## State of Rhode Island

Board of Elections Campaign Finance Division 2000 Plainfield Pike, Cranston, RI 02921 Tel. (401)222-2345 Fax (401)222-4424 www.elections.ri.gov

## SUMMARY OF CAMPAIGN ACTIVITY

Name of Candidate, Political I DANIEL J MCKEE	Party, Political Action Co	ommittee			Key# 2235
Street Address			С	ity/Town, State and Zip Code	
Mailing Address (if different)			С	ity/Town, State and Zip Code	
Telephone Number	Daytime Telephone Nu	mber	Fax Number E	-mail	
If Candidate Office Sought: Lieutenant Governo	r			filiation if any: ocratic	
Reporting Period (Dates):	Period Beginning:	01/01/2021	Period Ending:	03/31/2021	
SUMMARY O	FACTIVITY FOR PER	RIOD			
<ol> <li>Beginning Cash Balance</li> <li>Cash Receipts</li> </ol>		\$ 171,400.97	4. Cash Disbursement f. Other Disbursemen		
a. Contributions From:					0
1. Aggregate		0			0
a. (Individuals) b. (Political Parties)		0 0	5 Ending Cosh Polon		0 \$ 451 267 72
c. (Political Action C		0	5. Ending Cash Balan		\$ 451,367.72
2. Individuals	commutees)	281,995.00			
3. Political Parties		0		CAMPAIGN FUND STATU	8
4. Political Action Com	mittees	3,125.00			
5. Loan Proceeds		0	6. Report of In-Kind (	Contributions	0
6. Payroll Check off		0			
7. Interest Received		0	7. Cash		\$ 451,367.72
8. State Check Off		0	8. Other Assets		
9. Refund/Rebate		0			0
10. Party Building		0			0
11. Matching Public Fu	inds	0			0
12. Other		0	9. Total Assets		\$ 451,367.72
13. Returned Contributi	ions	(1,100.00)	LI	ABILITIES AND FUND BALA	NCE
14. Returned Checks b. Other:		0	10. Liabilities		
b. Other.		0	a. Accounts Payab	le	\$ 0
		0	b. Loans Payable		46,922.88
		0	c. Other Liabilites		
3. Total Cash		455,420.97			0
4. Cash Disbursements		,,			0
a. Aggregate Expenses		0			0
b. Campaign Expenses		4,053.25	11. Total Liabilities		46,922.88
c. Repayment of Loans		0	12. Total Fund Balance	ce	\$ 404,444.84
d. Account Payable Repay	ments	0	13. Total Liability / F	und Balance	451,367.72
e. Other		0			

Name of Person Filing Report	I HEREBY CERTIFY THAT THIS RE CONTRIBUTIONS AND EXPENDITY DOCUMENTS ARE TRUE AND COR	URES AND THE SUPPORTING
Title of Person Filing Report	X Signature of Person	Date
Address of Person Filing This Report	SUBSCRIBED AND SWORN TO BEI Day of X	FORE ME THIS 20
	Notary Public	

Key # 2,235	Full Name o DANIEL J N		idate or Committee		Reporting Period From: 01/01/2021	To: 03/	31/2021
Item	Transaction Type		Contribution Type	R	eceipt Date Deposit Date	Ca	ntribution Amoun
	Check		Individual	(	03/29/2021		1,000.00
			In Kind/Other Receipts De	scription			
		0				<b>D</b> (	
Ductor	First Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Empl Employer Name	oyer Data	
пепх	Nicholas	IVII	Adams	Sum	Blue Studio Design Group, LI	с	
Street A			- Islands		Street Address		
	odstock Lane				125 Woodstock Lane		
City			State Zip		City	State	Zip
Cranston	n		RI 02920		Cranston	RI	02920
Item	Transaction Type		Contribution Type	R	eceipt Date Deposit Date	Co	ntribution Amoun
Item	Credit/Debit Card		Individual		03/27/2021	cu	1,000.00
			In Kind/Other Receipts De	scription			
			-	•			
		Con	tributor Information		Empl	oyer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Jonathan		Adrabi		LSN		
Street A					Street Address		
	03 Street				801 Arthur Godfrey Rd #401		
City			State Zip		City	State	Zip
Miami			FL 33138		Miami Beach	FL	33140
Item	Transaction Type		Contribution Type		eceipt Date Deposit Date	Co	ntribution Amoun
	Check		Individual		01/03/2021		1,000.00
			In Kind/Other Receipts De	scription			
		Con	tributor Information		Fmul	oyer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	uyel Data	
1 ICHA	Mark	R.	Aesch	Juna	TransPro Consulting		
Street A	Address				Street Address		
11935 P	Pasco Trails Blvd.				11935 Pasco Trails Blvd.		
City			State Zip		City	State	Zip
Spring I	Hill		FL 34610		Spring Hill	FL	34610
Item	Transaction Type		Contribution Type	R	eceipt Date Deposit Date	Ca	ntribution Amoun
	Check		Individual		02/01/2021		1,000.00
			In Kind/Other Receipts De	scription			
		Con	tributor Information		_	oyer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Rita	Tiroc	chAfonso		Retired		
Street A					Street Address		
	son Road		~		51 Rawson Road	<b>A</b>	
			State Zip		City	State	Zip
City Cumber	1 1		RI 02864		Cumberland	RI	02864

## SCHEDULE OF CONTRIBUTIONS RECEIVED

	Transaction Type Check	•	Contribution Type Individual		eceipt Date Depo 01/31/2021	sit Date	Ca	ntribution Amour 1,000.0
	once		In Kind/Other Receipts De					1,000.0
		Соп	tributor Information			Employ	ver Data	
Prefix	First Name Antonio	MI	Last Name or PAC/Party Committee Name Afonso	Suffix Jr.	Employer Name Moses & Afonso Lta	1		
Street A					Street Address			
51 Raw					160 Westminster Str	eet		
City			State Zip		City		State	Zip
Cumber	land		RI 02864		Providence		RI	02903
Item	Transaction Type Ch <del>e</del> ck	,	Contribution Type Individual		eceipt Date Depo 03/16/2021	sit Date	Co	ntribution Amour 500.0
	Circek		In Kind/Other Receipts D		03/10/2021			500.0
		Соп	tributor Information			Employ	ver Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Kevin	Μ.	Aguiar		Beta Group, Inc.			
Street A	Address				Street Address			
770 Bris	stol Ferry Rd				701 George Washing	ton Hwy		
City			State Zip		City		State	Zip
Portsmo	outh		RI 02871		Lincoln		RI	02865
Item	Transaction Type Check	,	Contribution Type Individual		eceipt Date Depo	sit Date	Co	ntribution Amour 1,000.0
	Chttk		In Kind/Other Receipts D		05/50/2021			1,000.0
			-	-				
Prefix	First Name	Con MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer Name	Employ	yer Data	
1 ICHA	Glenn	R.	Ahlborg	Junia	Ahlborg Construction	n		
	Address rcliff Ave		C C		Street Address 99 Briadcliff Ave			
City			State Zip		City		State	Zip
Warwic	k		RI 02889		Warwick		RI	02889
	Transaction Type		Contribution Type	R		sit Date	Co	ntribution Amour 1,000.0
Item	Check		Individual	(	03/30/2021			
Item	Check		Individual In Kind/Other Receipts D		03/30/2021			
Item	Check	Сол			03/30/2021	Employ	ver Data	
	Check First Name	Con MI	In Kind/Other Receipts D		03/30/2021 Employer Name	Employ	ver Data	
			In Kind/Other Receipts De	escription			ver Data	
Prefix	First Name	MI	In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name	escription	Employer Name		ver Data	
Prefix	First Name Melissa Address	MI	In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name	escription	Employer Name Rebound Physical T	herapy	ver Data	
Prefix Street A 34 Crest	First Name Melissa Address	MI	In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name	escription	Employer Name Rebound Physical T Street Address	herapy	ver Data State	Zip
Prefix Street A	First Name Melissa Address t Circle	MI	In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name Alba-Wilbur	escription	Employer Name Rebound Physical T Street Address 110 Jefferson Blvd,	herapy		<b>Zip</b> 02888
Prefix Street A 34 Crest City	First Name Melissa Address t Circle	MI A.	In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name Alba-Wilbur State Zip	escription Suffix R	Employer Name Rebound Physical T Street Address 110 Jefferson Blvd, City Warwick	herapy	State RI	-
Prefix Street A 34 Crest City Smithfie	First Name Melissa Address t Circle eld Transaction Type	MI A.	In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name Alba-Wilbur State Zip RI 02917 Contribution Type	escription Suffix Re (	Employer Name Rebound Physical T Street Address 110 Jefferson Blvd, City Warwick eceipt Date Depo	herapy Ste E1	State RI	02888 ntribution Amour
Prefix Street A 34 Crest City Smithfic	First Name Melissa Address t Circle eld Transaction Type	MI A.	In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name Alba-Wilbur State Zip RI 02917 Contribution Type Individual	escription Suffix Re (	Employer Name Rebound Physical T Street Address 110 Jefferson Blvd, City Warwick eceipt Date Depo	herapy Ste E1 sit Date	State RI Co	02888 ntribution Amour
Prefix Street A 34 Crest City Smithfie Item	First Name Melissa Address t Circle eld Transaction Type	MI A.	In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name Alba-Wilbur State Zip RI 02917 Contribution Type Individual In Kind/Other Receipts De	escription Suffix Re (	Employer Name Rebound Physical T Street Address 110 Jefferson Blvd, City Warwick eceipt Date Depo	herapy Ste E1 sit Date	State RI	02888 ntribution Amour
Prefix Street A 34 Crest City Smithfie Item	First Name Melissa Address t Circle eld Transaction Type Credit/Debit Card	MI A.	In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name Alba-Wilbur State Zip RI 02917 Contribution Type Individual In Kind/Other Receipts De tributor Information	escription Suffix Re ()	Employer Name Rebound Physical T Street Address 110 Jefferson Blvd, City Warwick eceipt Date Depo 03/30/2021	herapy Ste E1 sit Date Employ	State RI Co	02888 ntribution Amour
Prefix Street A 34 Crest City Smithfie Item Prefix Street A	First Name Melissa Address t Circle eld Transaction Type Credit/Debit Card First Name Jay Address	MI A.	In Kind/Other Receipts Description Last Name or PAC/Party Committee Name Alba-Wilbur State Zip RI 02917 Contribution Type Individual In Kind/Other Receipts Description Last Name or PAC/Party Committee Name	escription Suffix Re ()	Employer Name Rebound Physical T Street Address 110 Jefferson Blvd, City Warwick eceipt Date Depo 03/30/2021 Employer Name Cox Communication Street Address	herapy Ste E1 ssit Date Employ	State RI Co	02888 ntribution Amour
Prefix Street A 34 Cress City Smithfie Item Prefix Street A 12120 P	First Name Melissa Address t Circle eld Transaction Type Credit/Debit Card	MI A.	In Kind/Other Receipts Description tributor Information Last Name or PAC/Party Committee Name Alba-Wilbur State Zip RI 02917 Contribution Type Individual In Kind/Other Receipts Description tributor Information Last Name or PAC/Party Committee Name Allbaugh	escription Suffix Re ()	Employer Name Rebound Physical T Street Address 110 Jefferson Blvd, City Warwick eceipt Date Depo 03/30/2021 Employer Name Cox Communication Street Address 1224 North Main St	herapy Ste E1 ssit Date Employ	State RI Con	02888 ntribution Amoun 1,000.0
Prefix Street A 34 Crest City Smithfie Item Prefix Street A 12120 P City	First Name Melissa Address t Circle eld Transaction Type Credit/Debit Card First Name Jay Address	MI A.	In Kind/Other Receipts Description Last Name or PAC/Party Committee Name Alba-Wilbur State Zip RI 02917 Contribution Type Individual In Kind/Other Receipts Description Last Name or PAC/Party Committee Name	escription Suffix Re ()	Employer Name Rebound Physical T Street Address 110 Jefferson Blvd, City Warwick eceipt Date Depo 03/30/2021 Employer Name Cox Communication Street Address	herapy Ste E1 ssit Date Employ	State RI Co	02888 ntribution Amour

	Transaction Type Check	*		Contribution Typ Individual	e		eceipt Date 03/30/2021	Deposit Date	Ca	ntribution Amou 500.0
	Chick				er Receipts De		5,50,2021			500.0
		Соп	tributor Info	rmation				Employ	er Data	
Prefix	First Name Antonio	MI A.	Last Name Almeida	e or PAC/Party Com	ımittee Name	Suffix	Employer N Jack & Sons			
Street A 200 Ma	Address nville Hill Rd, #E114						Street Addr 1012 Main S			
City Cumber	land			State RI	<b>Zip</b> 02864		City Pawtucket		State RI	<b>Zip</b> 02860
Item	Transaction Type Check	ð		Contribution Typ Individual	e		eceipt Date 03/30/2021	Deposit Date	Co	ntribution Amou 1,000.0
					er Receipts De					-,
		Соп	tributor Info	rmation				Employ	er Data	
Prefix	First Name	MI	Last Name	e or PAC/Party Com	ımittee Name	Suffix	Employer N	ame		
	Jodi		Anthony				Johnston &	Wales University		
Street A	ddress						Street Addr	ess		
154 Wh	eeler Ave						321 Harbosi	de Blvd.		
City				State	Zip		City		State	Zip
Cransto	n			RI	02905		Providence		RI	02905
Item	Transaction Type Check	3		Contribution Typ Individual	e		eceipt Date 01/20/2021	Deposit Date	Ca	ntribution Amou 250.0
				In Kind/Oth	er Receipts De	scription				
		Сов	tributor Info	rmation				Employ	er Data	
Prefix	First Name	MI	Last Name	e or PAC/Party Com	imittee Name	Suffix	Employer N			
	Jose	J	Astacio				Self Employ	ed Entrepreneur		
Street A 41 Rich							Street Addr 41 Richter S			
City Provide	nce			State RI	Zip 02908		City Providence		State RI	<b>Zip</b> 02908
Item	Transaction Type Check	,		Contribution Typ Individual	e		eceipt Date 03/29/2021	Deposit Date	Co	ntribution Amou 1.000.0
					er Receints De					
				In Kind/Oth	a activity by	scription				
		Con	tributor Info		er necepts De	scription		Employ	er Data	
Prefix	First Name	Con MI			-	scription Suffix	Employer N		er Data	
Prefix	First Name James			ormation	-	-	Employer N Baccala Con	ame	er Data	
Prefix Street A	James	MI	Last Name	ormation	-	Suffix		ame crete Corp	er Data	
	James Address	MI	Last Name	ormation	-	Suffix	Baccala Con	ame crete Corp ess	er Data	-
Street A	James Address	MI	Last Name	ormation	-	Suffix	Baccala Con Street Addr	ame crete Corp ess	er Data State	Zip
Street A 8 Pine F	James Address Hill Ave	MI	Last Name	ormation e or PAC/Party Com	nmittee Name	Suffix	Baccala Con Street Addr 23 Countrys	ame crete Corp ess		Zip 02919
Street A 8 Pine F City	James Address Hill Ave n Transaction Type	MI N.	Last Name	ormation e or PAC/Party Com State RI Contribution Typ	amittee Name Zip 02919	Suffix Jr.	Baccala Con Street Addr 23 Countrys: City Johnston eccipt Date	ame crete Corp ess	State RI	02919 ntribution Amou
Street A 8 Pine F City Johnston	James Address Hill Ave n	MI N.	Last Name	ormation e or PAC/Party Com State RI Contribution Typ Individual	amittee Name Zip 02919	Suffix Jr. Re	Baccala Con Street Addre 23 Countrys City Johnston	ame crete Corp ess ide Dr	State RI	02919
Street A 8 Pine F City Johnston	James Address Hill Ave n Transaction Type	MI N.	Last Name Baccala	ormation e or PAC/Party Com State RI Contribution Typ Individual In Kind/Oth	amittee Name Zip 02919	Suffix Jr. Re	Baccala Con Street Addr 23 Countrys: City Johnston eccipt Date	fame crete Corp ess ide Dr Deposit Date	State RI Co	02919 ntribution Amou
Street A 8 Pine F City Johnston Item	James Address Hill Ave n Transaction Type	MI N.	Last Name Baccala tributor Info	ormation e or PAC/Party Com State RI Contribution Typ Individual In Kind/Oth	amittee Name Zip 02919 e ner Receipts De	Suffix Jr. Re	Baccala Con Street Addr 23 Countrys: City Johnston eccipt Date	ame crete Corp ess ide Dr Deposit Date Employ	State RI Co	02919 ntribution Amou
Street A 8 Pine F City Johnston Item	James Address Hill Ave n Transaction Type Check	MI N.	Last Name Baccala tributor Info	ormation e or PAC/Party Com State RI Contribution Typ Individual In Kind/Oth	amittee Name Zip 02919 e ner Receipts De	Suffix Jr. Ra ()	Baccala Con Street Addr 23 Countrys: City Johnston eccipt Date 03/16/2021	ame crete Corp ess ide Dr Deposit Date Employ ame	State RI Co	02919 ntribution Amou
Street A 8 Pine F City Johnston Item Prefix Street A	James Address Hill Ave n Transaction Type Check First Name Richard	MI N. 2 Con MI	Last Name Baccala tributor Info Last Name	ormation e or PAC/Party Com State RI Contribution Typ Individual In Kind/Oth	amittee Name Zip 02919 e ner Receipts De	Suffix Jr. Ra ()	Baccala Con Street Addr 23 Countrys: City Johnston eccipt Date 03/16/2021	ame crete Corp ess ide Dr Deposit Date Employ ame Banks ess	State RI Co	02919 ntribution Amou
Street A 8 Pine F City Johnston Item Prefix Street A	James Address Hill Ave n Transaction Type Check First Name Richard Address	MI N. 2 Con MI	Last Name Baccala tributor Info Last Name	ormation e or PAC/Party Com State RI Contribution Typ Individual In Kind/Oth	amittee Name Zip 02919 e ner Receipts De	Suffix Jr. Ra ()	Baccala Con Street Addr 23 Countrys City Johnston ecceipt Date 03/16/2021 Employer N Churchill & Street Addr	ame crete Corp ess ide Dr Deposit Date Employ ame Banks ess	State RI Co	02919 ntribution Amou

