



**State of Rhode Island  
Board of Elections**  
Campaign Finance Division  
2000 Plainfield Pike, Cranston, RI 02921  
Tel. (401) 222-2345  
www.elections.ri.gov

**REPORT OF COVERED DISBURSEMENTS FOR  
INDEPENDENT EXPENDITURES, ELECTIONEERING  
COMMUNICATIONS OR COVERED TRANSFERS (CF-8)**

Time Stamp  
(Office Use Only)

**Purpose of Covered Disbursement (Mark Only One):**

- Independent Expenditure
- Electioneering Communication
- Covered Transfer

**Name of Independent Spender making Covered Disbursement (Independent Expenditure, Electioneering Communication or Covered Transfer)**

Street Address, City/Town, State and Zip Code	Telephone Number	E-Mail Address
	Employer (if an Individual)	Occupation (if an Individual)

Full Name of Treasurer/Individual Filing Report on behalf of Independent Spender (when Independent Spender is not an Individual)

Street Address, City/Town, State and Zip Code	Telephone Number	E-Mail Address
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Full Name of Chief Executive Officer/Principal Officer of the Independent Spender (when Independent Spender is not an Individual)

Street Address, City/Town, State and Zip Code

Type of Entity of the Independent Spender	URL of the official website of the Independent Spender
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Full Name of each CANDIDATE referenced by the Independent Expenditure, Electioneering Communication or Covered Transfer and whether the Covered Disbursement was made to Support or Oppose:

\_\_\_\_\_ :  Support  Oppose  Not Applicable (Electioneering Communication)

\_\_\_\_\_ :  Support  Oppose  Not Applicable (Electioneering Communication)

\_\_\_\_\_ :  Support  Oppose  Not Applicable (Electioneering Communication)

\_\_\_\_\_ :  Support  Oppose  Not Applicable (Electioneering Communication)

\_\_\_\_\_ :  Support  Oppose  Not Applicable (Electioneering Communication)

Full Name of each STATEWIDE REFERENDUM referenced by the Independent Expenditure, Electioneering Communication or Covered Transfer and whether the Covered Disbursement was made to Support or Oppose:

\_\_\_\_\_ :  Support  Oppose  Not Applicable (Electioneering Communication)

\_\_\_\_\_ :  Support  Oppose  Not Applicable (Electioneering Communication)

Disbursement Date	Disbursement Amount	<u>COVERED DISBURSEMENTS</u>	
		Name/Street Address: Person To Whom a Covered Disbursement Was Made	Description
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**Year to Date Total of All Covered Disbursements Made by the Independent Spender: \$**

Receipt Date	Donation Amount	<u>DONATIONS</u>	
		Donor Name and Street Address Occupation and Employer (if an Individual) Type of Entity (if not an Individual)	Aggregate Donations this Donor in the Election Cycle
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

**Amount from Independent Spender's own funds for Covered Disbursements for Independent Expenditures, Electioneering Communications or Covered Transfers to Support or Oppose the Candidate(s) or Statewide Referendum: \$**

**AFFIRMATION**

I, \_\_\_\_\_,

(Print Name of Chief Executive Officer or Principal Officer of the Independent Spender)

affirm, under penalty of false statement, that no covered disbursement contained herein is coordinated with any candidate, authorized candidate committee or political party committee and that information provided is true and accurate and complies with RI General Laws and with Rules and Regulations adopted pursuant to RIGL §17-25.3 et seq.

X _____ Signature of Chief Executive Officer or Principal Officer of the Independent Spender	Subscribed and Sworn before on: _____ Date
	X _____ Signature of Notary Public
	X _____ Notary Public (Print Name)

## INSTRUCTIONS

### Reporting of Covered Disbursements for Independent Expenditures, Electioneering Communications and Covered Transfers

#### WHO NEEDS TO FILE:

It is lawful for any person, not otherwise prohibited by law and not acting in coordination with any candidate, authorized candidate committee or political party committee ("Independent Spender"), to expend personally from that person's own funds a sum which is not to be repaid for any purpose not prohibited by law to support or defeat a candidate or referendum ("Covered Disbursement").

