

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



**State of Rhode Island**  
**Board of Elections**  
 Campaign Finance Unit  
 2000 Plainfield Pike, Cranston, RI 02921  
 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		Reporting Period	
		Yes	No	From:	To:

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

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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:

<b>Transaction Type Code</b>	<b>Description</b>
• 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.
• Loan	A loan is a contribution until repaid.
• Credit Card/On-Line	Contributions received from individuals, PACs and Party Committees by credit card or on-line.
• In-Kind	Non-monetary contribution of goods, services or other things of value.
• Other	Aggregate contributions, interest received, other receipts, refunds/rebates.

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

<b>Contribution Type Code</b>	<b>Description</b>
• Individual	Contribution received from an individual.
• Aggregate: (Individual, PAC, Party)	Contributions received are \$200 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.

**PENALTIES:** Any person violating the provisions of Chapter 25 of Title 17 of the Rhode Island General Laws shall be subject to civil and/or criminal penalties.