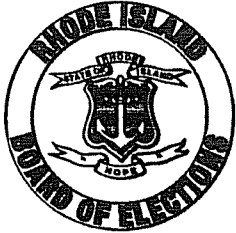


Please see reverse side for instructions on how to complete this form.



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

RIHODE ISLAND  
 BOARD OF ELECTIONS  
 11 AUG -1 10:18 AM

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) **CHARLESTOWN CITIZENS ALLIANCE** Organization Key # **6520**

Street Address City/Town, State and Zip Code

Mailing Address (if different) City/Town, State and Zip Code  
**P.O. Box 81 Charlestown, RI 02813**

Telephone Number Daytime Telephone Number Fax Number E-mail Address

Reporting Period (Dates): Amended Report  
 Period Beginning: **4/1/2011** Period Ending: **6/30/2011** Yes  No

| Summary of Activity for Reporting Period   | Campaign Fund Status  |
|--|---|
| <p>1. Beginning Cash Balance <i>Aggregate</i> \$ <u>2681.50</u></p> <p>2. Cash Receipts <i>includes #720.97 BALLOT Advocacy</i></p> <p>a. Contributions From:</p> <p>1. Individuals \$ _____</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>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>3. Total Cash Available (Add Lines 1 + 2a + 2b) \$ <u>2681.50</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>E-MAIL SERVICES</i> \$ <u>306.00</u></p> <p><i>MAILING, XEROX, USPO</i> \$ <u>16.88</u></p> <p><i>BANKING ADJUSTMENT</i> \$ <u>19.16</u></p> <p>5. Ending Cash Balance (Line 3 - 4a - 4b - 4c) \$ <u>2339.46</u></p> <p>6. Report of In-Kind Contributions \$ <u>N/A</u></p> | <p>Assets</p> <p>7. Cash (Enter Amount from Line 5) \$ _____</p> <p>8. Other Assets</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>9. Total Assets (Add Lines 7 + 8) \$ _____</p> <p>Liabilities and Fund Balance</p> <p>10. Liabilities</p> <p>a. Accounts Payable \$ _____</p> <p>b. Loans Payable \$ _____</p> <p>c. Other Liabilities \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</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> |

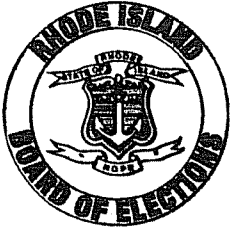
I hereby certify that this report of campaign contributions and expenditures and the supporting documents are complete, true and correct.

x Leone Mainelli 7-30-11  
 Signature of Person Completing Report Date

Leone Mainelli  
 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.



**State of Rhode Island and Providence Plantations**

**Board of Elections**

Campaign Finance Unit  
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**SCHEDULE OF EXPENDITURES (CF-4)**

Time Stamp  
(For Office Use Only)

|                      |  |   |  |
|----------------------|--|---|--|
| Key #<br><b>6520</b> | Full Name of Candidate, PAC or Party Committee<br><b>CHARLESTOWN CITIZENS Alliance</b> | Amended Report<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Reporting Period<br>From: <b>4/1/11</b> To: <b>6/30/11</b> |
|----------------------|--|---|--|

| Check #    | Expenditure Date | Payment Date   | Disbursement Type<br>(See back for list of codes) | Expenditure Type<br>(See back for list of codes) | Expenditure Amount |
|------------|------------------|----------------|---|--|--------------------|
| <b>127</b> | <b>4/10/11</b>   | <b>4/10/11</b> | <b>OFFICE EXP.</b>                                | <b>Web Service</b>                               | <b>\$ 306.00</b>   |

Purpose of Expenditure  
**Vendor (CONSTANT CONTACT) provides e-mail services. Reimbursement TO K-JURGENS**

**Payee Information**

|   |                             |                 |  |                       |
|---|-----------------------------|-----------------|--|-----------------------|
| Prefix<br><b>Mrs.</b>   | First Name<br><b>KALLIE</b> | MI<br><b>A.</b> | Last Name or Vendor Name<br><b>Jurgens</b> | Suffix                |
| Street Address<br><b>175 SE ST LUCIE Blvd, Filib, Stuart,</b> |                             |                 | City/Town<br><b>Florida</b>                | State<br><b>34996</b> |

| Check #    | Expenditure Date | Payment Date   | Disbursement Type<br>(See back for list of codes) | Expenditure Type<br>(See back for list of codes) | Expenditure Amount |
|------------|------------------|----------------|---|--|--------------------|
| <b>128</b> | <b>4/30/11</b>   | <b>4/30/11</b> | <b>OFFICE EXP.</b>                                | <b>Marketing, Xeroxing</b>                       | <b>\$ 16.88</b>    |

Purpose of Expenditure  
**Reimbursement to John Jurgens for USPO expenses & xeroxing.**

**Payee Information**

|  |                           |                 |  |                    |
|--|---------------------------|-----------------|--|--------------------|
| Prefix<br><b>Mr.</b>                                 | First Name<br><b>John</b> | MI<br><b>H.</b> | Last Name or Vendor Name<br><b>Jurgens</b> | Suffix             |
| Street Address<br><b>175 SE ST LUCIE Blvd, Filib</b> |                           |                 | City/Town<br><b>Stuart,</b>                | State<br><b>FL</b> |
|  |                           |                 | Zip Code<br><b>34996</b>                   |                    |

| Check # | Expenditure Date | Payment Date | Disbursement Type<br>(See back for list of codes) | Expenditure Type<br>(See back for list of codes) | Expenditure Amount |
|---------|------------------|--------------|---|--|--------------------|
|         |                  |              |   |  | <b>\$ 19.16</b>    |

Purpose of Expenditure  
**Adjustment to Checking Account Balance.**

**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<br>(See back for list of codes) | Expenditure Type<br>(See back for list of codes) | Expenditure Amount |
|---------|------------------|--------------|---|--|--------------------|
|         |                  |              |   |  | <b>\$</b>          |

Purpose of Expenditure

**Payee Information**

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

|                               |            |                  |
|-------------------------------|------------|------------------|
| PAGE NO: <b>1</b> OF <b>1</b> | PAGE TOTAL | <b>\$ 342.04</b> |
|-------------------------------|------------|------------------|