#### WHEN TO FILE:

An Independent Spender shall file an initial report with the Board of Elections within seven (7) days of making Covered Disbursements that exceed \$1,000 in the aggregate during a calendar year; except that, if an Independent Spender is required to file an initial report within 30 days of an election, the report shall be filed within 24 hours of making such Covered Disbursements.

- The initial report shall cover the period beginning on the first day of the calendar year and be complete through the date that covered disbursements exceeding \$1,000 in the aggregate are made.

After an Independent Spender files an initial report, subsequent reports shall be filed within 7 days each time the Independent Spender makes further Covered Disbursements aggregating an additional \$1,000 or more with respect to the same election; except that, if an Independent Spender is required to file an initial report within 30 days of an election, the report shall be filed within 24 hours of making such Covered Disbursements.

- Each subsequent report shall cover the period beginning on the date following the last date included in the previous report filed and be complete through the date that Covered Disbursements aggregating an additional \$1,000 or more are made.

An Independent Expenditure or Electioneering Communication is "made" on the date when the Independent Expenditure or Electioneering Communication is first publicly disseminated.

A Covered Transfer is "made" on the date the funds are transferred or paid to the recipient.

#### WHAT TO FILE:

A report of Covered Disbursements shall include the following information:

For the Independent Spender: The full name, street address, telephone number and e-mail address of the Independent Spender. An Independent Spender who is an Individual shall also include their occupation and employer. An Independent Spender, other than an Individual, shall also include the full name, street address, telephone number and e-mail address of the Treasurer or individual filing the report on behalf of the Independent Spender; the full name and street address of the Chief Executive Officer or Principal Officer of the Independent Spender; the type of entity (A tax-exempt organization under 501(c) of the IRS Code of 1986 shall specify with type of exempt organization. A political committee shall include the Key# assigned by the Board of Elections); and the URL for the Independent Spender's official website, if any.

For each Covered Disbursement: The full name and street address of every person to whom a Covered Disbursement was made; the total amount and date of each Covered Disbursement; a description of each Covered Disbursement made, including the type of disbursement and purpose; the full name of each candidate or referendum referenced by the independent expenditure or electioneering communication and whether such disbursement supports or opposes that candidate or referendum (for independent expenditures). An independent expenditure or electioneering communication that refers to more than one (1) clearly identified candidate or referendum shall be apportioned among the candidates or referendums based on the proportionate value of the independent expenditure or electioneering communication to each candidate or referendum referenced; and the year-to-date total of all Covered Disbursements made by the Independent Spender.

Donor Disclosure: The report shall include identification of every donor of \$1,000 or more in the aggregate to the Independent Spender in the current election cycle. For any donor who is an Individual, the report shall include the Individual's full name, street address, occupation, and employer, the date and amount of the Individuals' donation(s) during the period covered by the report and the aggregate amount of all donations received from the Individual in the current election cycle. For any donor other than an Individual, the report shall include the Person's full name, street address, the date and amount of the Person's donation(s) during the period covered by the report, the aggregate amount of all donations received from the Person in the current election cycle, and the type of entity.

#### PENALTIES:

Any person, who willfully and knowingly violates the provisions of Chapter 25.3 of Title 17 shall, upon conviction, be guilty of a misdemeanor and shall be fined not more than \$1,000 per violation. The state Board of Elections may impose a civil penalty upon any person, business or PAC who violates the provisions of Chapter 25.3 of Title 17 in the amount of \$1000, or up to 150% of the aggregate amount of the independent expenditures, electioneering communications or covered transfers per violation, whichever is greater.

**THIS FORM MUST BE TYPEWRITTEN AND RETURNED TO THE BOARD OF ELECTIONS**

**Any report not completed properly will be returned and deemed unfiled**

**Please refer to Chapters 25 and 25.3 of Title 17 of RI General Laws and 410-RICR-10-00- of RI Code of Regulations for guidance.**