Item	Transactio Check	on Type		Contribution Type Individual	e		eceipt Date 03/30/2021	Deposit Date	Ca	ntribution Amo 1,000
				In Kind/Oth	er Receipts De	scription				
		Con	tributor Info	rmation				Employe	er Data	
Prefix	First Name Thomas	MI E.	Last Name Badway	e or PAC/Party Com	umittee Name	Suffix	Employer N Thomas E. H	lame Badway & Associates		
Street A PO Box							Street Addr 1052 No. M			
City Provider	nce			State RI	<b>Zip</b> 02940		City Providence		State RI	<b>Zip</b> 02904
Item	Transactio Check	on Type		Contribution Type Individual	e		eceipt Date 03/26/2021	Deposit Date	Ca	ntribution Amo 500
					er Receipts De					
		Con	tributor Info	rmation				Employe	er Data	
Prefix	First Name	MI	Last Nam	e or PAC/Party Com	nmittee Name	Suffix	Employer N	ame		
	Kelli	L.	Baker				Kitchen & C	Countertop Center of 1	New Engla	nd
Street A	ddress						Street Addr	ess	-	
14 King							14 Kingsley			
City	2			State	Zip		City		State	Zip
Norton				MA	02766		Norton		MA	02766
	<b>m</b>	T						D 1/D /		
Item	Transactio Check	зи туре		Contribution Type Individual		(	eceipt Date 03/30/2021	Deposit Date	Co	ntribution Amo 1,000
				In Kind/Oth	er Receipts De	scription				
			tributor Info					Employe	er Data	
Prefix	First Name	МІ		e or PAC/Party Com	nmittee Name	Suffix	Employer N			
	Andrew	J.	Barber					1/A. Barber Environ	mental	
Street A 249 Stat							Street Addr 2 Station St	ess		
City Coventry	у			State RI	Zip 02816		City Coventry		State RI	<b>Zip</b> 02816
Item	Transactio Check	on Type		Contribution Type Individual	e		eceipt Date 02/02/2021	Deposit Date	Co	ntribution Amo 250
					on Dessints De					
				In Kind/Oth	er Keceipis De	scription				
		Сол	tributor Info		er Keceipis De	scription		Employe	er Data	
Prefix	First Name	Con MI			-	scription Suffix	Employer N	ame	er Data	
Prefix	First Name Patrick			ormation	-	-	Employer N Decof, Deco	ame	er Data	-
Prefix Street A	Patrick	МІ	Last Nam	ormation	-	-		ame of & Barry	er Data	
	Patrick ddress	МІ	Last Nam	ormation	-	-	Decof, Deco	ame of & Barry	er Data	
Street A	Patrick ddress	МІ	Last Nam	ormation	-	-	Decof, Deco Street Addr	ame of & Barry	er Data State	Zip
Street A 49 Highi	Patrick ddress	МІ	Last Nam	ormation e or PAC/Party Com	nmittee Name	-	Decof, Deco Street Addr 1 Smith St	ame of & Barry		<b>Zip</b> 02903
Street A 49 High City	Patrick ddress	MI C.	Last Nam	ormation e or PAC/Party Com State	umittee Name Zip 02809	Suffix	Decof, Deco Street Addr 1 Smith St City	ame of & Barry	State RI	-
Street A 49 High City Bristol	Patrick ddress land Rd	MI C.	Last Nam	e or PAC/Party Com State RI Contribution Type Individual	amittee Name Zip 02809 e	Suffix	Decof, Deco Street Addr 1 Smith St City Providence	Jame of & Barry ess	State RI	02903
Street A 49 High City Bristol	Patrick ddress land Rd Transactio	MI C.	Last Nam	e or PAC/Party Com State RI Contribution Type Individual	umittee Name Zip 02809	Suffix	Decof, Deco Street Addr 1 Smith St City Providence eccipt Date	Jame of & Barry ess	State RI	02903 ntribution Amo
Street A 49 High City Bristol Item	Patrick ddress land Rd Transactio Check	MI C. on Type Cor	Last Name Barry tributor Info	ormation e or PAC/Party Com State RI Contribution Typ Individual In Kind/Oth	umittee Name Zip 02809 e ter Receipts De	Suffix Ra Scription	Decof, Deco Street Addr 1 Smith St City Providence eceipt Date 03/19/2021	lame of & Barry ess Deposit Date Employe	State RI Co	02903 ntribution Amo
Street A 49 High City Bristol Item	Patrick ddress land Rd Transactio Check First Name	MI C. on Type Con MI	Last Namo Barry tributor Info Last Namo	ormation e or PAC/Party Com State RI Contribution Type Individual In Kind/Oth ormation e or PAC/Party Com	umittee Name Zip 02809 e ter Receipts De	Suffix	Decof, Deco Street Addr 1 Smith St City Providence eccipt Date 03/19/2021	lame of & Barry ess Deposit Date Employe	State RI Co	02903 ntribution Amo
Street A 49 High City Bristol Item	Patrick ddress land Rd Transactio Check	MI C. on Type Cor	Last Name Barry tributor Info	ormation e or PAC/Party Com State RI Contribution Type Individual In Kind/Oth ormation e or PAC/Party Com	umittee Name Zip 02809 e ter Receipts De	Suffix Ra Scription	Decof, Deco Street Addr 1 Smith St City Providence eccipt Date 03/19/2021	lame of & Barry ess Deposit Date Employe	State RI Co	02903 ntribution Amo
Street A 49 High City Bristol Item	Patrick ddress land Rd Transactio Check First Name Richard	MI C. on Type Con MI	Last Namo Barry tributor Info Last Namo	ormation e or PAC/Party Com State RI Contribution Type Individual In Kind/Oth ormation e or PAC/Party Com	umittee Name Zip 02809 e ter Receipts De	Suffix Ra Scription	Decof, Deco Street Addr 1 Smith St City Providence ecceipt Date 03/19/2021 Employer N Diversified I Street Addr	lame of & Barry ess Deposit Date Employe lame Funding, Inc. ess	State RI Co	02903 ntribution Amo
Street A 49 High City Bristol Item Prefix	Patrick ddress land Rd Transactio Check First Name Richard ddress	MI C. on Type Con MI	Last Namo Barry tributor Info Last Namo	ormation e or PAC/Party Com State RI Contribution Type Individual In Kind/Oth ormation e or PAC/Party Com	umittee Name Zip 02809 e ter Receipts De	Suffix Ra Scription	Decof, Deco Street Addr 1 Smith St City Providence eccept Date 03/19/2021 Employer N Diversified 1	lame of & Barry ess Deposit Date Employe lame Funding, Inc. ess	State RI Co	02903 ntribution Amo
Street A 49 High City Bristol Item Prefix Street A	Patrick ddress land Rd Transactio Check First Name Richard ddress	MI C. on Type Con MI	Last Namo Barry tributor Info Last Namo	ormation e or PAC/Party Com State RI Contribution Type Individual In Kind/Oth ormation e or PAC/Party Com	umittee Name Zip 02809 e ter Receipts De	Suffix Ra Scription	Decof, Deco Street Addr 1 Smith St City Providence ecceipt Date 03/19/2021 Employer N Diversified I Street Addr	lame of & Barry ess Deposit Date Employe lame Funding, Inc. ess	State RI Co	02903 ntribution Amo

Item	Transaction Type Check		Contribution Ty Individual	pe		ceipt Date 1/25/2021	Deposit Date	Co	ntribution Amou 1.000.0
			In Kind/O	ther Receipts De					-,
		Con	ntributor Information				Employ	er Data	
Prefix	First Name Nicole	MI J.	Last Name or PAC/Party Co Benjamin	ommittee Name		Employer N Adler Polloc	ame k & Sheehan		
Street A 38 Vikir	Address ng Dr					Street Addro One Citizens			
City Bristol			State RI	<b>Zip</b> 02809		City Providence		State RI	Zip 02903-1345
Item	Transaction Type Check		Contribution Ty Individual	ре		ceipt Date 3/25/2021	Deposit Date	Co	ntribution Amou 1,000.0
				ther Receipts De					-,
		Con	atributor Information				Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Co	ommittee Name	Suffix 1	Employer N	ame		
	Lisa	Е	Benoit		1	Homemaker			
Street A	Address					Street Addre	ess		
27 Orio	n View Drive					27 Orion Vie	w Drive		
City			State	Zip	•	City		State	Zip
West Gr	reenwich		RI	02817	1	West Greenw	vich	RI	02817
Item	Transaction Type Check		Contribution Ty Individual	/pe		ceipt Date 1/28/2021	Deposit Date	Co	ntribution Amou 1,000.0
			In Kind/O	ther Receipts De	scription				
		Соп	tributor Information				Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Co	ommittee Name	Suffix	Employer N	ame		
	John	В.	Bentz		1	Property Adv	visory Group		
	Address Daks Court South					Street Addro 4 Catherdral			
City Greenvi	ille		State RI	<b>Zip</b> 02828		City Providence		State RI	<b>Zip</b> 02903
Item	Transaction Type Check		Contribution Ty Individual	pe		ceipt Date	Deposit Date	Ca	ntribution Amou 1,000.0
				ther Receipts De					-,
		Соп	tributor Information				Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Co	ommittee Name	Suffix 1	Employer N	ame		
	D: 1 1	D	Beretta		Jr.	Adler Polloc	k & Sheehan		
	Richard	<b>R</b> .					ess		
	Address	К.			:	Street Addre			
Street A		K.					Plaza, 8th Fl		
Street A	Address	K.	State	Zip	•		Plaza, 8th Fl	State	Zip
Street A 511 E. S	Address Shore Rd	K.	State RI	Zip 02835-1710		One Citizens	Plaza, 8th Fl	State RI	<b>Zip</b> 02903
Street A 511 E. S City	Address Shore Rd own Transaction Type	К.	RI Contribution Ty	02835-1710	Rec	One Citizens City Providence ceipt Date	Plaza, 8th Fl Deposit Date	RI	02903 ntribution Amoun
Street A 511 E. S City Jamesto	Address Shore Rd own	к.	RI Contribution Ty Individual	02835-1710 7pe	Rec 03	One Citizens City Providence		RI	-
Street A 511 E. S City Jamesto	Address Shore Rd own Transaction Type		RI Contribution Ty Individual In Kind/O	02835-1710	Rec 03	One Citizens City Providence ceipt Date	Deposit Date	RI Co	02903 ntribution Amoun
Street A 511 E. S City Jamesto Item	Address Shore Rd own Transaction Type Check	Con	RI Contribution Ty Individual In Kind/O attributor Information	02835-1710 rpe ther Receipts De	Rec 03	One Citizens City Providence ceipt Date 3/08/2021	Deposit Date Employ	RI Co	02903 ntribution Amoun
Street A 511 E. S City Jamesto Item	Address Shore Rd own Transaction Type Check		RI Contribution Ty Individual In Kind/O	02835-1710 rpe ther Receipts De	Rec 03 scription	One Citizens City Providence reipt Date 8/08/2021 Employer N	Deposit Date Employ ame	RI Co	02903 ntribution Amoun
Street A 511 E. S City Jamesto Item	Address Shore Rd own Transaction Type Check First Name Norman	Con MI	RI Contribution Ty Individual In Kind/O atributor Information Last Name or PAC/Party Co	02835-1710 rpe ther Receipts De	Rec 03 scription Sr. 1	One Citizens City Providence ceipt Date 3/08/2021	Deposit Date Employ ame ty	RI Co	02903 ntribution Amoun
Street A 511 E. S City Jamesto Item Prefix	Address Shore Rd own Transaction Type Check First Name Norman Address	Con MI	RI Contribution Ty Individual In Kind/O atributor Information Last Name or PAC/Party Co	02835-1710 rpe ther Receipts De	Rec 03 scription Sr. 1 Sr. 1	One Citizens City Providence reipt Date 3/08/2021 Employer N Beretta Realt	Deposit Date Employ ame ty ess	RI Co	02903 ntribution Amoun
Street A 511 E. S City Jamesto Item Prefix Street A	Address Shore Rd own Transaction Type Check First Name Norman Address	Con MI	RI Contribution Ty Individual In Kind/O atributor Information Last Name or PAC/Party Co	02835-1710 rpe ther Receipts De	Rec 03 scription Suffix 1 Sr. 1	One Citizens City Providence reipt Date 3/08/2021 Employer N Beretta Realt Street Addre	Deposit Date Employ ame ty ess	RI Co	02903 ntribution Amoun

Item		Transaction Type Theck			Contribution Typ Individual	le		eceipt Date 03/10/2021	Deposit Date	Ca	ntribution Amou 1,000.0
					In Kind/Otl	ier Receipts D	escription				
			Con	tributor Info	rmation				Employ	er Data	
Prefix	First Nam Karenlee	le	MI	Last Name Bernardo	or PAC/Party Con	nmittee Name	Suffix	Employer N GTech	ame		
	Address							Street Addr			
	orage Rd							10 Memoria	l Blvd		
City Warwicl	k				State RI	Zip 02889-2904		City Providence		State RI	Zip 02903
Item		Fransaction Type			Contribution Typ		P	eceipt Date	Deposit Date		ntribution Amou
Item		Theck			Individual	le		03/10/2021	Deposit Date	Co	1.000.0
						ier Receipts D					
			Con	tributor Info	rmation				Employ	er Data	
Prefix	First Nam	ie	МІ	Last Name	or PAC/Party Con	nmittee Name	Suffix	Employer N	ame		
	Richard		Α	Bernardo				CDR Magui	re		
Street A	Address							Street Addr	ess		
	orage Rd							225 Chapma	n St		
City					State	Zip		City		State	Zip
Warwic					RI	02889-2904		Providence		RI	02905
Item		Transaction Type Theck			Contribution Typ Individual	e		eceipt Date 03/29/2021	Deposit Date	Co	ntribution Amou 1,000.0
					In Kind/Otl	ier Receipts D	escription				
			Con	tributor Info	rmation				Employ	er Data	
Prefix	First Nam	ie	МІ		or PAC/Party Con	nmittee Name	Suffix	Employer N			
~	Everett			Bianco				Info Request			
	Address ntian Ave							Street Addr	ess		
City	IIIIII AVC				State	Zip		City		State	Zip
Provider	nce				RI	02908		Chy		State	Zili
Item		Transaction Type			Contribution Typ	ie		eceipt Date	Deposit Date	Ca	ntribution Amou
	0	Check			Individual In Kind/Otl	ier Receipts D		03/16/2021			1,000.0
			6			-					
Prefix	First Nam	ie	Con MI	tributor Info Last Name	rmation or PAC/Party Con	nmittee Name	Suffix	Employer N	Employ ame	er Data	
	Christophe	er	C.	Bicho				The Landing			
Street A	ddress							Street Addr	ess		
96 Dian	ne Ave							One Mill St			
City					State	Zip		City		State	Zip
Portsmo	outh				RI	02871		Newport		RI	02840
Item		Transaction Type Theck			Contribution Typ Individual	e		eceipt Date 03/16/2021	Deposit Date	Ca	ntribution Amou 1,000.0
					In Kind/Otl	ier Receipts D	escription				
			Con	tributor Info	rmation				Employ	or Data	
		ie	MI		or PAC/Party Con	nmittee Name	Suffix	Employer N		a ward	
Prefix	First Nam		-	Bicho				Homemaker			
Prefix	First Nam Rebecca		J.								
Street A	Rebecca Address		J.					Street Addr			
Street A 96 Dian	Rebecca Address		J.					96 Dianne A			
Street A	Rebecca Address ane Ave		J.		State RI	<b>Zip</b> 02871				State RI	<b>Zip</b> 02871

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date 03/09/2021	Deposit Date	Ca	ntribution Amou 100.0
			In Kind/Other	Receipts Description				
		Соп	atributor Information			Employe	r Data	
Prefix	First Name Jay	MI	Last Name or PAC/Party Comm Borkland	ittee Name Suffix	Employer Na Lloyd's Regis			
Street A			DOIKIAIIG		Street Addre			
9 Dale S					200 College			
City			State 2	Zip	City		State	Zip
Swamps	scott			01907	Medford		MA	02155
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amou
	Check		Individual		02/03/2021	2 cposit 2 are		1,000.0
			In Kind/Other	Receipts Description				
		Сол	atributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Comm	ittee Name Suffix	Employer Na		1 Data	
	David	L.	Bourque		Beacon St Re			
Street A	Address				Street Addre	ss		
679 Was	shington St, Unit 8-375				679 Washing	ton St, Unit 8-375		
City			State 2	Zip	City		State	Zip
South A	Attleboro		MA 0	02703	South Attlebo	010	MA	02703
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amou
	Check		Individual In Kind/Other	Receipts Description	01/22/2021			1,000.0
				Receipts Description				
			ntributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Comm	uttee Name Suffix	Employer Na			
	Christopher		Boyle			f Christopher Boyle		
P O Box	Address v 1386				Street Addre PO Box 1386			
City	1500		State 2	Zip	City	,	State	Zip
Newpor	nt			02840	Newport		RI	02840
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amou
	Check		Individual	(	01/10/2021			1,000.0
			In Kind/Other	Receipts Description				
		Con	ntributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Comm	ittee Name Suffix	Employer Na			
	Samuel	J.	Bradner		Peregrine Gro	-		
	Address				Street Addre			
	St				20 Newman A	Ave	-	
38 Hart				Zip 02906-2632	City Rumford		State	Zip
City							RI	02916
City Provider							-	
City	nce Transaction Type Check		Contribution Type Individual	R	eceipt Date	Deposit Date	Co	ntribution Amou 250.0
City Provider	Transaction Type		Contribution Type Individual	R	eceipt Date	Deposit Date	Co	
City Provider	Transaction Type	Сол	Contribution Type Individual	R	eceipt Date	Deposit Date Employe		
City Provider Item	Transaction Type	Con MI	Contribution Type Individual In Kind/Other	Ro (	eceipt Date	Employe		
City Provider Item	Transaction Type Check		Contribution Type Individual In Kind/Other atributor Information	Ro (	eceipt Date 02/05/2021	- Employe ame		
City Provider Item Prefix	Transaction Type Check First Name	MI	Contribution Type Individual In Kind/Other atributor Information Last Name or PAC/Party Comm	Ro (	eceipt Date 02/05/2021 Employer Na	Employe ame Law Firm		
City Provider Item Prefix	Transaction Type Check First Name Stephen Address	MI	Contribution Type Individual In Kind/Other atributor Information Last Name or PAC/Party Comm	Ro (	eceipt Date 02/05/2021 Employer Na The Breggia	Employe ame Law Firm :ss		
City Provider Item Prefix Street A	Transaction Type Check First Name Stephen Address	MI	Contribution Type Individual In Kind/Other attributor Information Last Name or PAC/Party Comm Breggia	Ro (	eceipt Date 02/05/2021 Employer Na The Breggia Street Addre	Employe ame Law Firm :ss		

