input type="checkbox"/> treasurer, <input type="checkbox"/> deputy treasurer Print Name					
for the candidate or political action committee (PAC) named above, have examined all campaign records and certify to the substantial accuracy of the campaign finance report designated below:					
<u>Reporting Period (choose one):</u>					
<input type="checkbox"/> 1 st Quarter (01/01-03/31)	<input type="checkbox"/> 28 Days Before Primary	<input type="checkbox"/> 28 Days Before Election			
<input type="checkbox"/> 2 nd Quarter (04/01-06/30)	<input type="checkbox"/> 7 Days Before Primary	<input type="checkbox"/> 7 Days Before Election			
<input type="checkbox"/> 3 rd Quarter (07/01-09/30)	<input type="checkbox"/> 28 Days After Primary	<input type="checkbox"/> 28 Days After Election			
<input type="checkbox"/> 4 th Quarter (10/01-12/31)	<input type="checkbox"/> Other: _____				
x _____ Signature of treasurer/deputy treasurer		Date		Subscribed and sworn before me this ____ day of _____, 20__ x _____ Notary Public	
Penalties: Any person violating the provisions of the Rhode Island Campaign Contributions and Expenditures Reporting Act (Chapter 25 of Title 17 of the Rhode Island General Laws) including the reporting, examination and certification set forth above shall be subject to the civil and criminal penalty provisions therein.					

- Required only if candidate exceeds \$10,000 raised or \$10,000 spent in a calendar year
- If \$10,000 threshold met, candidate must designate a separate treasurer
- Treasurer completes CF-9 and submits with each report (certifying the accuracy of its contents)
- \$10,000 threshold resets as of January 1

Closing Remarks

- Please do not rely on information you have heard from others. Go straight to the source! Call, email us, or visit our website!
 - 401-222-2345
 - campaign.finance@elections.ri.gov
 - www.elections.ri.gov
- We send out letters and emails periodically. Please be certain to keep updated contact information. Submit a new CF-1 for any changes.



**THANK
YOU &
GOOD
LUCK!**