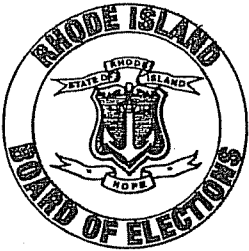


Please see reverse side for instructions on how to complete this form.



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

10 OCT -5 AM 11:03

Time Stamp
 (For Office Use Only)

SUMMARY OF CAMPAIGN ACTIVITY (CF-2)

Full Name of Candidate, Officeholder, Political Party Committee, or Political Action Committee (PAC): CLIFFORD L. VANOVER Organization Key #: 7208

Street Address: 59 MAIZE DR City/Town, State and Zip Code: CHARLESTOWN RI 02813

Mailing Address (if different): same City/Town, State and Zip Code: CHARLESTOWN RI 02813

Telephone Number: 364-3832 Daytime Telephone Number: same Fax Number: --- E-mail Address: cliffvanover@cox.net

Reporting Period (Dates): Period Beginning: 7/1/10 Period Ending: 10/4/10 Amended Report: Yes No

Summary of Activity for Reporting Period

1. Beginning Cash Balance \$ 0
 2. Cash Receipts
 a. Contributions From:
 1. Individuals \$ 0
 2. Political Parties \$ 0
 3. Political Action Committees \$ 0
 4. Loan Proceeds \$ 0
 5. Payroll Check Off (PAC's Only) \$ 0
 b. Other Receipts
 _____ \$ 0
 _____ \$ 0
 _____ \$ 0
 3. Total Cash Available (Add Lines 1 + 2a + 2b) \$ 0
 4. Cash Disbursements
 a. Campaign Expenses \$ 0
 b. Repayment of Loans \$ 0
 c. Other Disbursements \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 5. Ending Cash Balance (Line 3 - 4a - 4b - 4c) \$ 0

Campaign Fund Status

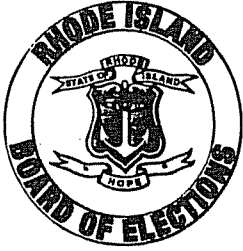
Assets
 7. Cash (Enter Amount from Line 5) \$ 0
 8. Other Assets
 _____ \$ 0
 _____ \$ 0
 _____ \$ 0
 9. Total Assets (Add Lines 7 + 8) \$ 0
Liabilities and Fund Balance
 10. Liabilities
 a. Accounts Payable \$ 0
 b. Loans Payable \$ 0
 c. Other Liabilities \$ 0
 _____ \$ 0
 _____ \$ 0
 11. Total Liabilities (Add Lines 10a+10b+10c) \$ 0
 12. Total Fund Balance (Line 9 - Line 11) \$ 0
 13. Total Funds Available (Line 5 - Line 11) \$ 0

6. Report of In-Kind Contributions \$ 131.61

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

x Cliff Vanover Oct 4, 2010
 Signature of Person Completing Report Date

CLIFFORD L. VANOVER
 Print Name of Person Completing Report
candidate
 Title of Person Completing Report



State of Rhode Island and Providence Plantations
Board of Elections
 Campaign Finance Unit
 50 Branch Avenue, Providence, Rhode Island 02904
 Tel. (401) 222-2345
 www.elections.ri.gov

SCHEDULE OF CONTRIBUTIONS RECEIVED (CF-3)

Time Stamp
 (For Office Use Only)

Key # 7208	Full Name of Candidate, PAC or Party Committee CLIFFORD L. VANOVER	Amended Report Yes <input type="radio"/> No <input checked="" type="radio"/>	Reporting Period From: 7/1/10 To: 10/4/10
----------------------	--	---	--

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

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

Item #	Transaction Type Code (see back for list of codes)	Contribution Type Code (see back for list of codes)	Receipt Date	Deposit Date	Contribution Amount
					\$ 31.61

In-kind/Other Contribution Receipts Description:

CCA PAC printed fliers + signs with my name on them

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
Street Address PO BOX 81					Street Address			
City/Town CHARLESTOWN			State RI	Zip Code 02813	City/Town		State	Zip Code

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

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

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

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