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 1 03/09/2021	Deposit Date	Ca	ntribution Amoun 500.00
			In Kind/Other Receipts De	escription				
		Con	tributor Information				ver Data	
Prefix	First Name William	MI G.	Last Name or PAC/Party Committee Name Brody	Suffix	Employer Nam ProvPort, Inc.	le		
Street A	Address	0.	Licely		Street Address			
20 Mary	ywood Ln				35 Terminal Rd			
City			State Zip		City		State	Zip
Cumber	rland		RI 02864-5032		Providence		RI	02905
Item	Transaction Type		Contribution Type		-	Deposit Date	Ca	ntribution Amour
	Check		Individual In Kind/Other Receipts De		01/25/2021			1,000.0
		6	_	-			<b>D</b> (	
Profix	First Name	Con MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer Nam		ver Data	
тепх	Robert	P.	Brooks	Sum	Adler Pollock &			
Street A	Address				Street Address			
50 Red	Barn Lane				One Citizens Pla	aza, F18		
City			State Zip		City		State	Zip
East Gr	eenwich		RI 02818		Providence		RI	02903
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date 1 03/30/2021	Deposit Date	Ca	ntribution Amoun 250.00
	Clean Debit Cald		In Kind/Other Receipts De		03/30/2021			250.0
			•	•				
D	First Name		tributor Information	S 65-	EN		ver Data	
Frenx	Otis	МІ	Last Name or PAC/Party Committee Name Brown	Suffix	Employer Nam CharterCARE	ie		
Street A	Address		210112		Street Address			
	sant Street				825 Chalkstone			
City			State Zip		City		State	Zip
Rumfor	rd		RI 02916		Providence		RI	02908
Item	Transaction Type		Contribution Type		-	Deposit Date	Ca	ntribution Amoun
	Check		Individual In Kind/Other Receipts De		03/31/2021			1,000.0
		_	-				_	
	First Name		tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer Nam		ver Data	
D			Last Name of FAC/Farty Committee Name	Sumx	Employer Ivan	le		
Prefix		MI M	Brusini		Orson and Brus	ini Ltd		
	Stephen	MI M.	Brusini		Orson and Brus Street Address	-		
Street A			Brusini		Orson and Brus Street Address 144 Wayland Av			
Street A 105 Ma	Stephen Address		Brusini State Zip		Street Address		State	Zip
Street A 105 Ma City	Stephen Address				Street Address 144 Wayland Av		State RI	<b>Zip</b> 02906
Street A 105 Ma City East Gre	Stephen Address plewood Dr		State Zip	R	Street Address 144 Wayland Av City Providence		RI	02906
Street A 105 Ma City	Stephen Address plewood Dr eenwich		State Zip RI 02818 Contribution Type Individual		Street Address 144 Wayland Av City Providence	ve	RI	02906 ntribution Amour
Street A 105 Ma City East Gre	Stephen Address plewood Dr eenwich Transaction Type		State Zip RI 02818 Contribution Type		Street Address 144 Wayland Av City Providence eceipt Date	ve	RI	02906 ntribution Amoun
Street A 105 Ma City East Gre	Stephen Address plewood Dr eenwich Transaction Type	М.	State Zip RI 02818 Contribution Type Individual		Street Address 144 Wayland Av City Providence eceipt Date	ve Deposit Date	RI	02906 ntribution Amour
Street A 105 Ma City East Gri Item	Stephen Address plewood Dr eenwich Transaction Type Check First Name	M. Con MI	State Zip RI 02818 Contribution Type Individual In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name		Street Address 144 Wayland Av City Providence eccipt Date 02/08/2021	ve Deposit Date Employ te	RI Co	02906 ntribution Amour
Street A 105 Ma City East Gri Item Prefix	Stephen Address plewood Dr eenwich Transaction Type Check First Name Tanis	M. Con	State Zip RI 02818 Contribution Type Individual In Kind/Other Receipts De tributor Information	escription	Street Address 144 Wayland Av City Providence eceipt Date 1 02/08/2021 Employer Nam Daley & Orton,	ve Deposit Date Employ te LLC	RI Co	02906 ntribution Amoun
Street A 105 Ma City East Gri Item Prefix Street A	Stephen Address plewood Dr eenwich Transaction Type Check First Name Tanis Address	M. Con MI	State Zip RI 02818 Contribution Type Individual In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name	escription	Street Address 144 Wayland Av City Providence eceipt Date 1 02/08/2021 Employer Nam Daley & Orton, Street Address	ve Deposit Date Employ te LLC	RI Co	02906 ntribution Amoun
Street A 105 Ma City East Gri Item Prefix Street A 19 East	Stephen Address plewood Dr eenwich Transaction Type Check First Name Tanis Address	M. Con MI	State     Zip RI       02818       Contribution Type Individual       Individual       In Kind/Other Receipts Determine       tributor Information       Last Name or PAC/Party Committee Name Caine	escription	Street Address 144 Wayland Av City Providence eceipt Date D 02/08/2021 Employer Nam Daley & Orton, Street Address 1383 Warwick A	ve Deposit Date Employ te LLC	RI Co	02906 ntribution Amoun 500.0
Street A 105 Ma City East Gr Item Prefix Street A	Stephen Address plewood Dr eenwich Transaction Type Check First Name Tanis Address St	M. Con MI	State Zip RI 02818 Contribution Type Individual In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name	escription	Street Address 144 Wayland Av City Providence eceipt Date 1 02/08/2021 Employer Nam Daley & Orton, Street Address	ve Deposit Date Employ te LLC	RI Co	-

Item		Transaction Type Check			Contribution Typ Individual	e		eceipt Date 03/23/2021	Deposit Date	Co	ntribution Amour 250.0
					In Kind/Otl	er Receipts De	escription				
			Сон	tributor Inf	ormation				Employ	er Data	
Prefix	First Na	me	МІ		e or PAC/Party Con	nmittee Name	Suffix	Employer N			
<b>.</b>	Stephen		Α.	Cardi				Cardi Constr			
	Address coln Ave							Street Addr 400 Lincoln			
City	com Ave				State	Zip			Ave	State	Zip
Warwick	k				RI	21p 02888		City Warwick		RI	21p 02888
Item		Transaction Type			Contribution Typ		р	eceipt Date	Deposit Date	C-	ntribution Amour
Item		Check			Individual	ie -		02/01/2021	Deposit Date	Cu	500.0
		onten				ier Receipts De		01/01/2021			500.0
			Cor	tributor Inf	ormation				Employ	or Data	
Prefix	First Na	me	MI		e or PAC/Party Con	mittee Name	Suffix	Employer N		er Data	
I ICHA	James	me	L.	Carr	e of free francy con		Jr.	H. Carr & So			
Street A	Address							Street Addr			
PO Box								100 Royal L			
City					State	Zip		City		State	Zip
Provide	nce				RI	02940-9088		Providence		RI	02904-1859
Item		Transaction Type			Contribution Typ	e	R	eceipt Date	Deposit Date	Co	ntribution Amour
		Check			Individual			02/03/2021			1,000.0
					In Kind/Oth	ier Receipts De	escription				
			Con	tributor Inf	ormation				Employ	er Data	
Prefix	First Na	me	MI	Last Nam	e or PAC/Party Con	nmittee Name	Suffix	Employer N			
	John		R.	Casey				Centaurus Fi	inancial		
Street A	Address							Street Addr	ess		
3 Micha	ael Mark L	ane						3 Michael M	lark Lane		
City					State	Zip		City		State	Zip
Cumber					RI	02864		Cumberland		RI	02864
Item		Transaction Type			Contribution Typ	e		eceipt Date	Deposit Date	Ca	ntribution Amour
		Check			Individual In Kind/Otl	ier Receipts De		01/28/2021			200.0
							•				
Drofer	First Na		Con MI	tributor Inf	formation ie or PAC/Party Con	amittaa Nama	Suffix	Employer N	Employ	er Data	
пенх	Ryan	me	P.	Casey	le of TAC/Tarty Con	inittee Name	Sum	Twin River (			
	Address							Street Addr			
Street A	11 377							100 Twin Ri	ver Rd		
Street A 215 Bou	ulder way				State	Zip		City		State	Zip
215 Bou	ulder way					-		Lincoln		RI	02865
215 Bou City	eenwich				RI	02818		LIIICOIII			
215 Bou City	eenwich	Transaction Type			RI Contribution Typ		R	eceipt Date	Deposit Date	Co	ntribution Amour
215 Bou City East Gro	eenwich	Transaction Type Check			Contribution Typ Individual	e			Deposit Date	Co	
215 Bou City East Gro	eenwich				Contribution Typ Individual			eceipt Date	Deposit Date	Co	
215 Bou City East Gro	eenwich		Соп	tributor Inf	Contribution Typ Individual In Kind/Otl	e		eceipt Date	Deposit Date Employ		
215 Bou City East Gre Item	eenwich First Nat	Check	MI	Last Nam	Contribution Typ Individual In Kind/Otl	e ner Receipts De		eceipt Date 03/01/2021 Employer N	Employ		
215 Bot City East Gro Item Prefix	eenwich First Na Brian	Check			Contribution Typ Individual In Kind/Otl	e ner Receipts De	escription	eceipt Date 03/01/2021 Employer N Permanente	Employ Jame Medical Group		
215 Bot City East Gre Item Prefix Street A	First Nat Brian Address	Check	MI	Last Nam	Contribution Typ Individual In Kind/Otl	e ner Receipts De	escription	eceipt Date 03/01/2021 Employer N Permanente Street Addr	Employ Jame Medical Group ess		
215 Bou City East Gro Item Prefix Street A 279 Riv	First Nat Brian Address	Check	MI	Last Nam	Contribution Typ Individual In Kind/Otl Formation te or PAC/Party Con	e ner Receipts De amittee Name	escription	eceipt Date 03/01/2021 Employer N Permanente Street Addr 1800 Harriso	Employ Jame Medical Group ess	er Data	1,000.0
215 Bou City East Gro Item Prefix Street A	First Nat Brian Address viera Dr	Check	MI	Last Nam	Contribution Typ Individual In Kind/Otl	e ner Receipts De	escription	eceipt Date 03/01/2021 Employer N Permanente Street Addr	Employ Jame Medical Group ess		ntribution Amour 1,000.0 <b>Zip</b> 94612

Item		Transaction Type Theck			Contribution Individual	Туре	•		eceipt Date 03/19/2021	Deposit Date	Ca	ntribution	1,000.00
						/Oth	er Receipts De						.,
			Con	tributor Info	ormation					Employ	er Data		
Prefix	First Nam Maria	le	МІ	Last Name Cassisi	e or PAC/Party	Com	mittee Name	Suffix	Employer N Retired	ame			
Street A 203 Kill	Address lingly St								Street Addre 203 Killingly				
City Provide	nce				St: RI	ate	Zip 02909		City Providence		State RI	Zip 02909	
Item		Transaction Type Theck			Contribution Individual	а Туре	•		eceipt Date 03/30/2021	Deposit Date	Ca	ntribution	1,000.0
					In Kind	/Oth	er Receipts De	scription					
			Con	tributor Info	ormation					Employ	er Data		
Prefix	First Nam A	ie	MI	Last Name Castelli	e or PAC/Party	Com	mittee Name	Suffix	Employer N	ame			
Street A				Castelli					Street Addr	ess			
City					St	ate	Zip		City		State	Zip	
Item		Transaction Type Check			Contribution Individual	туре	9		eceipt Date )3/30/2021	Deposit Date	Co	ntribution	1 Amour 500.0
						/Oth	er Receipts De						
			Con	tributor Info	ormation					Employ	er Data		
Prefix	First Nam Luigi	ie	MI R.	Last Name Castelli	e or PAC/Party	Com	mittee Name	Suffix	Employer N Interlake Me				
Street A	-	<b>A</b>	К.	Castelli					Street Addre	ess			
City Warwick		-			St: RI	ate	<b>Zip</b> 02886		City Warwick		State RI	<b>Zip</b> 02886	
Item		Transaction Type Check			Contribution Individual	туре	9		eceipt Date )3/12/2021	Deposit Date	Co	ntribution	Amour 1,000.0
						/Oth	er Receipts De						1,000.00
			Con	tributor Info	ormation					Employ	er Data		
Prefix	First Nam	ie	MI		e or PAC/Party	Com	mittee Name	Suffix	Employer N				
Street A	Richard ddress		Α.	Catallozzi					Roberts Heal	lth Center, Inc.			
	erts Way								25 Roberts V				
City					St	ate	Zip		City		State	Zip	
North K	ingstown				RI	[	02852		North Kings	town	RI	02852	
Item		Transaction Type Theck			Contribution Individual	а Туре	•		eceipt Date 03/18/2021	Deposit Date	Co	ntribution	1,000.0
						/Oth	er Receipts De						
			Con	tributor Info	ormation					Employ	er Data		
Prefix	First Nam	ie	МІ		e or PAC/Party	Com	mittee Name	Suffix	Employer N	ame			
Street A	Serafino Address		V.	Cazzani					Passport Aut Street Addre				
	r Run								55 Budlong	Rd			
35 Rive													
35 Rive City	eenwich				St: RI	ate	Zip 02818		City Cranston		State RI	Zip 02920	

	Transaction Type Check		Contribution Type Individual		eceipt Date Deposit Date 03/11/2021	Ca	ntribution Amoun 1,000.00
			In Kind/Other Receipts D				-,
		Con	tributor Information		•	oyer Data	
Prefix	First Name Alfred	MI	Last Name or PAC/Party Committee Name Cerrone	Suffix	Employer Name Retired		
Street A	ddress				Street Address		
24 Mari	ne Drive				24 Marine Drive		
City			State Zip		City	State	Zip
Narraga	nsett		RI 02882		Narragansett	RI	02882
Item	Transaction Type		Contribution Type		eceipt Date Deposit Date	Co	ntribution Amoun
	Check		Individual		03/30/2021		1,000.00
			In Kind/Other Receipts D	escription			
		Con	tributor Information		•	oyer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Timothy	P.	Chaput		Wickford Appliance		
Street A					Street Address		
11 Kirkl	brae Dr		St. 4 77		11 Kirkbrae Dr	<b>6</b> ( )	7.
City Lincoln			State Zip RI 02865		City Lincoln	State RI	Zip 02865
Item	Transaction Type		Contribution Type	P	eceipt Date Deposit Date		ntribution Amoun
Item	Check		Individual		01/28/2021	Cu	1,000.00
			In Kind/Other Receipts D	escription			
		C			F1	D-4-	
Prefix	First Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer Name	oyer Data	
	Robert	Tod	Chubrich		Self-Employed Investor		
Street A	ddress				Street Address		
1137 Ha	cienda Pl, Apt 108				1137 Hacienda Pl, Apt 108		
City			State Zip		City	State	Zip
West Ho	ollywood		CA 90069-2793		West Hollywood	CA	90069-2793
<b>T</b> .	Transaction Type		Contribution Type	R	eceipt Date Deposit Date	Co	ntribution Amoun
Item	Transaction Type						
Item	Check		Individual		03/30/2021		1,000.00
Item			Individual In Kind/Other Receipts D				1,000.00
	Check	Соп	In Kind/Other Receipts D tributor Information		03/30/2021 Emple	oyer Data	1,000.00
	Check First Name	Con MI	In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name		03/30/2021 Employer Name	oyer Data	1,000.00
Prefix	Check First Name Steven		In Kind/Other Receipts D tributor Information	escription	03/30/2021 Employer Name Yankee Supply	oyer Data	1,000.00
Prefix Street A	Check First Name Steven ddress		In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name	escription	03/30/2021 Employer Name Yankee Supply Street Address	oyer Data	1,000.00
Prefix Street A 37 Audu	Check First Name Steven ddress		In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name Ciampanelli	escription	03/30/2021 Employer Name Yankee Supply Street Address 37 Audubon Ln	•	
Prefix Street A 37 Audu City	Check First Name Steven ddress		In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name Ciampanelli State Zip	escription	03/30/2021 Employer Name Yankee Supply Street Address 37 Audubon Ln City	State	Zip
Prefix Street A 37 Audu City Hope	Check First Name Steven Address Ibon Ln		In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name Ciampanelli State Zip RI 02831	Description Suffix	03/30/2021 Employer Name Yankee Supply Street Address 37 Audubon Ln City Hope	State RI	<b>Zip</b> 02831
Prefix Street A 37 Audu City	Check First Name Steven ddress		In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name Ciampanelli State Zip	Description Suffix R	03/30/2021 Employer Name Yankee Supply Street Address 37 Audubon Ln City	State RI	-
Prefix Street A 37 Audu City Hope	Check First Name Steven uddress abon Ln Transaction Type		In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name Ciampanelli State Zip RI 02831 Contribution Type	Description Suffix R	03/30/2021 Employer Name Yankee Supply Street Address 37 Audubon Ln City Hope ecceipt Date Deposit Date	State RI	Zip 02831 ntribution Amoun
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	h View Terrace			_			4272 Post R	1	_		
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4A Villa								Washington Hwy			
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Norton				MA	02766		Lincoln		RI	02865	
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	Address 1 Ridge Dr						Street Addr 80 Centre of	ress f New England Blvd.		
City South K	Kingstown			State RI	Zip 02879		City Coventry		State RI	Zip 02816
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	Kevin	Μ.	Daley				Daley Orton			
	Address						Street Addr			
	Oak Rd			<b>a</b>	~		300 Jefferso	n Blvd.	<b>~</b>	-
City	eenwich			State RI	Zip 02818-2209		City Warwick		State RI	Zip 02888
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	Address xington Avenue						Street Addr Roosevelt A			
City North P	Providence			State RI	<b>Zip</b> 02904		City Pawtucket		State RI	Zip 02860
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Street A 16 Jason City Cumber	Bradford Address ns Grant Dr. rland	MI A.	Last Nam	ormation e or PAC/Party Con State RI	amittee Name Zip 02864-1649	Suffix	Dean Wareh Street Addr 70 Industria City Cumberland	Name Nouse, Inc. ress 1 Drive	State RI	02864
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Prefix	First Name Sandra	MI S.	Last Name or PAC/Party Committee Name Dean	Suffix	Employer Name Not Employed		
Street A		<i>.</i>	2 cui		Street Address		
	ns Grant Drive				16 Jasons Grant Drive		
City			State Zip		City	State	Zip
Cumber	land		RI 02864		Cumberland	RI	02864
Item	Transaction Type		Contribution Type	R	eceipt Date Deposit Date	Co	ntribution Amou
	Check		Individual		01/13/2021		200.0
			In Kind/Other Receipts De				
		Сог	tributor Information		Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	er Data	
	Joseph		Deangelis		Adler Pollock & Sheehan		
Street A	-		5		Street Address		
8 Baybe					One Citizens Plaza, Fl 8		
City	-		State Zip		City	State	Zip
Jamesto	wn		RI 02835		Providence	RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date Deposit Date	Ca	ntribution Amou
	Check		Individual		01/14/2021		1,000.0
			In Kind/Other Receipts De	scription			
		Сог	tributor Information		Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Mark	0.	Denehy		Adler Pollock & Sheehan		
Street A	Address				Street Address		
5 Graha	m Way				One Citizens Plaza, Fl 8		
City			State Zip		City	State	Zip
East Gre	eenwich		RI 02818-1559		Providence	RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date Deposit Date	Co	ntribution Amou
	Check		Individual		03/26/2021		1,000.0
			In Kind/Other Receipts De	scription			
		Сол	tributor Information		Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	June		DePasquale		Green Development		
	ddress				Street Address		
Street A					2000 Chapel View Blvd.		
	nton Way					State	Zip
42 Thor	nton Way		State Zip		City	State	02020
42 Thon City	nton Way Cingstown		State Zip RI 02852		City Cranston	RI	02820
42 Thon City	ingstown Transaction Type		RI 02852 Contribution Type		Cranston Receipt Date Deposit Date	RI	ntribution Amou
42 Thon City North K	ingstown		RI 02852		Cranston	RI	ntribution Amou
42 Thon City North K	ingstown Transaction Type		RI 02852 Contribution Type Individual In Kind/Other Receipts De		Cranston Leceipt Date Deposit Date 03/26/2021	RI Co	
42 Thom City North K Item	Transaction Type Check	Con	RI 02852 Contribution Type Individual In Kind/Other Receipts De	escription	Cranston eccipt Date Deposit Date 03/26/2021 Employ	RI Co	ntribution Amou
42 Thom City North K Item	ingstown Transaction Type	Con MI	RI 02852 Contribution Type Individual In Kind/Other Receipts De Attributor Information Last Name or PAC/Party Committee Name		Cranston eccipt Date Deposit Date 03/26/2021 Employ Employer Name	RI Co	ntribution Amou
42 Thom City North K Item Prefix	Transaction Type Check First Name Mark	Con	RI 02852 Contribution Type Individual In Kind/Other Receipts De	escription	Cranston eccipt Date Deposit Date 03/26/2021 Employer Name Green Development	RI Co	ntribution Amou
42 Thom City North K Item Prefix Street A	Transaction Type Check First Name Mark	Con MI	RI 02852 Contribution Type Individual In Kind/Other Receipts De Attributor Information Last Name or PAC/Party Committee Name	escription	Cranston eccipt Date Deposit Date 03/26/2021 Employer Name Green Development Street Address	RI Co	ntribution Amou
42 Thom City North K Item Prefix Street A 42 Thom	Transaction Type Check First Name Mark	Con MI	RI 02852 Contribution Type Individual In Kind/Other Receipts De Attributor Information Last Name or PAC/Party Committee Name DePasquale	escription	Cranston deceipt Date Deposit Date 03/26/2021 Employer Name Green Development Street Address 2000 Chapel View Blvd.	RI Co rer Data	ntribution Amou 1,000.0
42 Thom City North K Item Prefix Street A 42 Thom City	Transaction Type Check First Name Mark	Con MI	RI 02852 Contribution Type Individual In Kind/Other Receipts De Attributor Information Last Name or PAC/Party Committee Name	escription	Cranston eccipt Date Deposit Date 03/26/2021 Employer Name Green Development Street Address	RI Co	ntribution Amou

