

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<br>(see back for list of codes) | Contribution Type Code<br>(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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|--------|---|--|--------------|--------------|---------------------|
|        |   |  |              |              | \$                  |

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| City/Town               |            |    | State                                 | Zip Code | City/Town      | State | Zip Code |

| Item # | Transaction Type Code<br>(see back for list of codes) | Contribution Type Code<br>(see back for list of codes) | Receipt Date | Deposit Date | Contribution Amount |
|--------|---|--|--------------|--------------|---------------------|
|        |   |  |              |              | \$                  |

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| Street Address          |            |    |                                       |          | Street Address |       |          |
| City/Town               |            |    | State                                 | Zip Code | City/Town      | State | Zip Code |

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|        |   |  |              |              | \$                  |

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| 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 |

|                       |            |    |
|-----------------------|------------|----|
| 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 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.