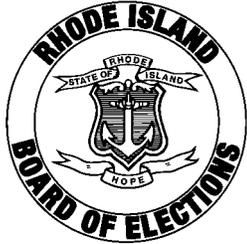


Please see reverse side for instructions on how to complete this form.



State of Rhode Island and Providence Plantations
Board of Elections
 Campaign Finance Unit
 50 Branch Avenue, Providence, Rhode Island 02904
 Tel. (401) 222-2345
 www.elections.ri.gov

Time Stamp
(For Office Use Only)

SCHEDULE OF CONTRIBUTIONS RECEIVED (CF-3)

Key #	Full Name of Candidate, PAC or Party Committee	Amended Report Yes No	Reporting Period From: To:
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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
					\$

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

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

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

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

PAGE NO: ____ OF ____	PAGE TOTAL	\$
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INSTRUCTIONS

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

Key # - Enter the unique number assigned to this campaign by the Board of Elections.

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).

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

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

Item # - This is a sequential number the organization assigns to each transaction. For example, the first transaction is numbered 1, the second transaction is number 2, etc.

Transaction Type Code – Acceptable entries for the contribution transaction types are:

Transaction Type Code	Description
• Cash	\$25 Cash limit from individuals, Political Action Committees (PACs), Political Party Committees.
• Check	Checks received from individuals, Political Action Committees (PACs), Political Party Committees.
• Money Order	Money Orders received from individuals, Political Action Committees (PACs), Political Party Committees.

Contribution Type Code – Acceptable entries for the contribution type are:

Contribution Type Code	Description
• Individual	Contribution received from an individual.
• Aggregate: (Individual, PAC, Party)	Contributions received are \$100 or less per contributor per calendar year. Record a separate entry for each aggregate type (i.e. Aggregate (Individual); Aggregate (PAC); etc.)
• PAC (Political Action Committee)	Contribution received is from a Political Action Committee registered in Rhode Island.
• Party (Political Party Committee)	Contribution received is from a registered Political Party Committee.
• Loan Proceeds	Funds recorded with this contribution type code have to be repaid.
• In-Kind (Individual, PAC, Party)	Non-monetary value of goods or services received. Record a separate entry for each in-kind type (i.e. In-Kind (Individual); In-Kind (PAC); etc.)
• Interest Received	Interest received for having campaign funds in a federally insured depository.
• Refund/Rebate	Funds received as a result of a previous expenditure.
• Other Receipt	Funds received from a source other than those listed.

Receipt Date – The date the treasurer or deputy treasurer received the contribution.

Deposit Date – The date the treasurer or deputy treasurer deposited the contribution.

Contribution Amount – The amount of funds or value of the in-kind contribution received by the treasurer or deputy treasurer.

In-Kind/Other Contribution Receipts Description – Describe in detail the donated services received or a detailed description of the “Other Contribution Type” when selecting this option.

Contributor Name Prefix – Enter a name prefix as reported by the contributor. Example: Dr., Hon., Gen., etc.

Contributor First Name – Enter the first name of the contributor.

Contributor MI – Enter the middle initial of the contributor.

Contributor Last Name or PAC/Party Committee Name – Enter the last name of the contributor, or if a PAC or party, the name of the PAC or party as reported to the Board of Elections on its “Notice of Organization” (CF-1).

Contributor Suffix – Enter a name suffix as reported by the contributor. Example: Jr., III, Sr., etc.

Contributor Street Address – Enter the home address of the contributor.

Contributor City/Town, State, Zip Code – Enter the city or town, state and zip code of the contributor.

Contributor Employer Name – Enter the name of the business at which the contributor is employed.

Contributor Employer Address - Enter the address of the business at which the contributor is employed.

Contributor City/Town, State, Zip Code – Enter the city or town, state and zip code of the business at which the contributor is employed.

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.