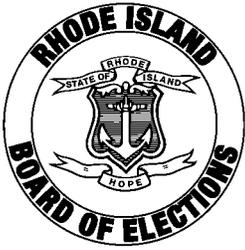


Please see reverse side for instructions on how to complete this form.



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

Time Stamp
(For Office Use Only)

SUMMARY OF CAMPAIGN ACTIVITY (CF-2)

Full Name of Candidate, Officeholder, Political Party Committee, or Political Action Committee (PAC)			Organization 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
Reporting Period (Dates): Period Beginning: _____ Period Ending: _____			Amended Report Yes No

Summary of Activity for Reporting Period	Campaign Fund Status
1. Beginning Cash Balance \$ _____ 2. Cash Receipts a. Contributions From: 1. Individuals \$ _____ 2. Political Parties \$ _____ 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) \$ _____ 4. Cash Disbursements a. Campaign Expenses \$ _____ b. Repayment of Loans \$ _____ c. Other Disbursements \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ 5. Ending Cash Balance (Line 3 - 4a - 4b - 4c) \$ _____ 6. Report of In-Kind Contributions \$ _____	<p align="center">Assets</p> 7. Cash (Enter Amount from Line 5) \$ _____ 8. Other Assets _____ \$ _____ _____ \$ _____ _____ \$ _____ 9. Total Assets (Add Lines 7 + 8) \$ _____ <p align="center">Liabilities and Fund Balance</p> 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) \$ _____ 13. Total Funds Available (Line 5 - Line 11) \$ _____

I hereby certify that this report of campaign contributions and expenditures and the supporting documents are complete, true and correct. X _____ Signature of Person Completing Report Date	_____ Print Name of Person Completing Report _____ Title of Person Completing Report
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INSTRUCTIONS

The information reported is required under the Rhode Island Campaign Contributions and Expenditures Reporting Act of 1974 as amended.

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).

Organization Key # - Enter the unique number assigned to this organization 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 organization.

Fax Number – Enter the fax number for this organization.

E-mail Address – Enter the E-mail address for this organization.

Reporting Period (Dates) – Enter the first date of the reporting period in the “Period Beginning” field and the last date of the reporting period in the “Period Ending” field. Note: Refer to the organization’s “Reporting Schedule” for the beginning and ending reporting dates.

Amended Report – If this report is a correction of a previously filed report, circle “Yes”, otherwise circle “No”.

Beginning Cash Balance (Line 1)– Enter the amount of total cash (on hand and in the bank) this organization has as of the first date of the reporting period. NOTE: This amount should be the same amount as the Ending Cash Balance as reported on the organization’s last filed report, if applicable.

Individuals (Line 2a1) – Enter the total amount of itemized and aggregated contributions received from individuals during this reporting period.

Political Parties (Line 2a2) - Enter the total amount of itemized and aggregated contributions received from Political Parties during this reporting period.

Political Action Committees (Line 2a3) - Enter the total amount of itemized and aggregated contributions received from Political Action Committees during this reporting period.

Loan Proceeds (Line 2a4) – Enter the total amount of funds loaned to this organization during this reporting period.

Payroll Check Off (Line 2a5) – Enter the total amount of funds received via Payroll Check Off during this reporting period. NOTE: This contribution type only applies to Political Action Committees (PACs).

Other Receipts (Line 2b) – Enter the amount of funds received from sources other than those listed above. Ex: Interest Income, etc.

Total Cash Available (Line 3) – Add Lines 1, 2a, and 2b together and enter the amount on this line.

Campaign Expenses (Line 4a) – Enter the total amount of qualified itemized and aggregated campaign expenditures during this reporting period.

Repayment of Loans (Line 4b) – Enter the total amount of loans that were repaid during this reporting period.

Other Disbursements (Line 4c) - Enter the amount of funds spent for purposes other than those listed above.

Ending Cash Balance (Line 5) – Enter the total of (Line 3 – Line 4a - Line 4b - Line 4c).

Report of In-Kind Contributions (Line 6) – Enter the total of In-Kind Contributions received from individuals and committees.

Cash (Line 7) – Enter the total from Line 5.

Other Assets (Line 8) – List each asset other than cash and its monetary value on these lines.

Total Assets (Line 9) – Add Line 7 and Line 8 together and enter the amount.

Accounts Payable (Line 10a) – Enter the total amount owed by this organization but not yet paid.

Loans Payable (Line 10b) – Enter the total amount of funds previously recorded as “Loans Proceeds” that remain unpaid.

Other Liabilities (Line 10c) – Enter any other liabilities not listed on lines 10a or 10b.

Total Liabilities (Line 11) – Add Lines 10a, 10b and 10c together and enter the amount.

Total Fund Balance (Line 12) – Enter the total of (Line 9-Line 11).

Total Funds Available (Line 13) – Enter the total of (Line 5-Line 11).

Name/Title of Person Completing Report – This should be the treasurer, deputy treasurer, or the candidate, if his or her own treasurer.

REPORTS MUST BE SIGNED

Any report not completed or signed will be returned.

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.