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 02/10/2021	Deposit Date	Ca	ntribution	Amoun 250.00
			In Kind/Other	Receipts Description					
		Con	tributor Information			Employer	Data		
Prefix	First Name Nelia	MI	Last Name or PAC/Party Commi DeStefano	ittee Name Suffix	Employer Nat Brian Cunha &	me & Associates, P.C.			
	Address St. Ste E			ĺ	Street Addres 904 Broadway				
City Berkley	7			Сір 2779-1115	City East Providence	<b>`</b> A	State RI	<b>Zip</b> 02914	
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date		ntribution	
	Check		Individual In Kind/Other	Receipts Description	02/03/2021				1,000.0
		Con	tributor Information			Employer	Data		
Prefix	First Name	MI	Last Name or PAC/Party Commi	ttee Name Suffix	Employer Na		2		
	William	Р	Devereaux		Pannone Lope	s Devereaux & West ]	LLP		
	Address				Street Addres				
	coln Drive		St. t. 7	r	317 IronHorse	way	S4-4-	7:-	
City North S	Smithfield			Zip 2896	City Providence		State RI	Zip 02908	
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date 03/29/2021	Deposit Date	Ca	ntribution	Amour 1,000.0
	Ciediv Debit Cald			Receipts Description	03/23/2021				1,000.0
		Cor	tributor Information			Employer	Data		
Prefix	First Name	MI	Last Name or PAC/Party Commi	ittee Name Suffix	Employer Na		Data		
	Frank		DiBiase	Jr.	DiBiase Assoc	iates, Inc.			
	Address Iineral Spring Avenue			ſ	Street Addres 2010 Mineral				
City			State Z	Сір	City		State	Zip	
•	Providence			2911	North Provide	nce	RI	02911	
Item	Transaction Type Check		Contribution Type Individual		eceipt Date 02/23/2021	Deposit Date	Co	ntribution	<b>Amou</b> 1,000.0
	Chick			Receipts Description	02/23/2021				1,000.0
		Сон	tributor Information			Employer	Data		
Prefix	First Name	Con MI	tributor Information Last Name or PAC/Party Commi	ittee Name Suffix	Employer Nat		Data		
Prefix	First Name Dennis			ttee Name Suffix					
		MI	Last Name or PAC/Party Commi	ttee Name Suffix		me eering Associates, Inc			
Street A	Dennis	MI	Last Name or PAC/Party Commi	ittee Name Suffix	DiPrete Engin	me eering Associates, Inc s			
Street A 2 Staffo City	Dennis Address ord Court	MI	Last Name or PAC/Party Commi DiPrete State Z	<i>li</i> p	DiPrete Engine Street Addres 2 Stafford Cou City	me eering Associates, Inc s	State	Zip	
Street A 2 Staffo	Dennis Address ord Court m	MI	Last Name or PAC/Party Commi DiPrete State Z RI 0.	Lip 2920	DiPrete Engin Street Addres 2 Stafford Cou City Cranston	me eering Associates, Inc s ut	State RI	02920	
Street A 2 Staffo City	Dennis Address ord Court	MI	Last Name or PAC/Party Commi DiPrete State Z	Zip 2920 <b>R</b> a	DiPrete Engine Street Addres 2 Stafford Cou City	me eering Associates, Inc s	State RI	-	
Street A 2 Staffo City Cransto	Dennis Address ord Court on Transaction Type	MI	Last Name or PAC/Party Commi DiPrete State Z RI 02 Contribution Type Individual	Zip 2920 <b>R</b> a	DiPrete Engin Street Addres 2 Stafford Cou City Cranston eccipt Date	me eering Associates, Inc s ut	State RI	02920	
Street A 2 Staffo City Cransto	Dennis Address ord Court on Transaction Type	MI L.	Last Name or PAC/Party Commi DiPrete State Z RI 02 Contribution Type Individual	Zip 2920 R(	DiPrete Engin Street Addres 2 Stafford Cou City Cranston eccipt Date	me eering Associates, Inc s ut	State RI Co	02920	
Street A 2 Staffo City Cransto Item	Dennis Address ord Court on Transaction Type	MI L.	Last Name or PAC/Party Commi DiPrete State Z RI 02 Contribution Type Individual In Kind/Other	Zip 2920 Ra ( Receipts Description	DiPrete Engin Street Addres 2 Stafford Cou City Cranston eccipt Date 01/20/2021	me eering Associates, Inc s art Deposit Date <u>Employer</u> me	State RI Co Data	02920	
Street A 2 Staffo City Cransto Item	Dennis Address ord Court m Transaction Type Check	MI L.	Last Name or PAC/Party Commi DiPrete State Z RI 02 Contribution Type Individual In Kind/Other	Zip 2920 Ra ( Receipts Description	DiPrete Engin Street Addres 2 Stafford Cou City Cranston eccipt Date 01/20/2021	me eering Associates, Inc s ut Deposit Date Employer	State RI Co Data	02920	
Street A 2 Staffo City Cransto Item Prefix Street A	Dennis Address ord Court m Transaction Type Check First Name Thomas Address	MI L. Con MI	Last Name or PAC/Party Commi DiPrete State Z RI 02 Contribution Type Individual In Kind/Other tributor Information Last Name or PAC/Party Commi	Zip 2920 Ra ( Receipts Description	DiPrete Engin Street Addres 2 Stafford Cou City Cranston eccipt Date 01/20/2021 Employer Nat DiPrete Engin Street Addres	me eering Associates, Inc s urt Deposit Date Employer me eering Associates, Inc s	State RI Co Data	02920	
Street A 2 Staffo City Cransto Item Prefix Street A Two Sta	Dennis Address ord Court m Transaction Type Check First Name Thomas	MI L. Con MI	Last Name or PAC/Party Commi DiPrete State Z RI 07 Contribution Type Individual In Kind/Other tributor Information Last Name or PAC/Party Commi DiPrete	Lip 2920 Receipts Description ittee Name Suffix	DiPrete Engin Street Addres 2 Stafford Cou City Cranston eceipt Date 01/20/2021 Employer Nai DiPrete Engin Street Addres Two Stafford O	me eering Associates, Inc s urt Deposit Date Employer me eering Associates, Inc s	State RI Co Data	02920 ntribution	
Street A 2 Staffo City Cransto Item Prefix Street A	Dennis Address ord Court m Transaction Type Check First Name Thomas Address afford Court	MI L. Con MI	Last Name or PAC/Party Commi DiPrete State Z RI 07 Contribution Type Individual In Kind/Other tributor Information Last Name or PAC/Party Commi DiPrete State Z	Zip 2920 Ra ( Receipts Description	DiPrete Engin Street Addres 2 Stafford Cou City Cranston eccipt Date 01/20/2021 Employer Nat DiPrete Engin Street Addres	me eering Associates, Inc s urt Deposit Date Employer me eering Associates, Inc s	State RI Co Data	02920	1 <b>Amou</b> 1,000.0

	Transaction Type Check		Contribution Typ Individual	le		eceipt Date 01/11/2021	Deposit Date	Co	ntribution Amou 500.0
	onter			ier Receipts Des					500.0
		Con	tributor Information				Employ	er Data	
Prefix	First Name	МІ	Last Name or PAC/Party Con	nmittee Name	Suffix	Employer N			
	Brendan	P.	Doherty			Doherty Gro	-		
Street A						Street Addre			
	rvation Way					79 Preservati	on Way		
City			State	Zip		City		State	Zip
Wakefie	ld		RI	02879-8218		Wakefield		RI	02879
Item	Transaction Type		Contribution Typ	e		eceipt Date	Deposit Date	Co	ntribution Amou
	Check		Individual			01/22/2021			250.0
				ier Receipts Des	cription				
		Соп	tributor Information			-	Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Con	nmittee Name	Suffix	Employer N			
	Shawn	<b>R</b> .	Donahue				b Blue Shield of Rho	ode Island	
Street A						Street Addre			
PO Box	418					500 Exchang	je St		
City			State	Zip		City		State	Zip
Albion			RI	02802		Providence		RI	02903
Item	Transaction Type Credit/Debit Card		Contribution Typ Individual	e		eceipt Date 02/03/2021	Deposit Date	Co	ntribution Amou 1,000.0
	credit Debit Card			ier Receipts Des		02/03/2021			1,000.0
				•	•				
			tributor Information				Employ	er Data	
Prefix	First Name Michael	MI P	Last Name or PAC/Party Con Donegan	nmittee Name	Suffix	Employer N Orson & Bru			
Street A		P	Donegan			Street Addre	2		
	iper Drive					144 Wayland			
City			State	Zip		City		State	Zip
•	enwich		RI	02818		Providence		RI	02906
East Ore									
Item	Transaction Type		Contribution Typ	e	R	eceipt Date	Deposit Date	Co	ntribution Amou
			Contribution Typ Individual	e		eceipt Date 03/20/2021	Deposit Date	Co	ntribution Amou 500.0
	Transaction Type		Individual	e 1er Receipts Des	(	-	Deposit Date	Co	
	Transaction Type	Con	Individual		(	-	Deposit Date Employ		
Item	Transaction Type	Con MI	Individual In Kind/Otl	aer Receipts Des	(	-	Employ		
Item	Transaction Type Check		Individual In Kind/Otl tributor Information	aer Receipts Des	( scription	03/20/2021	Employ		
Item	Transaction Type Check First Name Bruce		Individual In Kind/Otl tributor Information Last Name or PAC/Party Con	aer Receipts Des	( scription	03/20/2021 Employer N	Employ ame froup		
Item Prefix Street A	Transaction Type Check First Name Bruce		Individual In Kind/Otl tributor Information Last Name or PAC/Party Con	aer Receipts Des	( scription	03/20/2021 Employer N Carpionato C	Employ ame Group 255		
Item Prefix Street A	Transaction Type Check First Name Bruce ddress		Individual In Kind/Otl tributor Information Last Name or PAC/Party Con	aer Receipts Des	( scription	Employer N Carpionato C Street Addre	Employ ame Group 255		
Item Prefix Street A 3 Overlo	Transaction Type Check First Name Bruce ddress pok Way		Individual In Kind/Otl tributor Information Last Name or PAC/Party Com Dove	ner Receipts Des nmittee Name	( scription	Employer N Carpionato C Street Addre 1414 Atwood	Employ ame Group 255	er Data	500.0
Item Prefix Street A 3 Overlo City	Transaction Type Check First Name Bruce ddress ook Way ster Transaction Type		Individual In Kind/Otl atributor Information Last Name or PAC/Party Con Dove State MA Contribution Typ	ner Receipts Des nmittee Name Zip 01890-3715	cription Suffix	Employer N Carpionato C Street Addre 1414 Atwood City Johnston eccipt Date	Employ ame Group 255	er Data State RI	500.0 Zip 02919 ntribution Amou
Item Prefix Street A 3 Overlo City Winches	Transaction Type Check First Name Bruce address pok Way		Individual In Kind/Otl tributor Information Last Name or PAC/Party Con Dove State MA Contribution Typ Individual	ner Receipts Des nmittee Name Zip 01890-3715	cription Suffix Ra	Employer N Carpionato C Street Addre 1414 Atwood City Johnston	Employ ame Group 255 1 Ave	er Data State RI	500.0 Zip 02919
Item Prefix Street A 3 Overlo City Winches	Transaction Type Check First Name Bruce ddress ook Way ster Transaction Type	МІ	Individual In Kind/Otl attributor Information Last Name or PAC/Party Con Dove State MA Contribution Typ Individual In Kind/Otl	ner Receipts Des nmittee Name Zip 01890-3715	cription Suffix Ra	Employer N Carpionato C Street Addre 1414 Atwood City Johnston eccipt Date	Employ ame froup ess 1 Ave Deposit Date	er Data State RI Cor	500.0 Zip 02919 ntribution Amou
Item Prefix Street A 3 Overlo City Winches Item	Transaction Type Check         First Name Bruce address book Way         ster         Transaction Type Check	MI	Individual In Kind/Otl Attributor Information Last Name or PAC/Party Con Dove State MA Contribution Typ Individual In Kind/Otl Attributor Information	ner Receipts Des nmittee Name Zip 01890-3715 ne ner Receipts Des	Suffix Suffix Ra cription	Employer N Carpionato C Street Addre 1414 Atwood City Johnston eccipt Date 02/02/2021	Employ ame Group 255 1 Ave Deposit Date Employ	er Data State RI Cor	500.0 Zip 02919 ntribution Amou
Item Prefix Street A 3 Overlo City Winches Item	Transaction Type Check         First Name         Bruce         address         ook Way         ster         Transaction Type Check         First Name         First Name	MI Con MI	Individual In Kind/Otl Attributor Information Last Name or PAC/Party Con Dove State MA Contribution Typ Individual In Kind/Otl Attributor Information Last Name or PAC/Party Con	ner Receipts Des nmittee Name Zip 01890-3715 ne ner Receipts Des	cription Suffix Ra	Employer N Carpionato C Street Addre 1414 Atwood City Johnston eccipt Date 02/02/2021	Employ ame Group ess 1 Ave Deposit Date Employ ame	er Data State RI Cor	500.0 Zip 02919 ntribution Amou
Item Prefix Street A 3 Overlo City Winches Item Prefix	Transaction Type Check         First Name Bruce ddress book Way         ster         Transaction Type Check         First Name Jonathan	MI	Individual In Kind/Otl Attributor Information Last Name or PAC/Party Con Dove State MA Contribution Typ Individual In Kind/Otl Attributor Information	ner Receipts Des nmittee Name Zip 01890-3715 ne ner Receipts Des	Suffix Suffix Ra cription	Employer N Carpionato C Street Addre 1414 Atwood City Johnston eceipt Date 02/02/2021 Employer N Duffy Shanle	Employ ame froup ess 1 Ave Deposit Date Employ ame ey	er Data State RI Cor	500.0 Zip 02919 ntribution Amou
Item Prefix Street A 3 Overlo City Winches Item Prefix Street A	Transaction Type Check         First Name         Bruce         address         ook Way         ster         Transaction Type Check         First Name         Jonathan         address	MI Con MI	Individual In Kind/Otl Attributor Information Last Name or PAC/Party Con Dove State MA Contribution Typ Individual In Kind/Otl Attributor Information Last Name or PAC/Party Con	ner Receipts Des nmittee Name Zip 01890-3715 ne ner Receipts Des	Suffix Suffix Ra cription	Employer N Carpionato C Street Addre 1414 Atwood City Johnston eccipt Date 02/02/2021 Employer N Duffy Shanle Street Addre	Employ ame froup ess 1 Ave Deposit Date Employ ame ey ess	er Data State RI Cor	500.0 Zip 02919 ntribution Amou
Item Prefix Street A 3 Overlo City Winches Item Prefix Street A	Transaction Type Check         First Name Bruce ddress book Way         ster         Transaction Type Check         First Name Jonathan	MI Con MI	Individual In Kind/Otl Attributor Information Last Name or PAC/Party Con Dove State MA Contribution Typ Individual In Kind/Otl Attributor Information Last Name or PAC/Party Con	ner Receipts Des nmittee Name Zip 01890-3715 ne ner Receipts Des	Suffix Suffix Ra cription	Employer N Carpionato C Street Addre 1414 Atwood City Johnston eceipt Date 02/02/2021 Employer N Duffy Shanle	Employ ame froup ess 1 Ave Deposit Date Employ ame ey ess	er Data State RI Cor	500.0 Zip 02919 ntribution Amou

Item	Transaction Type Check		Contribution	Туре		eceipt Date 03/30/2021	Deposit Date	Ca	ntribution Amou 1,000.0
				Other Receipts I					2,000
		Con	tributor Information				Employ	er Data	
Prefix	First Name Richard	MI J.	Last Name or PAC/Party ( Dugan	Committee Name	Suffix	Employer N R and D Con			
Street A 21 Pinew	Address wood Dr					Street Addre 21 Pinewood			
City North Pr	rovidence		Sta RI	te Zip 02904		City North Provid	ence	State RI	Zip 02904
Item	Transaction Type Check		Contribution Individual	Туре		eceipt Date 03/28/2021	Deposit Date	Co	ntribution Amou 1,000.
	Chiefe			Other Receipts I		05/20/2021			1,000.
		Con	atributor Information				Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party	Committee Name	Suffix	Employer N	ame		
	Lucio		Durso			Durso Lands			
Street A						Street Addre	955		
15 Janet	t Dr					15 Janet Dr			~
City Johnston			Sta RI	te Zip 02919		City Johnston		State RI	Zip 02919
Item	Transaction Type		Contribution		R	eceipt Date	Deposit Date		ntribution Amou
	Check		Individual			01/19/2021			1,000.0
			In Kind/	Other Receipts I	Description				
		Соп	tributor Information				Employ	er Data	
Prefix	First Name Donald	МІ	Last Name or PAC/Party ( Dwares	Committee Name	Suffix	Employer N Retired	ame		
Street A 510 Isla						Street Addre 510 Island D			
City Palm Be	each		Sta FL	te Zip 33480-4747		City Palm Beach		State FL	<b>Zip</b> 33480-4747
Item	Transaction Type		Contribution	Туре		eceipt Date	Deposit Date	Co	ntribution Amou
	Check		Individual In Kind/0	Other Receipts I		03/02/2021			1,000.0
Profix	First Name		itributor Information	Committee Name	Suffix	Employor N	Employ	er Data	
Prefix	First Name E. Craig	Con MI	Last Name or PAC/Party	Committee Name	Suffix	Employer N Retired		er Data	
Prefix Street A	E. Craig			Committee Name	Suffix		ame	er Data	
Street A	E. Craig		Last Name or PAC/Party	Committee Name	Suffix	Retired	ame	er Data	
Street A	E. Craig Address		Last Name or PAC/Party		Suffix	Retired Street Addre	ame	er Data State	Zip
Street A 500 Mer	E. Craig Address ndon Rd Unit 219		Last Name or PAC/Party ( Dwyer		Suffix	Retired Street Addre 500 Mendon	ame		<b>Zip</b> 02864
Street A 500 Mer City	E. Craig Address ndon Rd Unit 219 cland Transaction Type	МІ	Last Name or PAC/Party ( Dwyer Sta	te Zip 02864	R	Retired Street Addre 500 Mendon City	ame	State RI	02864 ntribution Amou
Street A 500 Mer City Cumber	E. Craig Address ndon Rd Unit 219 rland	МІ	Last Name or PAC/Party O Dwyer Sta RI Contribution Individual	te Zip 02864	R	Retired Street Addre 500 Mendon City Cumberland eccipt Date	ame ess Rd Unit 219	State RI	02864 ntribution Amou
Street A 500 Mer City Cumber	E. Craig Address ndon Rd Unit 219 cland Transaction Type	МІ	Last Name or PAC/Party ( Dwyer Sta RI Contribution Individual In Kind/(	te Zip 02864 Type	R	Retired Street Addre 500 Mendon City Cumberland eccipt Date	ame ess Rd Unit 219 Deposit Date	State RI Co	02864 ntribution Amou
Street A 500 Mer City Cumber Item	E. Craig Address ndon Rd Unit 219 cland Transaction Type	МІ	Last Name or PAC/Party O Dwyer Sta RI Contribution Individual	te Zip 02864 Type Other Receipts I	R	Retired Street Addre 500 Mendon City Cumberland eccipt Date	ame ess Rd Unit 219 Deposit Date Employ	State RI Co	02864 ntribution Amou
Street A 500 Mer City Cumber Item Prefix	E. Craig Address ndon Rd Unit 219 cland Transaction Type Check First Name Linda	Соп	Last Name or PAC/Party ( Dwyer Sta RI Contribution Individual In Kind/ attributor Information	te Zip 02864 Type Other Receipts I	R Description	Retired Street Addre 500 Mendon City Cumberland eceipt Date 03/11/2021 Employer N Retired	ame ess Rd Unit 219 Deposit Date Employ ame	State RI Co	02864 ntribution Amou
Street A 500 Mer City Cumber Item Prefix Street A	E. Craig Address ndon Rd Unit 219 cland Transaction Type Check First Name Linda Address	MI Con MI	Last Name or PAC/Party ( Dwyer Sta RI Contribution Individual In Kind/( ntributor Information Last Name or PAC/Party (	te Zip 02864 Type Other Receipts I	R Description	Retired Street Addre 500 Mendon City Cumberland eccipt Date 03/11/2021 Employer N Retired Street Addre	ame ess Rd Unit 219 Deposit Date Employ ame	State RI Co	02864 ntribution Amou
Street A 500 Mer City Cumber Item Prefix Street A	E. Craig Address ndon Rd Unit 219 cland Transaction Type Check First Name Linda	MI Con MI	Last Name or PAC/Party ( Dwyer Sta RI Contribution Individual In Kind/( ntributor Information Last Name or PAC/Party (	te Zip 02864 Type Other Receipts I Committee Name	R Description	Retired Street Addre 500 Mendon City Cumberland eceipt Date 03/11/2021 Employer N Retired	ame ess Rd Unit 219 Deposit Date Employ ame	State RI Co	-

