

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 EXPENDITURES (CF-4)**

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

Check #	Expenditure Date	Payment Date	Disbursement Type (See back for list of codes)	Expenditure Type (See back for list of codes)	Expenditure Amount
					\$

Purpose of Expenditure

**Payee Information**

Prefix	First Name	MI	Last Name or Vendor Name	Suffix
Street Address			City/Town	State Zip Code

Check #	Expenditure Date	Payment Date	Disbursement Type (See back for list of codes)	Expenditure Type (See back for list of codes)	Expenditure Amount
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Purpose of Expenditure

**Payee Information**

Prefix	First Name	MI	Last Name or Vendor Name	Suffix
Street Address			City/Town	State Zip Code

PAGE NO: \_\_\_\_ OF \_\_\_\_

PAGE TOTAL \$

## 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 organization 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.

**Check #** - Enter the organization’s check number that was used to pay this expenditure.

**Expenditure Date** – Enter the date the expenditure was incurred (i.e. The date the organization received goods or services).

**Payment Date** – Enter the date the organization paid the expenditure for the goods or services received.

**Disbursement Type** – Acceptable entries for this field are:

### Disbursement Type

- Campaign Expenditure
- Aggregate Expenditure
  
- Repayment of Loan
- Accounts Payable
  
- Accounts Payable Repayment

### Description

Any campaign expense paid for at the time of purchase.  
One or more expenses in which the total was \$200 or less per vendor within a calendar year.  
When a loan or portion of a loan is repaid.  
When goods or services are received, but not paid. Example: Credit Card Purchases  
Payment of expenditures that were previously reported as accounts payable. Example: Paid credit card bill.

**Expenditure Type** – Acceptable entries for this field are:

### Expenditure Types

(Refer to the *Campaign Finance Manual* for descriptions)

- |                               |                           |                               |                    |
|-------------------------------|---------------------------|-------------------------------|--------------------|
| • Advertising                 | • Employee Services       | • Loan Payment                | • Telephone        |
| • Bank Fees                   | • Entertainment           | • Office Equipment & Supplies | • Travel & Lodging |
| • Consultant & Prof. Services | • Food, Beverages & Meals | • Other                       |                    |
| • Donations (Political)       | • Fundraising Expenses    | • Refunds/Reimbursements      |                    |
| • Donations (All Others)      | • Gifts                   | • Rent & Utilities            |                    |

**Expenditure Amount** – Enter the amount of money spent on the goods or services received.

**Purpose of Expenditure** – Enter a detailed description as to the reason for said expense. Example: Lunch meeting at (Restaurant Name) to discuss pending legislation.

**Payee Name Prefix** – Enter the name prefix as reported by the payee. Example: Dr., Hon., Gen., etc.

**Payee First Name** – Enter the first name of the payee.

**Payee MI** – Enter the middle initial of the payee.

**Payee Last Name or Vendor’s Name** – Enter the last name of the payee, or the vendor name.

**Payee Suffix** – Enter the name suffix as reported by the payee. Example: Jr., III, Sr., etc.

**Payee Street Address** – Enter the home address of the individual or the business address of the vendor.

**Payee City/Town, State, Zip Code** – Enter the city or town, state and zip code of the individual or vendor.

**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.