



**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.  
Name of Treasurer

X \_\_\_\_\_  
Signature of Treasurer Date

**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).

**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.