Item	Transaction Type Check		Contribution Type Individual		eceipt Date Deposit 02/09/2021	Date	Contribution Amou 250.0
	Chttk		In Kind/Other Receipts De		02/07/2021		250.0
		Соп	tributor Information			Employer Data	
Prefix	First Name Thomas	MI C.	Last Name or PAC/Party Committee Name Eagan	Suffix	Employer Name Partridge, Snow & Hah	m, LLP	
Street A	Address				Street Address		
	ritage Rd				40 Westminster St, Ste		
City North V	lingstown		State Zip RI 02852		City Providence	Stat RI	te Zip 02903
	-			D			
Item	Transaction Type Check		Contribution Type Individual		eceipt Date Deposit 02/03/2021	Date	Contribution Amou 1,000.0
	CHOCK		In Kind/Other Receipts De		02/05/2021		1,000.0
			-				
Desta	First Name	Con MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer Name	Employer Data	
гтепх	Craig	L.	East Name or PAC/Party Committee Name Eaton	Sumx	Employer Name Bally's Corporation		
Street A	0	L.	Laton		Street Address		
6 Tristar					100 Westminster St		
City	III Hace		State Zip		City	Stat	e Zip
Westerly	v		RI 02891		Providence	RI	02903
Item	Transaction Type		Contribution Type	P	eceipt Date Deposit		Contribution Amou
пеш	Check		Individual		01/06/2021	Date	1,000.0
			In Kind/Other Receipts De	scription			
Prefix	First Name	Con MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer Name	Employer Data	
тепх	George	A.	East Name of TAC/Tarty Committee Name Economou	Sum	Triton Collision Center		
Street A					Street Address		
	y Ann Dr				352 Walcott St		
City			State Zip		City	Stat	e Zip
Cranston	n		RI 02921		Pawtucket	RI	02860
Item	Transaction Type		Contribution Type	R	eceipt Date Deposit	Date	Contribution Amou
	Check		Individual In Kind/Other Receipts De		03/31/2021		1,000.0
\$1.000	Refunded on 4/29/21		In Kind/Other Receipts De	scription			
. ,		Соп	tributor Information			Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	George	Α.	Economou		Triton Collision Center		
					Street Address		
Street A	Address						
	y Ann Dr				352 Walcott St		
11 Mary City	y Ann Dr		State Zip		City	Stat	-
11 Mary	y Ann Dr		State Zip RI 02921			Stat RI	ze Zip 02860
11 Mary City	y Ann Dr n Transaction Type		RI 02921 Contribution Type		City Pawtucket eceipt Date Deposit	RI	02860 Contribution Amou
11 Mary City Cranstor	y Ann Dr n		RI 02921 Contribution Type Individual		City Pawtucket	RI	02860
11 Mary City Cranstor	y Ann Dr n Transaction Type		RI 02921 Contribution Type		City Pawtucket eceipt Date Deposit	RI	02860 Contribution Amou
11 Mary City Cranstor	y Ann Dr n Transaction Type	Сов	RI 02921 Contribution Type Individual		City Pawtucket eceipt Date Deposit	RI	02860 Contribution Amou
11 Mary City Cranston Item	y Ann Dr n Transaction Type Check First Name	MI	RI 02921 Contribution Type Individual In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name		City Pawtucket eceipt Date Deposit 01/30/2021 Employer Name	RI Date Employer Data	02860 Contribution Amou 500.0
11 Mary City Cranston Item	y Ann Dr n Transaction Type Check		RI 02921 Contribution Type Individual In Kind/Other Receipts De	scription	City Pawtucket eceipt Date Deposit 01/30/2021	RI Date Employer Data	02860 Contribution Amou 500.0
11 Mary City Cranstor Item Prefix Street A	y Ann Dr n Transaction Type Check First Name Daniel	MI	RI 02921 Contribution Type Individual In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name	scription	City Pawtucket eceipt Date Deposit 01/30/2021 Employer Name Association of Indepen Street Address	RI E Date Employer Data dent Colleges & U	02860 Contribution Amou 500.0
11 Mary City Cranston Item Prefix	y Ann Dr n Transaction Type Check First Name Daniel	MI	RI 02921 Contribution Type Individual In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name Egan	scription	City Pawtucket eceipt Date Deposit 01/30/2021 Employer Name Association of Indepen	RI E Date Employer Data dent Colleges & U	02860 Contribution Amou 500.0
11 Mary City Cranstor Item Prefix Street A	y Ann Dr n Transaction Type Check First Name Daniel	MI	RI 02921 Contribution Type Individual In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name	scription	City Pawtucket eceipt Date Deposit 01/30/2021 Employer Name Association of Indepen Street Address	RI E Date Employer Data dent Colleges & U	02860 Contribution Amou 500.0

	Transaction Type Check		Contribution Typ Individual	pe		eceipt Date 03/30/2021	Deposit Date	Co	ntribution Amou 500.0
			In Kind/Ot	her Receipts De	scription				
		Con	tributor Information				Employe	r Data	
Prefix	First Name John	MI F.	Last Name or PAC/Party Con Emin	nmittee Name	Suffix III	Employer N Electric Tech			
Street A 21 Remi	ddress ington Farm Dr					Street Addre 21 Remingto			
City Coventry	у		State RI	<b>Zip</b> 02816		City Coventry		State RI	<b>Zip</b> 02816
Item	Transaction Type Check		Contribution Typ Individual	pe		eceipt Date 03/29/2021	Deposit Date	Co	ntribution Amou 1,000.0
				her Receipts De					
		Con	tributor Information				Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Con	nmittee Name	Suffix	Employer N	ame		
	Luis	Manu	uelEstrada		Jr.	Sullivan Wh	itehead & Deluca Llp		
Street A						Street Addr			
60 Chris	stopher Street					86 Weybosse	et Street, #400		
City			State	Zip		City		State	Zip
Provider	nce		RI	02904		Providence		RI	02903
Item	Transaction Type Check		Contribution Typ Individual	pe		eceipt Date 02/23/2021	Deposit Date	Co	ntribution Amou 50.0
			In Kind/Ot	her Receipts De	scription				
		Con	tributor Information				Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Con	nmittee Name	Suffix	Employer N			
	Roland		Estrada		OD	Jewell Eye, I			
Street A 30 Tiffa						Street Addro 70 Providence			
City North Pr	rovidence		State RI	<b>Zip</b> 02904		City Providence		State RI	Zip 02903
nonun									
Item	Transaction Type Check		Contribution Typ	pe		eceipt Date	Deposit Date	Co	ntribution Amou 500 (
	Transaction Type Check		Individual	<sup>pe</sup> her Receipts De	(	eceipt Date 03/11/2021	Deposit Date	Ca	ntribution Amou 500.0
		Con	Individual		(		Deposit Date Employe		
Item		Con MI	Individual In Kind/Ot	her Receipts De	(		Employe		
Item	Check		Individual In Kind/Ot tributor Information	her Receipts De	escription	03/11/2021	Employe		
Item	Check First Name Joseph		Individual In Kind/Ot tributor Information Last Name or PAC/Party Con	her Receipts De	escription	03/11/2021 Employer N	Employe		
Item Prefix Street A	Check First Name Joseph		Individual In Kind/Ot tributor Information Last Name or PAC/Party Con	her Receipts De	escription	03/11/2021 Employer N Info Request	Employe		
Item Prefix Street A	Check First Name Joseph ddress h Hill Ave		Individual In Kind/Ot tributor Information Last Name or PAC/Party Con	her Receipts De	escription	03/11/2021 Employer N Info Request	Employe		
Item Prefix Street A 46 Noon City	Check First Name Joseph ddress h Hill Ave		Individual In Kind/Ot tributor Information Last Name or PAC/Party Con Federico State	her Receipts De nmittee Name Zip 02056	scription Suffix	03/11/2021 Employer N Info Request Street Addro	Employe	r Data State	500.0
Item Prefix Street A 46 Noon City Norfolk	Check First Name Joseph address h Hill Ave Transaction Type		Individual In Kind/Ot tributor Information Last Name or PAC/Party Con Federico State MA Contribution Typ Individual	her Receipts De nmittee Name Zip 02056	scription Suffix R.	Employer N Info Request Street Addre City eccipt Date	Employed ame ted ess	r Data State	500.0 Zip ntribution Amou
Item Prefix Street A 46 Noon City Norfolk	Check First Name Joseph address h Hill Ave Transaction Type	МІ	Individual In Kind/Ot tributor Information Last Name or PAC/Party Con Federico State MA Contribution Typ Individual	her Receipts De nmittee Name Zip 02056	scription Suffix R.	Employer N Info Request Street Addre City eccipt Date	Employed ame ted ess	r Data State Cor	500.0 Zip ntribution Amou
Item Prefix Street A 46 Noon City Norfolk Item	Check First Name Joseph address h Hill Ave Transaction Type	МІ	Individual In Kind/Ot tributor Information Last Name or PAC/Party Con Federico State MA Contribution Tyj Individual In Kind/Ot	her Receipts De nmittee Name Zip 02056 9e her Receipts De	scription Suffix R.	Employer N Info Request Street Addre City eccipt Date	Employer fame ted ess Deposit Date Employer fame	r Data State Cor	500.0 Zip ntribution Amou
Item Prefix Street A 46 Noon City Norfolk Item Prefix Street A	Check  First Name Joseph ddress Hill Ave  First Name Stephanie ddress	МІ	Individual In Kind/Ot Attributor Information Last Name or PAC/Party Con Federico State MA Contribution Typ Individual In Kind/Ot Attributor Information Last Name or PAC/Party Con	her Receipts De nmittee Name Zip 02056 9e her Receipts De	Suffix R Scription	Employer N Info Request Street Addre City eccipt Date 03/29/2021 Employer N Cox Commu Street Addre	Employer ame aed ess Deposit Date Employer fame mications ess	r Data State Cor	500.0 Zip ntribution Amou
Item Prefix Street A 46 Noon City Norfolk Item Prefix	Check  First Name Joseph ddress Hill Ave  First Name Stephanie ddress	МІ	Individual In Kind/Ot Attributor Information Last Name or PAC/Party Con Federico State MA Contribution Typ Individual In Kind/Ot Attributor Information Last Name or PAC/Party Con	her Receipts De nmittee Name Zip 02056 9e her Receipts De	Suffix R Scription	Employer N Info Request Street Addro City eccipt Date 03/29/2021 Employer N Cox Commu	Employer ame aed ess Deposit Date Employer fame mications ess	r Data State Cor	500.0 Zip ntribution Amou

	Transaction Type Credit/Debit Card		Contribution Type Individual		Ceceipt Date Deposit Date 01/10/2021	Cont	tribution Amoun 100.0
			In Kind/Other Receipts	Description			
		Con	tributor Information		Emplo	oyer Data	
Prefix	First Name Kenneth	MI J	Last Name or PAC/Party Committee Name Filarski	e Suffix	Employer Name Filarski Architect & Planning		
Street A	ddress				Street Address		
39 Perre	enial Drive				PO Box 3210		
City			State Zip		City	State	Zip
Cranston	n		RI 02920		Providence	RI	02909
Item	Transaction Type		Contribution Type	R	leceipt Date Deposit Date	Cont	tribution Amou
	Check		Individual		01/15/2021		1,000.0
			In Kind/Other Receipts	Description			
		Con	tributor Information		Emplo	oyer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	e Suffix	Employer Name		
	Anthony	J.	Fiore		Worden Pond Builders		
Street A					Street Address		
	luage Dr		0		434 Leisure Drive	<b>6</b>	
City Narraga	nsatt		State Zip RI 02882		City Wakefield	State RI	Zip 02879
Item				T			tribution Amou
Item	Transaction Type Check		Contribution Type Individual		Ceceipt Date Deposit Date 03/31/2021	Con	1,000.0
			In Kind/Other Receipts	Description			
Profix	First Name	Con MI	tributor Information Last Name or PAC/Party Committee Name	e Suffix	Emplo Employer Name	oyer Data	
TTCHA	William	J	Fischer	Junx	True North Communications		
Street A	ddress				Street Address		
129 Run	nstick Road				260 West Exchange Street		
City			State Zip		City	State	Zip
			RI 02806		Providence	RI	02903
Barringt	ion						
Barringt Item	Transaction Type		Contribution Type		eceipt Date Deposit Date	Cont	
			Individual		Deposit Date         Deposit Date           03/31/2021         03/31/2021	Cont	
	Transaction Type					Cont	
Item	Transaction Type Check		Individual In Kind/Other Receipts tributor Information	Description	03/31/2021 Emplo	Cont oyer Data	
Item	Transaction Type Check First Name	Con MI	Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name	Description	03/31/2021 Emplo Employer Name		
Item Prefix	Transaction Type Check First Name Daniel		Individual In Kind/Other Receipts tributor Information	Description	03/31/2021 Employer Name Flaherty Law		
Item Prefix Street A	Transaction Type Check First Name Daniel uddress		Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name	Description	03/31/2021 Employer Name Flaherty Law Street Address		
Item Prefix Street A 154 Her	Transaction Type Check First Name Daniel uddress		Individual In Kind/Other Receipts atributor Information Last Name or PAC/Party Committee Name Flaherty	Description	03/31/2021 Employer Name Flaherty Law Street Address 154 Heritage Dr	oyer Data	1,000.0
Item Prefix Street A	Transaction Type Check First Name Daniel Address itage Dr		Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name	Description	03/31/2021 Employer Name Flaherty Law Street Address		
Item Prefix Street A 154 Her City	Transaction Type Check First Name Daniel uddress itage Dr k Transaction Type		Individual In Kind/Other Receipts attributor Information Last Name or PAC/Party Committee Name Flaherty State Zip RI 02818 Contribution Type	Description e Suffix F	03/31/2021 Employer Name Flaherty Law Street Address 154 Heritage Dr City Warwick Receipt Date Deposit Date	oyer Data State RI	02818 tribution Amoun
Item Prefix Street A 154 Her City Warwich	Transaction Type Check First Name Daniel uddress itage Dr		Individual In Kind/Other Receipts attributor Information Last Name or PAC/Party Committee Name Flaherty State Zip RI 02818	Description e Suffix F	03/31/2021 Employer Name Flaherty Law Street Address 154 Heritage Dr City Warwick	oyer Data State RI	1,000.0 <b>Zip</b> 02818
Item Prefix Street A 154 Her City Warwich	Transaction Type Check First Name Daniel uddress itage Dr k Transaction Type		Individual In Kind/Other Receipts atributor Information Last Name or PAC/Party Committee Name Flaherty State Zip RI 02818 Contribution Type Individual	Description e Suffix F	03/31/2021 Employer Name Flaherty Law Street Address 154 Heritage Dr City Warwick Receipt Date Deposit Date	oyer Data State RI	1,000.0 Zip 02818 tribution Amou
Item Prefix Street A 154 Her City Warwich Item	Transaction Type Check         First Name Daniel         uddress         itage Dr         k         Transaction Type Check	MI	Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name Flaherty State Zip RI 02818 Contribution Type Individual In Kind/Other Receipts	Description e Suffix F Description	03/31/2021 Employer Name Flaherty Law Street Address 154 Heritage Dr City Warwick Ecceipt Date Deposit Date 03/03/2021 Emplo	oyer Data State RI	1,000.0 Zip 02818 tribution Amou
Item Prefix Street A 154 Her City Warwich Item	Transaction Type Check         First Name Daniel         uddress         itage Dr         k         Transaction Type Check         First Name	MI Con MI	Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name Flaherty State Zip RI 02818 Contribution Type Individual In Kind/Other Receipts	Description e Suffix F Description	03/31/2021 Employer Name Flaherty Law Street Address 154 Heritage Dr City Warwick Ecceipt Date Deposit Date 03/03/2021 Employer Name	oyer Data State RI Cont	1,000.0 Zip 02818 tribution Amou
Item Prefix Street A 154 Her City Warwich Item Prefix	Transaction Type Check         First Name Daniel address itage Dr         k         Transaction Type Check         First Name John	MI	Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name Flaherty State Zip RI 02818 Contribution Type Individual In Kind/Other Receipts	Description e Suffix F Description	03/31/2021 Employer Name Flaherty Law Street Address 154 Heritage Dr City Warwick Ecceipt Date Deposit Date 03/03/2021 Employer Name Flake & Kerley Real Estate	oyer Data State RI Cont	1,000.0 Zip 02818 tribution Amou
Item Prefix Street A 154 Her City Warwich Item Prefix Street A	Transaction Type Check         First Name Daniel address itage Dr         k         Transaction Type Check         First Name John	MI Con MI	Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name Flaherty State Zip RI 02818 Contribution Type Individual In Kind/Other Receipts	Description e Suffix F Description	03/31/2021 Employer Name Flaherty Law Street Address 154 Heritage Dr City Warwick Ecceipt Date Deposit Date 03/03/2021 Employer Name	oyer Data State RI Cont	1,000.0 Zip 02818 tribution Amou
Item Prefix Street A 154 Her City Warwich Item Prefix Street A	Transaction Type Check         First Name Daniel Address itage Dr         k         Transaction Type Check         First Name John Address	MI Con MI	Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name Flaherty State Zip RI 02818 Contribution Type Individual In Kind/Other Receipts	Description e Suffix F Description	03/31/2021 Employer Name Flaherty Law Street Address 154 Heritage Dr City Warwick Ecceipt Date Deposit Date 03/03/2021 Employer Name Flake & Kerley Real Estate Street Address	oyer Data State RI Cont	1,000.0 Zip 02818 tribution Amou

