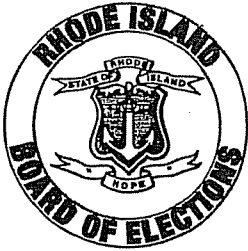


Please see reverse side for instructions on how to complete this form.



**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

2010 OCT 26 PM 12:55

Time Stamp  
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**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): \_\_\_\_\_ City/Town, State and Zip Code: \_\_\_\_\_

Telephone Number: 401-364-3832 Daytime Telephone Number: same Fax Number: \_\_\_\_\_ E-mail Address: cliffvanover@cox.net

Reporting Period (Dates):  
 Period Beginning: 10/05/10 Period Ending: 10/25/10  
 Amended Report: Yes  No

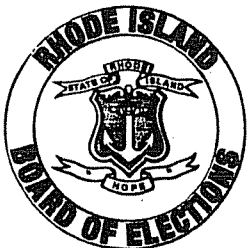
Summary of Activity for Reporting Period		Campaign Fund Status	
1. Beginning Cash Balance	\$ <u>0</u>	<b>Assets</b>	
2. Cash Receipts		7. Cash (Enter Amount from Line 5)	\$ <u>0</u>
a. Contributions From:		8. Other Assets	
1. Individuals	\$ _____	_____	\$ _____
2. Political Parties	\$ _____	_____	\$ _____
3. Political Action Committees	\$ _____	_____	\$ _____
4. Loan Proceeds	\$ _____	9. Total Assets (Add Lines 7 + 8)	\$ <u>0</u>
5. Payroll Check Off (PAC's Only)	\$ _____	<b>Liabilities and Fund Balance</b>	
b. Other Receipts	\$ _____	10. Liabilities	
_____	\$ _____	a. Accounts Payable	\$ _____
_____	\$ _____	b. Loans Payable	\$ _____
_____	\$ _____	c. Other Liabilities	\$ _____
3. Total Cash Available (Add Lines 1 + 2a + 2b)	\$ <u>0</u>	_____	\$ _____
4. Cash Disbursements		_____	\$ _____
a. Campaign Expenses	\$ <u>0</u>	_____	\$ _____
b. Repayment of Loans	\$ _____	_____	\$ _____
c. Other Disbursements	\$ _____	11. Total Liabilities (Add Lines 10a+10b+10c)	\$ <u>0</u>
_____	\$ _____	12. Total Fund Balance (Line 9 - Line 11)	\$ <u>0</u>
_____	\$ _____	13. Total Funds Available (Line 5 - Line 11)	\$ <u>0</u>
5. Ending Cash Balance (Line 3 - 4a - 4b - 4c)	\$ <u>0</u>		
6. Report of In-Kind Contributions	\$ <u>0</u>		

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

x Clifford L. Vanover 10/25/10  
 Signature of Person Completing Report Date

CLIFFORD L. VANOVER  
 Print Name of Person Completing Report

CANDIDATE  
 Title of Person Completing Report



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**SCHEDULE OF CONTRIBUTIONS RECEIVED (CF-3)**

Key # <b>7208</b>	Full Name of Candidate, PAC or Party Committee <b>CLIFFORD L. VANOVER</b>	Amended Report Yes <input type="radio"/> No <input checked="" type="radio"/>	Reporting Period From: <b>10/05/10</b> To: <b>10/25/10</b>
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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
					\$

In-kind/Other Contribution Receipts Description:  
**CCA PAC printed fliers that had my name + picture on it.**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
			<b>CCA PAC</b>					
Street Address					Street Address			
<b>P.O BOX 81</b>								
City/Town			State	Zip Code	City/Town		State	Zip Code
<b>CHARLESTOWN</b>			<b>RI</b>	<b>02813</b>				

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
					\$

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
					\$

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
					\$

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