

**State of Rhode Island and Providence Plantations**

**Board of Elections**

Campaign Finance Division

50 Branch Avenue, Providence, Rhode Island 02904

Tel. (401)222-2345 Fax (401)222-4424

www.elections.state.ri.us

**SUMMARY OF CAMPAIGN ACTIVITY**

|  |      |
|--|------|
| Name of Candidate, Political Party, Political Action Committee | Key# |
| ROBERT J HEALEY JR.  | 2850 |

|                |                               |
|----------------|-------------------------------|
| Street Address | City/Town, State and Zip Code |
| 75 SOWAMS ROAD | BARRINGTON, RI 02809          |

|                                |                               |
|--------------------------------|-------------------------------|
| Mailing Address (if different) | City/Town, State and Zip Code |
|--------------------------------|-------------------------------|

|                  |                          |            |        |
|------------------|--------------------------|------------|--------|
| Telephone Number | Daytime Telephone Number | Fax Number | E-mail |
| (401) 245-0306   |                          |            |        |

|   |                           |
|---|---------------------------|
| If Candidate Office Sought:<br>Governor | Party Affiliation if any: |
|---|---------------------------|

|                           |                              |                           |
|---------------------------|------------------------------|---------------------------|
| Reporting Period (Dates): | Period Beginning: 10/07/2014 | Period Ending: 10/27/2014 |
|---------------------------|------------------------------|---------------------------|

**SUMMARY OF ACTIVITY FOR PERIOD**

|                                  |      |                                     |      |
|----------------------------------|------|-------------------------------------|------|
| 1. Beginning Cash Balance        | \$ 0 | 4. Cash Disbursements, continued    |      |
| 2. Cash Receipts                 |      | f. Other Disbursements              | 0    |
| a. Contributions From:           |      |                                     |      |
| 1. Aggregate                     | 0    |                                     | 0    |
| a. (Individuals)                 | 0    |                                     | 0    |
| b. (Political Parties)           | 0    | 5. Ending Cash Balance              | \$ 0 |
| c. (Political Action Committees) | 0    |                                     |      |
| 2. Individuals                   | 0    |                                     |      |
| 3. Political Parties             | 0    | <b>CAMPAIGN FUND STATUS</b>         |      |
| 4. Political Action Committees   | 0    | 6. Report of In-Kind Contributions  | 0    |
| 5. Loan Proceeds                 | 0    |                                     |      |
| 6. Payroll Check off             | 0    | 7. Cash                             | \$ 0 |
| 7. Interest Received             | 0    | 8. Other Assets                     | 0    |
| 8. State Check Off               | 0    |                                     | 0    |
| 9. Refund/Rebate                 | 0    |                                     | 0    |
| 10. Party Building               | 0    | 9. Total Assets                     | \$ 0 |
| 11. Matching Public Funds        | 0    |                                     |      |
| 12. Other                        | 0    | <b>LIABILITIES AND FUND BALANCE</b> |      |
| 13. Returned Contributions       | 0    | 10. Liabilities                     |      |
| 14. Returned Checks              | 0    | a. Accounts Payable                 | \$ 0 |
| b. Other:                        | 0    | b. Loans Payable                    | 0    |
|                                  | 0    | c. Other Liabilites                 | 0    |
|                                  | 0    |                                     | 0    |
| 3. Total Cash                    | 0    |                                     | 0    |
| 4. Cash Disbursements            |      | 11. Total Liabilities               | 0    |
| a. Aggregate Expenses            | 0    | 12. Total Fund Balance              | \$ 0 |
| b. Campaign Expenses             | 0    | 13. Total Liability / Fund Balance  | 0    |
| c. Repayment of Loans            | 0    |                                     |      |
| d. Account Payable Repayments    | 0    |                                     |      |
| e. Other                         | 0    |                                     |      |

I HEREBY CERTIFY THAT THIS REPORT OF CAMPAIGN  
CONTRIBUTIONS AND EXPENDITURES AND THE SUPPORTING  
DOCUMENTS ARE TRUE AND CORRECT.

\_\_\_\_\_  
Name of Person Filing Report

\_\_\_\_\_  
Title of Person Filing Report

\_\_\_\_\_  
Address of Person Filing This Report

X \_\_\_\_\_  
Signature of Person Date

\_\_\_\_\_  
SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_

Day of \_\_\_\_\_ 20 \_\_\_\_\_

X \_\_\_\_\_  
Notary Public

\_\_\_\_\_

**SCHEDULE OF CONTRIBUTIONS RECEIVED**

| Key # | Full Name of Candidate or Committee | Reporting Period |     |
|-------|-------------------------------------|------------------|-----|
|       |                                     | From:            | To: |

| Item | Transaction Type | Contribution Type | Receipt Date | Deposit Date | Contribution Amount |
|------|------------------|-------------------|--------------|--------------|---------------------|
|------|------------------|-------------------|--------------|--------------|---------------------|

**In Kind/Other 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                    |            |    | State                                 | Zip    | City           |  | State | Zip |

**SCHEDULE OF EXPENDITURES**

| Key #                         | Full Name of Candidate or Committee |              |                         |                  | Reporting Period   |     |
|-------------------------------|-------------------------------------|--------------|-------------------------|------------------|--------------------|-----|
|                               |                                     |              |                         |                  | From:              | To: |
| Check #                       | Expenditure Date                    | Payment Date | Disbursement Type       | Expenditure Type | Expenditure Amount |     |
| <b>Purpose of Expenditure</b> |                                     |              |                         |                  |                    |     |
| <b>Payee Information</b>      |                                     |              |                         |                  |                    |     |
| Prefix                        | First Name                          | MI           | LastName or Vendor Name |                  | Suffix             |     |
| Street Address                |                                     |              |                         | City             | State              | Zip |