Item	Transaction Type Check		Contribution Type Individual		eceipt Date Deposit Da 03/03/2021	ate Contribution Amoun 1.000.0
			In Kind/Other Receipts D	escription		
		Соп	tributor Information		E	mployer Data
Prefix	First Name Karen	МІ	Last Name or PAC/Party Committee Name Flake	Suffix	Employer Name Karen Flake & Associates	
St			гаке			
Street A	ohns Place				Street Address 28 St. Johns Place	
City	Juis Flace		State Zip		City	State Zip
Little Ro	ock		AR 72207		Little Rock	AR 72207
Item	Transaction Type		Contribution Type	P	eceipt Date Deposit Da	ate Contribution Amou
Item	Check		Individual		03/26/2021	1,000.0
	Chick		In Kind/Other Receipts D			1,000.0
		Cor	tributor Information		F	mployer Data
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	impioyer Data
TTCHA	Gary		Forloney	Jr.	TPA Technologies	
Street A	,		5		Street Address	
174 Alb	ert Ave				One State St, 14th FL	
City			State Zip		City	State Zip
Cranston	n		RI 02905		Boston	MA 02109
Item	Transaction Type		Contribution Type		eceipt Date Deposit Da	
	Check		Individual		01/13/2021	1,000.0
			In Kind/Other Receipts D	escription		
		Con	tributor Information			mployer Data
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
~	Joseph	G	Formicola	Jr.	Executive Realty	
Street A	Address vell St, Ste 200				Street Address 118 Point Judith Rd	
28 Casw	VCH 51, 510 200					
28 Casw City			State Zip		City	State Zip
			State Zip RI 02882		City Narragansett	State         Zip           RI         02882-7313
City	nsett Transaction Type		RI 02882 Contribution Type		Narragansett eceipt Date Deposit Da	RI 02882-7313 ate Contribution Amount
City Narraga	nsett		RI 02882		Narragansett	RI 02882-7313 ate Contribution Amou
City Narraga	nsett Transaction Type		RI 02882 Contribution Type Individual In Kind/Other Receipts D		Narragansett eccipt Date Deposit Da 03/21/2021	RI 02882-7313 ate Contribution Amou 1,000.0
City Narraga Item	nsett Transaction Type Check		RI 02882 Contribution Type Individual In Kind/Other Receipts D	escription	Narragansett eccipt Date Deposit Da 03/21/2021 E	RI 02882-7313 ate Contribution Amoun
City Narraga Item	nsett Transaction Type Check First Name	Con MI J	RI 02882 Contribution Type Individual In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name		Narragansett eccipt Date Deposit Da 03/21/2021 Engloyer Name	RI 02882-7313 ate Contribution Amoun 1,000.0
City Narragat Item Prefix	nsett Transaction Type Check First Name Edward	MI	RI 02882 Contribution Type Individual In Kind/Other Receipts D	escription	Narragansett eceipt Date Deposit Da 03/21/2021 E Employer Name Galvin & Associates	RI 02882-7313 ate Contribution Amoun 1,000.0
City Narraga Item Prefix Street A	nsett Transaction Type Check First Name Edward	MI	RI 02882 Contribution Type Individual In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name	escription	Narragansett eccipt Date Deposit Da 03/21/2021 Engloyer Name	RI 02882-7313 ate Contribution Amoun 1,000.0
City Narraga Item Prefix Street A	nsett Transaction Type Check First Name Edward Address	MI	RI 02882 Contribution Type Individual In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name	escription	Narragansett eceipt Date Deposit Da 03/21/2021 En Employer Name Galvin & Associates Street Address	RI 02882-7313 ate Contribution Amoun 1,000.0
City Narraga Item Prefix Street A 41 Bear	nsett Transaction Type Check First Name Edward Address Hill Road	MI	RI 02882 Contribution Type Individual In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name Galvin	escription	Narragansett eceipt Date Deposit Da 03/21/2021 Engloyer Name Galvin & Associates Street Address One Park Row, 5th Fl	RI 02882-7313 ate Contribution Amoun 1,000.0
City Narraga Item Prefix Street A 41 Bear City	nsett Transaction Type Check First Name Edward Address Hill Road	MI	RI 02882 Contribution Type Individual In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name Galvin State Zip MA 02771 Contribution Type	escription Suffix R	Narragansett eccipt Date Deposit Date 03/21/2021 Employer Name Galvin & Associates Street Address One Park Row, 5th Fl City Providence eccipt Date Deposit Date	RI 02882-7313 ate Contribution Amoun 1,000.00 mployer Data State Zip RI 02903 ate Contribution Amoun
City Narraga Item Prefix Street A 41 Bear City Seekonk	nsett Transaction Type Check First Name Edward Address Hill Road	MI	RI 02882 Contribution Type Individual In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name Galvin State Zip MA 02771 Contribution Type Individual	escription Suffix R	Narragansett eccipt Date Deposit Da 03/21/2021 Employer Name Galvin & Associates Street Address One Park Row, 5th F1 City Providence	RI 02882-7313 ate Contribution Amoun 1,000.0 mployer Data State Zip RI 02903 ate Contribution Amoun
City Narraga Item Prefix Street A 41 Bear City Seekonk	nsett Transaction Type Check First Name Edward Address Hill Road	MI J	RI       02882         Contribution Type Individual         Individual         Individual         tributor Information         Last Name or PAC/Party Committee Name Galvin         State       Zip MA         O2882         Contribution Type Individual         Individual         In Kind/Other Receipts D	escription Suffix R	Narragansett eccipt Date Deposit Da 03/21/2021 Employer Name Galvin & Associates Street Address One Park Row, 5th F1 City Providence eccipt Date Deposit Da 01/22/2021	RI 02882-7313 ate Contribution Amoun 1,000.0 cmployer Data State Zip RI 02903 ate Contribution Amoun 1,000.0
City Narraga Item Prefix Street A 41 Bear City Seekonk Item	nsett Transaction Type Check First Name Edward Address Hill Road C Transaction Type Credit/Debit Card	MI J Con	RI 02882 Contribution Type Individual In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name Galvin State Zip MA 02771 Contribution Type Individual In Kind/Other Receipts D	escription Suffix R escription	Narragansett eccipt Date Deposit Da 03/21/2021 Employer Name Galvin & Associates Street Address One Park Row, 5th F1 City Providence eccipt Date Deposit Da 01/22/2021	RI 02882-7313 ate Contribution Amoun 1,000.0 Simployer Data State Zip RI 02903 ate Contribution Amount
City Narraga Item Prefix Street A 41 Bear City Seekonk Item	nsett Transaction Type Check First Name Edward Address Hill Road	MI J	RI 02882 Contribution Type Individual In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name Galvin State Zip MA 02771 Contribution Type Individual In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name	escription Suffix R	Narragansett eccipt Date Deposit Da 03/21/2021 Employer Name Galvin & Associates Street Address One Park Row, 5th F1 City Providence eccipt Date Deposit Da 01/22/2021	RI 02882-7313 ate Contribution Amoun 1,000.0 cmployer Data State Zip RI 02903 ate Contribution Amoun 1,000.0
City Narraga Item Prefix Street A 41 Bear City Seekonk Item Prefix	nsett Transaction Type Check First Name Edward Address Hill Road C Transaction Type Credit/Debit Card First Name John	MI J Con MI	RI 02882 Contribution Type Individual In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name Galvin State Zip MA 02771 Contribution Type Individual In Kind/Other Receipts D tributor Information	escription Suffix R escription	Narragansett eccipt Date Deposit Date 03/21/2021 End Employer Name Galvin & Associates Street Address One Park Row, 5th F1 City Providence eccipt Date Deposit Date 01/22/2021 End Employer Name AAA	RI 02882-7313 ate Contribution Amoun 1,000.0 cmployer Data State Zip RI 02903 ate Contribution Amoun 1,000.0
City Narraga Item Prefix Street A 41 Bear City Seekonk Item Prefix Street A	nsett Transaction Type Check First Name Edward Address Hill Road C Transaction Type Credit/Debit Card First Name John Address	MI J Con MI	RI 02882 Contribution Type Individual In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name Galvin State Zip MA 02771 Contribution Type Individual In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name	escription Suffix R escription	Narragansett eccipt Date Deposit Da 03/21/2021 Employer Name Galvin & Associates Street Address One Park Row, 5th F1 City Providence eccipt Date Deposit Da 01/22/2021 Employer Name	RI 02882-7313 ate Contribution Amoun 1,000.0 cmployer Data State Zip RI 02903 ate Contribution Amoun 1,000.0
City Narraga Item Prefix Street A 41 Bear City Seekonk Item Prefix	nsett Transaction Type Check First Name Edward Address Hill Road C Transaction Type Credit/Debit Card First Name John Address	MI J Con MI	RI 02882 Contribution Type Individual In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name Galvin State Zip MA 02771 Contribution Type Individual In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name	escription Suffix R escription	Narragansett eccipt Date Deposit Date 03/21/2021 End Employer Name Galvin & Associates Street Address One Park Row, 5th F1 City Providence eccipt Date Deposit Date 01/22/2021 End Employer Name AAA Street Address	RI 02882-7313 ate Contribution Amoun 1,000.0 cmployer Data State Zip RI 02903 ate Contribution Amoun 1,000.0

	Transaction Type Check		Contribution Type Individual	e		ceipt Date 2/12/2021	Deposit Date	Co	ntribution Amou 500.
				er Receipts Descrip					
		Con	tributor Information				Employ	er Data	
Prefix	First Name Michael	MI A.	Last Name or PAC/Party Com Gamboli	umittee Name Su	ıffix	Employer Na Partridge, Sn	ame ow & Hahn, LLP		
Street A 14 Red (	ddress Coat Lane					Street Addre 40 Westmins			
City Plainvill	le		State MA	Zip 02762-2208		City Providence		State RI	<b>Zip</b> 02903
Item	Transaction Type Check		Contribution Type Individual	e		ceipt Date 3/25/2021	Deposit Date	Cor	ntribution Amou 500.
				er Receipts Descrip					
		Con	tributor Information				Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Com	umittee Name Su	ıffix	Employer Na			
	Steven	<b>B</b> .	Garofalo				ssociates, Inc.		
Street A						Street Addre			
	erbury Rd		St. (	7.		85 Corliss St		<b>6</b> 4 4	7.
City South K	ingstown		State RI	Zip 02879		City Providence		State RI	Zip 02904
Item	Transaction Type		Contribution Type			ceipt Date	Deposit Date		ntribution Amou
	Check		Individual In Kind/Oth	er Receipts Descrip		3/16/2021			1,000.
				ar accepts Descrip	lion				
Prefix	First Name	Con MI	tributor Information Last Name or PAC/Party Com	umittee Name Su	ıffix	Employer Na	Employ	er Data	
	Anthony	J.	Garro			Beta Group, I			
Street A 10 Saler						Street Addre 701 George V	ess Washington Hwy		
City Westerly	7		State RI	Zip 02891		City Lincoln		State	<b>Zip</b> 02865
				02071	I			RI	
Item	Transaction Type		Contribution Type			ceipt Date	Deposit Date		ntribution Amou
Item	,		Contribution Type Individual	e	0		Deposit Date		
Item	Transaction Type		Contribution Type Individual		0	ceipt Date	Deposit Date		ntribution Amou
	Transaction Type Check		Contribution Type Individual In Kind/Oth atributor Information	e er Receipts Descrip	0 otion	ceipt Date 3/29/2021	Employ	Cor	ntribution Amou
	Transaction Type Check First Name	MI	Contribution Type Individual In Kind/Oth Attributor Information Last Name or PAC/Party Com	e er Receipts Descrip	0 otion	cceipt Date 3/29/2021 Employer N	Employ	Cor er Data	ntribution Amou 500.
Prefix	Transaction Type Check First Name Daniel		Contribution Type Individual In Kind/Oth atributor Information	e er Receipts Descrip	0 otion	ceipt Date 3/29/2021 Employer Na Kitchen & Co	Employ ame ountertop Center of	Cor er Data	ntribution Amou 500.
	Transaction Type Check First Name Daniel ddress	MI	Contribution Type Individual In Kind/Oth Attributor Information Last Name or PAC/Party Com	e er Receipts Descrip	0 otion	cceipt Date 3/29/2021 Employer N	Employ ame ountertop Center of 2	Cor er Data	ntribution Amou 500.
Prefix Street A	Transaction Type Check First Name Daniel ddress	MI	Contribution Type Individual In Kind/Oth Attributor Information Last Name or PAC/Party Com	e ter Receipts Descrip umittee Name Su	0 otion	ceipt Date 3/29/2021 Employer Na Kitchen & Co Street Addre	Employ ame ountertop Center of 2	Cor er Data	ntribution Amou 500.
Prefix Street A 21 Solar	Transaction Type Check First Name Daniel ddress Dr	MI	Contribution Type Individual In Kind/Oth Attributor Information Last Name or PAC/Party Com Gauthier	e er Receipts Descrip	0 otion	Employer N Kitchen & Co Street Addre 125 Esten Av	Employ ame ountertop Center of 2	Con er Data New Englar	ntribution Amou 500. 1d
Street A 21 Solar City	Transaction Type Check First Name Daniel ddress Dr	MI	Contribution Type Individual In Kind/Oth Attributor Information Last Name or PAC/Party Com Gauthier State	e ner Receipts Descrip nmittee Name Su Zip 02886	0 otion offix Re	Employer Na Kitchen & Co Street Addre 125 Esten Av City	Employ ame ountertop Center of 2	Con er Data New Englar State RI	ntribution Amou 500. nd Zip
Prefix Street A 21 Solar City Warwich	Transaction Type Check First Name Daniel ddress Dr k Transaction Type	MI	Contribution Type Individual In Kind/Oth Attributor Information Last Name or PAC/Party Come Gauthier State RI Contribution Type Individual	e ner Receipts Descrip nmittee Name Su Zip 02886	0 otion offix Re 0	Employer Na Kitchen & Co Street Addre 125 Esten Av City Pawtucket ceipt Date	Employ ame ountertop Center of 2 ess e	Con er Data New Englar State RI	ntribution Amou 500. nd Zip 02860 ntribution Amou
Prefix Street A 21 Solar City Warwicl	Transaction Type Check First Name Daniel ddress Dr k Transaction Type	MI P.	Contribution Type Individual In Kind/Oth Attributor Information Last Name or PAC/Party Come Gauthier State RI Contribution Type Individual	e eer Receipts Descrip umittee Name Su Zip 02886 e	0 otion offix Re 0	Employer Na Kitchen & Co Street Addre 125 Esten Av City Pawtucket ceipt Date	Employ ame ountertop Center of 2 ess e	Con er Data New Englar State RI Con	ntribution Amou 500. nd Zip 02860 ntribution Amou
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Prefix Street A 21 Solar City Warwich Item Prefix Street A	Transaction Type Check         First Name Daniel ddress       Check         Daniel       Check         k       Transaction Type Check         First Name Kyle       Kyle	MI P.	Contribution Type Individual In Kind/Oth Attributor Information Last Name or PAC/Party Com Gauthier State RI Contribution Type Individual In Kind/Oth Attributor Information Last Name or PAC/Party Com	e ner Receipts Descrip umittee Name Su Zip 02886 e ner Receipts Descrip	0 ottion nffix Re 0 ottion	Employer Na Kitchen & Co Street Addre 125 Esten Av City Pawtucket ceipt Date 3/15/2021 Employer Na Alpine Nursi Street Addre	Employ ame ountertop Center of 2 ess e Deposit Date Employ ame ng Home	Con er Data New Englar State RI Con	ntribution Amou 500. nd Zip 02860 ntribution Amou
Prefix Street A 21 Solar City Warwich Item Prefix	Transaction Type Check         First Name Daniel ddress       Check         Daniel       Check         k       Transaction Type Check         First Name Kyle       Kyle	MI P.	Contribution Type Individual In Kind/Oth Attributor Information Last Name or PAC/Party Com Gauthier State RI Contribution Type Individual In Kind/Oth Attributor Information Last Name or PAC/Party Com	e ner Receipts Descrip umittee Name Su Zip 02886 e ner Receipts Descrip	0 ottion nffix Re 0 ottion	Employer Na Kitchen & Co Street Addre 125 Esten Av City Pawtucket 3/15/2021 Employer Na Alpine Nursi	Employ ame ountertop Center of 2 ess e Deposit Date Employ ame ng Home	Con er Data New Englar State RI Con	ntribution Amou 500. nd Zip 02860 ntribution Amou

