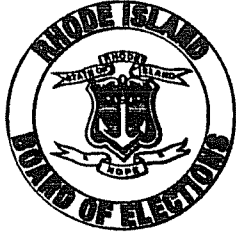


Please see reverse side for instructions on how to complete this form.



State of Rhode Island and Providence Plantations

Board of Elections  
 Campaign Finance Unit  
 50 Branch Avenue, Providence, Rhode Island 02904  
 Telephone No. (401) 222-2345  
 www.elections.ri.gov

RHODE ISLAND  
 BOARD OF ELECTIONS

11 MAY -2 AM 9:45

SUMMARY OF CAMPAIGN ACTIVITY (CF-2)

Time Stamp  
 (For Office Use Only)

Full Name of Candidate, Officeholder, Political Party Committee, or Political Action Committee (PAC) <i>CHARLESTOWN CITIZENS ALLIANCE</i>		Organization Key # <i>6520</i>	
Street Address <i>MAILING ADDRESS:</i> <i>130 SHIRLEY DRIVE</i>		City/Town, State and Zip Code <i>CHARLESTOWN, RI 02813</i>	
Mailing Address (if different) <i>CCA</i> <i>P.O. Box 81</i>		City/Town, State and Zip Code <i>CHARLESTOWN, RI 02813</i>	
Telephone Number	Daytime Telephone Number	Fax Number	E-mail Address

Reporting Period (Dates):  
 Period Beginning: *1/01/2011* Period Ending: *3/31/2011*

Amended Report  
 Yes  No

Summary of Activity for Reporting Period	Campaign Fund Status
<p>1. Beginning Cash Balance \$ <u>2906.50</u></p> <p>2. Cash Receipts <i>Aggregate includes \$720.99 Ballot</i></p> <p>a. Contributions From:</p> <p>1. Individuals <i>Advocacy</i> \$ _____</p> <p>2. Political Parties \$ _____</p> <p>3. Political Action Committees \$ _____</p> <p>4. Loan Proceeds \$ _____</p> <p>5. Payroll Check Off (PAC's Only) \$ _____</p> <p>b. Other Receipts \$ _____</p> <p>3. Total Cash Available (Add Lines 1 + 2a + 2b) \$ <u>2906.50</u></p> <p>4. Cash Disbursements</p> <p>a. Campaign Expenses \$ _____</p> <p>b. Repayment of Loans \$ _____</p> <p>c. Other Disbursements</p> <p><i>U.S. P.O. Box Rental</i> \$ <u>40.00</u></p> <p><i>Web SITE Fees</i> \$ <u>180.00</u></p> <p>5. Ending Cash Balance (Line 3 - 4a - 4b - 4c) \$ <u>2686.50</u></p> <p>6. Report of In-Kind Contributions \$ <u>N/A</u></p>	<p><b>Assets</b></p> <p>7. Cash (Enter Amount from Line 5) \$ _____</p> <p>8. Other Assets \$ _____</p> <p>9. Total Assets (Add Lines 7 + 8) \$ _____</p> <p><b>Liabilities and Fund Balance</b></p> <p>10. Liabilities</p> <p>a. Accounts Payable \$ _____</p> <p>b. Loans Payable \$ _____</p> <p>c. Other Liabilities \$ _____</p> <p>11. Total Liabilities (Add Lines 10a+10b+10c) \$ _____</p> <p>12. Total Fund Balance (Line 9 - Line 11) \$ _____</p> <p>13. Total Funds Available (Line 5 - Line 11) \$ _____</p>

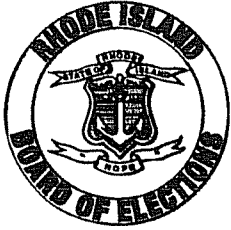
I hereby certify that this report of campaign contributions and expenditures and the supporting documents are complete, true and correct.

*John H. Jurgens* 4/29/2011  
 Signature of Person Completing Report Date

JOHN H. JURGENS  
 Print Name of Person Completing Report

Treasurer, CCA  
 Title of Person Completing Report

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



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**Board of Elections**  
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**SCHEDULE OF EXPENDITURES (CF-4)**

Time Stamp  
(For Office Use Only)

Key # 6520	Full Name of Candidate, PAC or Party Committee CHARLESTOWN CITIZENS ALLIANCE	Amended Report Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reporting Period From: 1/1/11 To: 3/30/11
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Check #	Expenditure Date	Payment Date	Disbursement Type (See back for list of codes)	Expenditure Type (See back for list of codes)	Expenditure Amount
125	2/17/11	2/17/11	POSTAL	POSTAL	\$ 40.00

Purpose of Expenditure  
U.S. Post Office Box Rental

**Payee Information**

Prefix	First Name POSTMASTER	MI	Last Name or Vendor Name CHARLESTOWN	Suffix
Street Address 3970 OLD POST ROAD	City/Town CHARLESTOWN,	State RI	Zip Code 02813	

Check #	Expenditure Date	Payment Date	Disbursement Type (See back for list of codes)	Expenditure Type (See back for list of codes)	Expenditure Amount
126	3/28/11	3/28/11	Web	Web	\$ 180.00

Purpose of Expenditure  
Web Hosting Services for CCA Web SITE

**Payee Information**

Prefix	First Name THREE BEAN	MI	Last Name or Vendor Name STUDIOS	Suffix
Street Address P.O. Box 1841	City/Town WESTERLY	State RI	Zip Code 02891	

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
					\$

Purpose of Expenditure

**Payee Information**

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

PAGE NO: 1 OF 1	PAGE TOTAL	\$ 220.00
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