	Transaction Type Check	ð		ontribution Type dividual	e		eceipt Date 03/08/2021	Deposit Date	Co	ntribution Amo 750
	Circek		III		er Receipts De		5706/2021			750.
		Соп	tributor Inform:	ation				Employe	r Data	
Prefix	First Name	MI	Last Name or	PAC/Party Com	mittee Name	Suffix	Employer N			
	Rodney	J.	Gauvin				Alpine Nursi	ng Home		
Street A							Street Addre			
38 Upla	nd Ave						557 Weaver I	Hill Rd		
City East Gre				State RI	Zip 02818		City		State RI	Zip 02816
							Coventry			
Item	Transaction Type Check	è		ontribution Type dividual	e		eceipt Date 03/17/2021	Deposit Date	Co	ntribution Amo 1,000
	Check				er Receipts De		03/17/2021			1,000
						-			_	
D 6	TT + 3.T		tributor Inform:			0.00	<b>F</b> 1 N	Employe	r Data	
Prefix	First Name Robert	MI B.	Last Name or Geddes	PAC/Party Com	mittee Name	Suffix	Employer Na Mandowbroo	ame k Development Co		
Street A		D.	Geddes				Street Addre			
	n's Grant Drive						26 Jasons Gra			
City				State	Zip		City		State	Zip
Cumber	land			RI	02864		Cumberland		RI	02864
Item	Transaction Type	5	С	ontribution Type	e	R	eceipt Date	Deposit Date	Co	ntribution Amo
	Check		In	dividual			02/23/2021			1,000
				In Kind/Oth	er Receipts De	scription				
		Сов	tributor Inform:	ation				Employe	r Data	
Prefix	First Name	MI		PAC/Party Com	mittee Name	Suffix	Employer N			
	Colin		Geoffroy				_	ow & Hahn, LLP		
Street A	anton Avenue						Street Addre			
City	anton Avenue			State	Zip		40 westmins City	ter St, Ste 1100	State	Zip
Falmout	h			MA	02540		Providence		RI	02903
Item	Transaction Type	5	С	ontribution Type	e		eceipt Date	Deposit Date	Co	ntribution Amo
			Ir	dividual		(	03/18/2021			1,000
	Check			L 12 1/04	D ' ( D					
	Check			In Kind/Oth	er Receipts De	scription				
			tributor Inform:	ation	•	-		Employe	r Data	
Prefix	First Name	МІ	tributor Inform: Last Name or		•	scription Suffix	Employer N	ame	r Data	
	First Name Vincent		tributor Inform:	ation	•	-	Inner Harbor	ame Market Corp	r Data	
Street A	First Name Vincent ddress	МІ	tributor Inform: Last Name or	ation	-	-	Inner Harbor Street Addre	ame Market Corp	r Data	
Street A 278 Scra	First Name Vincent	МІ	tributor Inform: Last Name or	ation PAC/Party Com	umittee Name	-	Inner Harbor Street Addre 77 Scranton A	ame Market Corp		Zin
Street A	First Name Vincent ddress anton Ave	МІ	tributor Inform: Last Name or	ation	-	-	Inner Harbor Street Addre	ame Market Corp	r Data State MA	<b>Zip</b> 02540-3401
Street A 278 Scra City	First Name Vincent ddress anton Ave	MI J.	tributor Inform: Last Name or Geoffroy	ation PAC/Party Com State	umittee Name Zip 02540-3401	Suffix	Inner Harbor Street Addre 77 Scranton A City	ame Market Corp	State MA	-
Street A 278 Scra City Falmout	First Name Vincent Address anton Ave h	MI J.	tributor Inform: Last Name or Geoffroy C	ation PAC/Party Com State MA	umittee Name Zip 02540-3401	Suffix	Inner Harbor Street Addre 77 Scranton A City Falmouth	ame Market Corp ess Ave	State MA	02540-3401
Street A 278 Scra City Falmout	First Name Vincent uddress anton Ave h Transaction Type	MI J.	tributor Inform: Last Name or Geoffroy C	ation PAC/Party Com State MA ontribution Type idividual	umittee Name Zip 02540-3401	Suffix	Inner Harbor Street Addre 77 Scranton A City Falmouth eccipt Date	ame Market Corp ess Ave	State MA	02540-3401 ntribution Amo
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Street A 278 Scra City Falmout Item	First Name Vincent Address anton Ave th Transaction Type Check First Name	MI J. e Con MI	atributor Informa Last Name or Geoffroy C In Atributor Informa Last Name or	ation PAC/Party Com State MA ontribution Type dividual In Kind/Othe	umittee Name Zip 02540-3401 e er Receipts De	Suffix Re escription	Inner Harbor Street Addre 77 Scranton A City Falmouth eccipt Date D1/22/2021	ame Market Corp ess Ave Deposit Date Employee ame	State MA Co	02540-3401 ntribution Amo
Street A 278 Scra City Falmout Item Prefix	First Name Vincent ddress anton Ave h Transaction Type Check First Name Wallace	MI J. e Con	tributor Information Last Name or Geoffroy C In tributor Information	ation PAC/Party Com State MA ontribution Type dividual In Kind/Othe	umittee Name Zip 02540-3401 e er Receipts De	Suffix Ra ()	Inner Harbor Street Addre 77 Scranton A City Falmouth eccipt Date 01/22/2021 Employer N The Bradford	ame Market Corp ess Ave Deposit Date Employer ame I Group	State MA Co	02540-3401 ntribution Amo
Street A 278 Scra City Falmout Item Prefix Street A	First Name Vincent ddress anton Ave h Transaction Type Check First Name Wallace ddress	MI J. e Con MI	atributor Informa Last Name or Geoffroy C In Atributor Informa Last Name or	ation PAC/Party Com State MA ontribution Type dividual In Kind/Othe	umittee Name Zip 02540-3401 e er Receipts De	Suffix Re escription	Inner Harbor Street Addre 77 Scranton A City Falmouth eccipt Date 01/22/2021 Employer Na The Bradford Street Addre	ame Market Corp ess Ave Deposit Date Employer ame I Group ess	State MA Co	02540-3401 ntribution Amo
Street A 278 Scra City Falmout Item Prefix Street A	First Name Vincent ddress anton Ave h Transaction Type Check First Name Wallace	MI J. e Con MI	atributor Informa Last Name or Geoffroy C In Atributor Informa Last Name or	ation PAC/Party Com State MA ontribution Type dividual In Kind/Othe	umittee Name Zip 02540-3401 e er Receipts De	Suffix Re escription	Inner Harbor Street Addre 77 Scranton A City Falmouth eccipt Date 01/22/2021 Employer N The Bradford	ame Market Corp ess Ave Deposit Date Employer ame I Group ess	State MA Co	02540-3401 ntribution Amo

Item	Transaction Type Check			Contribution Type Individual	e		eceipt Date 03/11/2021	Deposit Date	Co	ntribution Amou 500.0
					er Receipts De					
		Сол	tributor Infor	mation				Employ	er Data	
Prefix	First Name Mark	МІ	Last Name Gershman	or PAC/Party Com	umittee Name	Suffix	Employer N Info Request			
Street A	Address						Street Addr			
131 Sou	th Washington St									
City Norton				State MA	Zip 02766		City		State	Zip
Item	Transaction Type			Contribution Type	e	R	eceipt Date	Deposit Date	Co	ntribution Amou
	Check			Individual		(	01/22/2021			1,000.0
				In Kind/Oth	er Receipts De	scription				
		Cor	tributor Infor	mation				Employ	er Data	
Prefix	First Name	MI		or PAC/Party Com	umittee Name	Suffix	Employer N		LI Data	
	Nicholas	D.	Giardino				RICBT			
Street A	Address						Street Addr	ess		
131 Lau	irel Ave						400 Massaso	it Ave		
City				State	Zip		City		State	Zip
Provide				RI	02906		East Provide		RI	02914
Item	Transaction Type Check			Contribution Type Individual	e		eceipt Date 02/10/2021	Deposit Date	Co	ntribution Amou 500.0
	Check				er Receipts De		02/10/2021			500.
					1					
			tributor Infor					Employ	er Data	
Prefix	First Name David	MI		or PAC/Party Com	imittee Name	Suffix	Employer N			
Street A	Address	М.	Gilden				Street Addre	ow & Hahn, LLP		
21 Britt								ter St, Ste 1100		
City	0			State	Zip		City		State	Zip
Cumber	land			RI	02864		Providence		RI	02903
Item	Transaction Type			Contribution Type	e		eceipt Date	Deposit Date	Co	ntribution Amou
	Check			Individual		(	02/15/2021			500.
				In Kind/Oth	er Receipts De	scription				
		Соп	tributor Infor		er Receipts De	scription		Employ	er Data	
Prefix	First Name	Con MI			•	scription Suffix	Employer N		er Data	
	Jeffrey			mation	•	•			er Data	
Street A	Jeffrey Address	MI	Last Name	mation	•	Suffix	Partridge, Sr Street Addr	ame low & Hahn, LLP ess	er Data	
Street A 1180 Hi	Jeffrey	MI	Last Name	mation or PAC/Party Com	nmittee Name	Suffix	Partridge, Sr Street Addr 40 Westmins	ame low & Hahn, LLP		7:-
Street A 1180 Hi City	Jeffrey Address igh Hawk Rd	MI	Last Name	mation or PAC/Party Com State	nmittee Name Zip	Suffix	Partridge, Sr Street Addre 40 Westmins City	ame low & Hahn, LLP ess	State	Zip 02903
Street A 1180 Hi City East Gre	Jeffrey Address igh Hawk Rd eenwich	MI H.	Last Name	mation or PAC/Party Com State RI	umittee Name Zip 02818	Suffix Esq.	Partridge, Sr Street Addro 40 Westmins City Providence	ame low & Hahn, LLP ess ter St, Ste 1100	State RI	02903
Street A 1180 Hi City	Jeffrey Address igh Hawk Rd	MI H.	Last Name	mation or PAC/Party Com State	umittee Name Zip 02818	Suffix Esq.	Partridge, Sr Street Addre 40 Westmins City	ame low & Hahn, LLP ess	State RI	-
Street A 1180 Hi City East Gre	Jeffrey Address igh Hawk Rd eenwich Transaction Type	MI H.	Last Name	mation or PAC/Party Com State RI Contribution Type Individual	umittee Name Zip 02818	Suffix Esq.	Partridge, Sr Street Addre 40 Westmins City Providence eccipt Date	ame low & Hahn, LLP ess ter St, Ste 1100	State RI	02903 ntribution Amou
Street A 1180 Hi City East Gre	Jeffrey Address igh Hawk Rd eenwich Transaction Type	<b>МІ</b> Н.	Last Name Gladstone	mation or PAC/Party Com State RI Contribution Typ Individual In Kind/Oth	nmittee Name Zip 02818 e	Suffix Esq.	Partridge, Sr Street Addre 40 Westmins City Providence eccipt Date	ame low & Hahn, LLP ess ter St, Ste 1100 Deposit Date	State RI Co	02903 ntribution Amou
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Street A 1180 Hi City East Gro Item Prefix Street A	Jeffrey Address igh Hawk Rd eenwich Transaction Type Check First Name Robert Address itage St	MI H. Con MI	Last Name Gladstone tributor Infor Last Name	mation or PAC/Party Com State RI Contribution Typ Individual In Kind/Oth mation	umittee Name Zip 02818 e ter Receipts De	Suffix Esq. R scription	Partridge, Sr Street Addre 40 Westmins City Providence ecceipt Date 01/21/2021 Employer N Goldberg La Street Addre	ame now & Hahn, LLP ess ter St, Ste 1100 Deposit Date Employ ame w Offices ess	State RI Co	02903 ntribution Amou

Item	Transaction Type Check	•		Contribution Typ Individual	e		leceipt Date 03/03/2021	Deposit Date	Co	ntribution Amou 1,000.0
					er Receipts D					
		Con	tributor Info					Employ	yer Data	
Prefix	First Name Kolby	MI T.	Last Name Goryl	e or PAC/Party Con	amittee Name	Suffix	Employer N The Malted			
Street A 20 Old N							Street Addr 334 Westmin			
City Harrisvi	ille			State RI	Zip 02830		City Providence		State RI	Zip 02903
Item	Transaction Type Check	•		Contribution Typ Individual	e		eceipt Date 02/05/2021	Deposit Date	Ca	ntribution Amo 500.
				In Kind/Oth	er Receipts D	escription				
		Con	tributor Info	rmation				Employ	yer Data	
Prefix	First Name	MI		or PAC/Party Con	nmittee Name	Suffix	Employer N			
S	Deborah		Gouveia				D'Oliveira &			
Street A 710 Nec							Street Addr 930 Kempto			
City				State	Zip		City	1.51	State	Zip
Rochest	ter			MA	02770		New Bedfor	d	MA	02740
Item	Transaction Type Credit/Debit Card			Contribution Typ Individual	e		eceipt Date 02/03/2021	Deposit Date	Co	ontribution Amou 1,000.0
				In Kind/Oth	er Receipts D	escription				
		Con	tributor Info	rmation				Employ	yer Data	
Prefix	First Name Seth	MI	Last Name Grady	e or PAC/Party Con	nmittee Name	Suffix	Employer N Seth Grady,			
Street A			Glady				Street Addr 106 Hawtho	ress		
City Roslinda				State MA	Zip 02131		City Roslindale	ine Succi	State MA	Zip 02131
Item	Transaction Type Check	•		Contribution Typ Individual	e		eceipt Date 02/05/2021	Deposit Date	Ca	ntribution Amo 1,000.
	Children				er Receipts D		02/05/2021			1,000.
		Con	tributor Info	rmation				Employ	yer Data	
Prefix	First Name	MI	Last Name	or PAC/Party Con	nmittee Name	Suffix	Employer N	ame		
	Vincent	L.	Greene				Motley Rice			
Street A							Street Addr			
	ry Club Way			54.4	7.		321 S. Main	St, #200	<b>6</b> 4 4	7.
City Norton				State MA	Zip 02766-1155		City Providence		State RI	Zip 02903
Item	Transaction Type Check	•		Contribution Typ Individual			ceceipt Date	Deposit Date		ontribution Amou
	Once				er Receipts D					1,000.
		Con	tributor Info	rmation				Employ	yer Data	
Prefix	First Name	MI		or PAC/Party Con	nmittee Name	Suffix	Employer N	ame		
	James	E.	Griffin			Jr.	Retired - Sta			
							Street Addr			
Street A							100 Exchange	Te St Unit 1902		
	Address change St, Unit 1803			State	Zip		100 Exchang City	ge St, Unit 1803	State	Zip

Item	Transaction T Check	ype	Contribution Type Individual		eceipt Date Depo 03/18/2021	osit Date C	Contribution Amoun 1.000.00
			In Kind/Other	Receipts Description			
		Con	tributor Information			Employer Data	
Prefix	First Name Michael	MI E.	Last Name or PAC/Party Commi Grilli	ttee Name Suffix	Employer Name Beta Group, Inc.		
Street A	Address ewood Dr				Street Address 701 George Washing	ton Hwy	
City			State Z	(ip	City	State	Zip
Framing	gham			1701	Lincoln	RI	02865
Item	Transaction T	уре	Contribution Type	R	eceipt Date Depo	osit Date O	Contribution Amou
	Check		Individual		02/11/2021		500.0
			In Kind/Other	Receipts Description			
		Con	tributor Information			Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Commi	ttee Name Suffix	Employer Name		
_	Mark	H.	Grimm		Marasco & Nesselbu	ish, LLP	
Street A					Street Address		
-	tacle Ave		State 7		685 Westminster St	State	7:
City Warwick	k			Хір 2888	City Providence	State RI	e Zip 02903
Item	Transaction T	ype	Contribution Type	R	eceipt Date Depo	osit Date C	Contribution Amou
	Check		Individual		01/22/2021		1,000.0
			In Kind/Other	Receipts Description			
		Con	tributor Information			Employer Data	
Prefix	First Name James	MI	Last Name or PAC/Party Commi	ttee Name Suffix	Employer Name	4 <b>I</b>	
Street A		R	Grundy		Atlantic Control Sys Street Address	tems inc	
PO Box					318 Dry Bridge Rd		
City				lip	City	State	•
Exeter				2822	North Kingstown	RI	02852
Item	Transaction T Check	уре	Contribution Type Individual		eceipt Date Depo 01/30/2021	osit Date C	Contribution Amoun 500.0
				Receipts Description			
		0					
Prefix	First Name	Con MI	tributor Information Last Name or PAC/Party Commi	ttee Name Suffix	Employer Name	Employer Data	
	Jeffrey	M.	Grybowski		US Wind, Inc.		
	Address		2		Street Address		
Street A					401 East Pratt St, Ste	e 1810	
	ch Lane						Zip
			State Z	lip	City	State	ւ չսի
126 Fin	ch Lane			Cip 2874	City Baltimore	State MD	21202
126 Fin City	ch Lane rstown Transaction T	уре	RI 0 Contribution Type	2874 R	Baltimore eccipt Date Depo	MD	21202 Contribution Amour
126 Find City Saunder	ch Lane rstown	уре	RI 0 Contribution Type Individual	2874 R	Baltimore	MD	21202 Contribution Amoun
126 Find City Saunder	ch Lane rstown Transaction T		RI 0 Contribution Type Individual In Kind/Other	2874 <b>R</b>	Baltimore eccipt Date Depo	MD osit Date (	21202 Contribution Amoun
126 Find City Saunder Item	ch Lane rstown Transaction T Check	Сол	RI 0 Contribution Type Individual In Kind/Other tributor Information	2874 R Receipts Description	Baltimore eccipt Date Depo 01/18/2021	MD	21202 Contribution Amou
126 Find City Saunder Item	ch Lane rstown Transaction T		RI 0 Contribution Type Individual In Kind/Other	2874 R Receipts Description	Baltimore eccipt Date Depo	MD asit Date C Employer Data	21202 Contribution Amou
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126 Find City Saunder Item Prefix	ch Lane rstown Transaction T Check First Name Peter Address	Con MI	RI 0 Contribution Type Individual In Kind/Other tributor Information Last Name or PAC/Party Commi	2874 R Receipts Description	Baltimore eccipt Date Depo D1/18/2021 Employer Name American Thermal H	MD asit Date C Employer Data	21202 Contribution Amou
126 Fin City Saunder Item Prefix Street A	ch Lane rstown Transaction T Check First Name Peter Address	Con MI	RI 0 Contribution Type Individual In Kind/Other tributor Information Last Name or PAC/Party Commi Gummo	2874 R Receipts Description	Baltimore eccipt Date Depo D1/18/2021 Employer Name American Thermal H Street Address	MD asit Date C Employer Data	21202 Contribution Amoun 1,000.00

Item	Transaction Type Check		Contribution Ty Individual	pe		eceipt Date 03/11/2021	Deposit Date	Co	ntribution Amoun 500.00
			In Kind/Ot	her Receipts De	scription				
		Соп	ntributor Information				Employ	er Data	
Prefix	First Name Najob	MI O.	Last Name or PAC/Party Con Habesch	nmittee Name	Suffix	Employer N Beta Group,			
	Address ghland St					Street Addr 701 Washing			
City Wethers	sfield		State CT	<b>Zip</b> 06109		City Lincoln		State RI	Zip 02865
Item	Transaction Type Check		Contribution Ty Individual	pe		eceipt Date 02/09/2021	Deposit Date	Co	ntribution Amou 1,000.0
	Chica			her Receipts De		02/03/2021			1,000.0
		Con	ntributor Information				Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Con	nmittee Name	Suffix	Employer N			
Street A	James	H.	Hahn			Partridge, Si Street Addr	now & Hahn LLP		
	wam Park Rd						ess ster St. Ste 1100		
City			State	Zip		City		State	Zip
Rumfor	ď		RI	02916		Providence		RI	02903
Item	Transaction Type Check		Contribution Ty Individual	pe		eceipt Date 01/25/2021	Deposit Date	Co	ntribution Amou 500.0
				her Receipts De					
		Соп	ntributor Information				Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Con	nmittee Name	Suffix	Employer N	lame		
	Pierce	J.	Haley			Serlin/Haley			
Street A 51 Frank	Address klin St					Street Addr 51 Franklin			
City Boston			State MA	Zip 02110-1335		City Boston		State MA	Zip 02110-1335
Item	Transaction Type		Contribution Ty	pe		eceipt Date	Deposit Date	Co	ntribution Amou
	Check		Individual In Kind/Ot	her Receipts De		01/03/2021			1,000.0
				<b>I</b>					
	Einst Name		ntributor Information	·····	Suffix	Employer N	Employ	er Data	
Dec		MI	Last Name or PAC/Party Con is Halldow	ninittee Name	Sumx			sit Authorit	v (HART)
Prefix	Jacqueline	Lewi				Hillsboroug	n Afea Kegional Ifan		, (,
	Jacqueline Address	Lewi	is fialidow			Hillsboroug Street Addr	_		
Street A	Jacqueline Address ingwood Dr	Lewi	IS HAILUOW			Hillsboroug Street Addr 1201 E. 7th.	ress		
Street A	Address	Lewi	State	Zip		Street Addr	ress	State	Zip
Street A 110 Elli	Address ingwood Dr	Lewi		<b>Zip</b> 14618		Street Addr 1201 E. 7th	ress		<b>Zip</b> 33605
Street A 110 Ellir City	Address ingwood Dr	Lewi	State	14618		Street Addr 1201 E. 7th City	ress	State FL	33605 ntribution Amou
Street A 110 Elli City Rochest	Address ingwood Dr ter Transaction Type	Lewi	State NY Contribution Ty Individual	14618	(	Street Addr 1201 E. 7th City Tampa eceipt Date	ress Ave	State FL	33605 ntribution Amou
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Street A 110 Elli City Rochest Item	Address ingwood Dr ter Transaction Type Check First Name	Con MI	State NY Contribution Ty Individual In Kind/Ot ntributor Information Last Name or PAC/Party Con	14618 De her Receipts De	(	Street Addr 1201 E. 7th. City Tampa eccipt Date 03/31/2021	ress Ave Deposit Date Employ	State FL Cor	33605 ntribution Amou
Street A 110 Ellin City Rochest Item Prefix	Address ingwood Dr ter Transaction Type Check	Con	State NY Contribution Tyj Individual In Kind/Ot ntributor Information	14618 De her Receipts De	scription	Street Addr 1201 E. 7th City Tampa eccipt Date 03/31/2021	Deposit Date Employ Tame Insurance	State FL Cor	33605 ntribution Amou
Street A 110 Elli City Rochest Item Prefix Street A	Address ingwood Dr ter Transaction Type Check First Name David	Con MI	State NY Contribution Ty Individual In Kind/Ot ntributor Information Last Name or PAC/Party Con	14618 De her Receipts De	scription	Street Addr 1201 E. 7th City Tampa eccipt Date 03/31/2021 Employer N Hanuschak I	Deposit Date Deposit Date Employ Vame Ensurance ress	State FL Cor	33605 ntribution Amou
Street A 110 Elli City Rochest Item Prefix Street A	Address ingwood Dr ter Transaction Type Check First Name David Address eech Pond Rd	Con MI	State NY Contribution Ty Individual In Kind/Ot ntributor Information Last Name or PAC/Party Con	14618 De her Receipts De	scription	Street Addr 1201 E. 7th City Tampa eccipt Date 03/31/2021 Employer N Hanuschak I Street Addr	Deposit Date Deposit Date Employ Tame Insurance ress on Rd	State FL Cor	-

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt Date Deposit Date 03/23/2021	Contribution Amou 1.000.0
			In Kind/Other Receipts D			-,
		Соп	tributor Information		Emple	oyer Data
Prefix	First Name Gerald	МІ	Last Name or PAC/Party Committee Name Harrington	Suffix	Employer Name Capitol City Group, ltd.	
Street A			Harmgon		Street Address	
	Exchange Street, Suite 100				260 West Exchange Street, Suit	e 100
City			State Zip		City	State Zip
Provider	nce		RI 02903		Providence	RI 02903
Item	Transaction Type	•	Contribution Type	R	Receipt Date Deposit Date	Contribution Amou
	Check		Individual In Kind/Other Receipts D		03/30/2021	1,000.0
			In Kind/Other Receipts D	escription		
			tributor Information		•	oyer Data
Prefix	First Name Gabriel	МІ	Last Name or PAC/Party Committee Name Hayek	Suffix	Employer Name Dr. Gabriel Hayek, DMD	
Street A			пауек		Street Address	
5 Junipe					1009 Main Ave	
City			State Zip		City	State Zip
East Gre	eenwich		RI 02818		Warwick	RI 02886
Item	Transaction Type	,	Contribution Type		Receipt Date Deposit Date	Contribution Amoun
	Check		Individual In Kind/Other Receipts D		02/05/2021	500.0
				escription		
			tributor Information		-	oyer Data
Prefix	First Name David	MI W.	Last Name or PAC/Party Committee Name Hayes	Suffix	Employer Name D&H Collision Center	
Street A		vv.	Hayes		Street Address	
	Birch Dr				1783 Elmwood Ave	
City			State Zip		City	State Zip
Cranston	n		RI 02921		Warwick	RI 02888
Item	Transaction Type		Contribution Type		Receipt Date Deposit Date	Contribution Amoun
	Credit/Debit Card		Individual In Kind/Other Receipts D		03/27/2021	1,000.0
			-			
Duefer	First Name	Con MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer Name	oyer Data
пенх	Alexander	MI	Heckler	Sum	LSN Partners, LLC	
Street A	ddress				Street Address	
4555 N	Bay Road				801 Arthur Godfrey Rd #401	
City			State Zip		City	State Zip
Miami I	Beach		F1 33140		Miami Beach	FL 33140
Item	Transaction Type Check	•	Contribution Type Individual		Receipt DateDeposit Date01/06/2021	Contribution Amoun 1,000.0
	Спеск		In Kind/Other Receipts D		01/00/2021	1,000.0
			r			
	First Name	Con MI	tributor Information	Suffix		oyer Data
Prof-	r ir st i vaine	MI A.	Last Name or PAC/Party Committee Name Hockensmith	Sullix	Employer Name KS&P Law	
Prefix	Erin					
Prefix Street A					Street Address	
Street A					Street Address 128 Dorrance St, #300	
Street A	Address		State Zip			State Zip

	Transaction Type Check	,	Contribution Type Individual		eceipt Date Deposit Date 01/26/2021	Co	ntribution Amou 1,000.0
			In Kind/Other Receipts D	escription			
		Con	tributor Information		Emplo	oyer Data	
Prefix	First Name Daniel	МІ	Last Name or PAC/Party Committee Name Holmander	Suffix	Employer Name Adler Pollock & Sheehan		
Street A 5 Bishop					Street Address One Citizens Plaza, Fl 8		
City			State Zip		City	State	Zip
Cumber	land		RI 02864		Providence	RI	02903
Item	Transaction Type	5	Contribution Type	R	eceipt Date Deposit Date	Co	ntribution Amou
	Check		Individual In Kind/Other Receipts D		01/27/2021		500.
			-			_	
D	First Name		tributor Information	S 65-	-	oyer Data	
гтепх	R. Kevin	MI	Last Name or PAC/Party Committee Name Horan	Suffix	Employer Name Law Offices of R. Kevin Horan		
Street A			110101		Street Address		
	nwood Drive				393 Armistice Blvd		
City			State Zip		City	State	Zip
North K	ingstown		RI 02852		Pawtucket	RI	02861
Item	Transaction Type Check	3	Contribution Type Individual		eceipt Date Deposit Date 03/30/2021	Ca	ntribution Amou 500.0
	Chttk		In Kind/Other Receipts D		53/50/2021		500.
		Con	tributor Information		Emple	oyer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Taesun		Hwang		CS Tools		
Street A 935 Mo	address oresfield Rd				Street Address 935 Mooresfield Rd		
City Wakefie	ld		State Zip RI 02879		City Wakefield	State RI	Zip 02879
Item	Transaction Type		Contribution Type		eceipt Date Deposit Date	Ca	ntribution Amou
	Credit/Debit Card				03/30/2021		250.
				locarintion			
			In Kind/Other Receipts D	)escription			
Profix	First Name		tributor Information	-	-	oyer Data	
Prefix	First Name Stephen	Con MI	-	Description Suffix	Emplo Employer Name Cox Communications	oyer Data	
Prefix Street A	Stephen		tributor Information Last Name or PAC/Party Committee Name	-	Employer Name	oyer Data	
Street A	Stephen		tributor Information Last Name or PAC/Party Committee Name	-	Employer Name Cox Communications	oyer Data	
Street A	Stephen Address		tributor Information Last Name or PAC/Party Committee Name	-	Employer Name Cox Communications Street Address	oyer Data State	Zip
Street A 24 Unio City	Stephen Address		tributor Information Last Name or PAC/Party Committee Name Iannazzi	-	Employer Name Cox Communications Street Address 1224 North Main Street	-	<b>Zip</b> 02904
Street A 24 Unio City	Stephen uddress n Avenue rovidence Transaction Type	МІ	tributor Information Last Name or PAC/Party Committee Name Iannazzi State Zip	Suffix	Employer Name Cox Communications Street Address 1224 North Main Street City	State RI	-
Street A 24 Unio City North Pr	Stephen Address n Avenue rovidence	МІ	tributor Information Last Name or PAC/Party Committee Name Iannazzi State Zip RI 02904 Contribution Type	Suffix	Employer Name Cox Communications Street Address 1224 North Main Street City Providence ecceipt Date Deposit Date	State RI	02904 ntribution Amou
Street A 24 Unio City North Pr	Stephen uddress n Avenue rovidence Transaction Type	MI	tributor Information Last Name or PAC/Party Committee Name Iannazzi State Zip RI 02904 Contribution Type Individual	Suffix	Employer Name Cox Communications Street Address 1224 North Main Street City Providence ecceipt Date Deposit Date 03/29/2021	State RI	02904 ntribution Amou
Street A 24 Unio City North Pi Item	Stephen uddress n Avenue rovidence Transaction Type Check First Name	MI	tributor Information Last Name or PAC/Party Committee Name Iannazzi State Zip RI 02904 Contribution Type Individual In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer Name Cox Communications Street Address 1224 North Main Street City Providence ecceipt Date Deposit Date 03/29/2021 Employer Name	State RI Co	02904 ntribution Amou
Street A 24 Unio City North Pr Item Prefix	Stephen Address n Avenue rovidence Transaction Type Check First Name Adolfo	MI e Con	tributor Information Last Name or PAC/Party Committee Name Iannazzi State Zip RI 02904 Contribution Type Individual In Kind/Other Receipts D	Suffix R Description	Employer Name Cox Communications Street Address 1224 North Main Street City Providence ecceipt Date Deposit Date 03/29/2021 Employer Name IDBP, LLC	State RI Co	02904 ntribution Amor
Street A 24 Unio City North Pi Item Prefix Street A	Stephen uddress n Avenue rovidence Transaction Type Check First Name Adolfo uddress	MI e Con	tributor Information Last Name or PAC/Party Committee Name Iannazzi State Zip RI 02904 Contribution Type Individual In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name	Suffix R Description	Employer Name Cox Communications Street Address 1224 North Main Street City Providence ecceipt Date Deposit Date 03/29/2021 Employer Name IDBP, LLC Street Address	State RI Co	02904 ntribution Amor
Street A 24 Unio City North Pr Item Prefix	Stephen uddress n Avenue rovidence Transaction Type Check First Name Adolfo uddress	MI e Con	tributor Information Last Name or PAC/Party Committee Name Iannazzi State Zip RI 02904 Contribution Type Individual In Kind/Other Receipts D tributor Information Last Name or PAC/Party Committee Name	Suffix R Description	Employer Name Cox Communications Street Address 1224 North Main Street City Providence ecceipt Date Deposit Date 03/29/2021 Employer Name IDBP, LLC	State RI Co	02904 ntribution Amou

	Transaction Type Check	•	Contribution Type Individual	Receipt Date Deposit Date Contribut 01/19/2021	tion Amoun 1,000.00
	Chick		In Kind/Other Receip		1,000.00
		Con	tributor Information	Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Na		
S4	Patricia	Α	Issa	Retired Street Address	
16 Lilao	Address c. St			16 Lilac St	
City			State Zip	City State Zip	
Cumber	rland		RI 02864	Cumberland RI 0286	4
Item	Transaction Type		Contribution Type	Receipt Date Deposit Date Contribut	tion Amou
I.C.M	Check		Individual	03/14/2021	1,000.0
			In Kind/Other Receip	ots Description	
		Con	tributor Information	Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Na		
	Steven	J	Issa	Customers Bank	
Street A	Address			Street Address	
16 Lilac	c St			40 Westminister St, Ste 602	
City			State Zip	City State Zip	
Cumber	rland		RI 02864	Providence RI 0290	3
Item	Transaction Type	•	Contribution Type		tion Amou
	Check		Individual	03/30/2021	1,000.0
			In Kind/Other Receip		
			tributor Information	Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Na		
~	Michelle		Izzo	Law Office of Thomas E. Badway	
PO Boz	Address			Street Address 1052 North Main Street	
	x 0420		State 7		
City Provide	nce		State Zip RI 02940	City State Zip Providence RI 0290	4
Item	Transaction Type	•	Contribution Type	Receipt Date Deposit Date Contribut	tion Amou
Item	Transaction Type Check	,	Contribution Type Individual	Receipt Date Deposit Date Contribut 02/03/2021	
Item		•		02/03/2021	
Item			Individual	02/03/2021	
			Individual In Kind/Other Receip	02/03/2021 pts Description Employer Data	
	Check	Соп	Individual In Kind/Other Receip tributor Information	02/03/2021 pts Description Employer Data	
Prefix	Check First Name	Con MI	Individual In Kind/Other Receip tributor Information Last Name or PAC/Party Committee Na	02/03/2021 pts Description Employer Data ame Suffix Employer Name	
Prefix	Check First Name Bemard Address	Con MI	Individual In Kind/Other Receip tributor Information Last Name or PAC/Party Committee Na	02/03/2021 pts Description  Employer Data  Meme Suffix Employer Name Pannone, Lopes, Devereaux & O'Gara	
Prefix Street A	Check First Name Bemard Address	Con MI	Individual In Kind/Other Receip tributor Information Last Name or PAC/Party Committee Na	02/03/2021 pts Description  Employer Data  me Suffix Employer Name Pannone, Lopes, Devereaux & O'Gara Street Address	
Prefix Street A 100 Peg City	Check First Name Bemard Address	Con MI	Individual In Kind/Other Receip tributor Information Last Name or PAC/Party Committee Na Jackvony	02/03/2021 pts Description  Employer Data  Employer Data  Suffix Employer Name Pannone, Lopes, Devereaux & O'Gara Street Address 1301 Atwood Ave	1,000.0
Prefix Street A 100 Peg City East Gro	Check First Name Bernard Address gwin Dr	Con MI A.	Individual In Kind/Other Receip tributor Information Last Name or PAC/Party Committee Na Jackvony State Zip	02/03/2021 pts Description	1,000.0
Prefix Street A 100 Peg City	Check First Name Bernard Address gwin Dr reenwich	Con MI A.	Individual In Kind/Other Receip tributor Information Last Name or PAC/Party Committee Na Jackvony State Zip RI 02818 Contribution Type Individual	02/03/2021 pts Description	1,000.0 9 tion Amoun
Prefix Street A 100 Peg City East Gro	Check First Name Bernard Address gwin Dr eenwich Transaction Type	Con MI A.	Individual In Kind/Other Receip tributor Information Last Name or PAC/Party Committee Na Jackvony State Zip RI 02818 Contribution Type	02/03/2021 pts Description	1,000.0 9 tion Amou
Prefix Street A 100 Peg City East Gro	Check First Name Bernard Address gwin Dr eenwich Transaction Type	Con MI A.	Individual In Kind/Other Receip tributor Information Last Name or PAC/Party Committee Na Jackvony State Zip RI 02818 Contribution Type Individual	02/03/2021 pts Description	1,000.0 9 tion Amoun
Prefix Street A 100 Peg City East Gro Item	Check First Name Bernard Address gwin Dr eenwich Transaction Type	Con MI A.	Individual In Kind/Other Receip tributor Information Last Name or PAC/Party Committee Na Jackvony State Zip RI 02818 Contribution Type Individual In Kind/Other Receip	02/03/2021 pts Description	1,000.0 9 tion Amou
Prefix Street A 100 Peg City East Gro Item	Check First Name Bernard Address gwin Dr eenwich Transaction Type Credit/Debit Card	Con MI A.	Individual In Kind/Other Receip tributor Information Last Name or PAC/Party Committee Na Jackvony State Zip RI 02818 Contribution Type Individual In Kind/Other Receip	02/03/2021 pts Description	1,000.0 9 tion Amou
Prefix Street A 100 Peg City East Gro Item Prefix	Check First Name Bernard Address gwin Dr eenwich Transaction Type Credit/Debit Card First Name	Con MI A.	Individual In Kind/Other Receip tributor Information Last Name or PAC/Party Committee Na Jackvony State Zip RI 02818 Contribution Type Individual In Kind/Other Receip tributor Information Last Name or PAC/Party Committee Na	02/03/2021 pts Description	1,000.0 9 tion Amoun
Prefix Street A 100 Peg City East Gro Item Prefix Street A	Check First Name Bernard Address gwin Dr eeenwich Transaction Type Credit/Debit Card First Name Alex	Con MI A.	Individual In Kind/Other Receip tributor Information Last Name or PAC/Party Committee Na Jackvony State Zip RI 02818 Contribution Type Individual In Kind/Other Receip tributor Information Last Name or PAC/Party Committee Na	02/03/2021 pts Description	1,000.0 9 tion Amou
Prefix Street A 100 Peg City East Gro Item Prefix Street A	Check First Name Bernard Address gwin Dr eeenwich Transaction Type Credit/Debit Card First Name Alex Address vard Ave	Con MI A.	Individual In Kind/Other Receip tributor Information Last Name or PAC/Party Committee Na Jackvony State Zip RI 02818 Contribution Type Individual In Kind/Other Receip tributor Information Last Name or PAC/Party Committee Na	02/03/2021 pts Description	9 1,000.00 1,000.00 1,000.00

Item	Transa Check	ction Type		Contribution Typ Individual	e		eceipt Date 01/27/2021	Deposit Date	Ca	ntribution Amo 1,000.
					er Receipts D					1,000
		Сол	tributor Inform	nation				Employ	er Data	
Prefix	First Name Patrick	MI T.	Last Name o Jones	r PAC/Party Con	umittee Name	Suffix	Employer N Jones Kellel			
Street A	address agress St						Street Addr 21 Custom I			
City	igress 5t			State	Zip		City	louse St	State	Zip
Boston				MA	02210		Boston		MA	21p 02110-3507
Item	Transa	ction Type		Contribution Typ	0	R	eceipt Date	Deposit Date	Co	ntribution Amo
пеш	Check	cum type		Individual	C		02/03/2021	Deposit Date	Cu	500.
				In Kind/Oth	er Receipts D	escription				
		Con	tributor Inform	nation				Employ	er Data	
Prefix	First Name	MI	Last Name o	r PAC/Party Con	umittee Name	Suffix	Employer N	lame		
	Brian	Κ.	Jordan				Pannone Log	pes Devereaux & O'	Gara	
Street A							Street Addr	ess		
180 Sha	rpe St						1301 Atwoo	d Ave, Ste 215N		
City				State	Zip		City		State	Zip
West Gr	eenwich			RI	02817		Johnston		RI	02919
Item	Transa Check	ction Type		Contribution Typ Individual	e		eceipt Date 01/11/2021	Deposit Date	Ca	ntribution Amo 1,000.
				In Kind/Oth	er Receipts D	escription				
		Con	tributor Inform	nation				Employ	er Data	
Prefix	First Name	МІ	Last Name o	or PAC/Party Con	umittee Name	Suffix	Employer N	Jame		
	Colin	Р.	Kane				Peregrine G	roup LLC		
Street A							Street Addr			
	kford Point Road						20 Newman	Ave, #1105		
City North K	ingstown			State RI	Zip 02852		City Rumford		State RI	Zip 02916
Item	-	ction Type		Contribution Typ		R	eceipt Date	Deposit Date		ntribution Amo
	Check			Individual		(	03/29/2021			1,000.
				In Kind/Oth	er Receipts D	escription				
		Con	tributor Inform	nation				Employ	er Data	
	First Name	MI		r PAC/Party Con	umittee Name	Suffix	Employer N			
Prefix	_		Kasabian				Kasabian Co			
	Peter	Μ.								
Street A	ddress	М.					Street Addr			
Street A 3 Rober	ddress	M.		St. 4	7.		10 Lady Slip		<b>6</b> 4.4	7.
Street A 3 Rober City	ddress t Dr	M.		State	Zip 02911		10 Lady Slip City	pper Ln	State RI	Zip 02857
Street A 3 Rober City North Pr	address t Dr rovidence			RI	02911	R	10 Lady Slip City North Scituz	opper Ln	RI	02857
Street A 3 Rober City	address t Dr rovidence	M. ction Type			02911		10 Lady Slip City	pper Ln	RI	-
Street A 3 Rober City North Pr	uddress t Dr rovidence Transa			RI Contribution Typ Individual	02911	(	10 Lady Slip City North Scitua eceipt Date	opper Ln	RI	02857 ntribution Amo
Street A 3 Rober City North Pr	uddress t Dr rovidence Transa	ction Type		RI Contribution Typ Individual In Kind/Oth	02911 e	(	10 Lady Slip City North Scitua eceipt Date	opper Ln	RI Co	02857 ntribution Amo
Street A 3 Rober City North Pi Item	uddress t Dr rovidence Transa Check First Name	ction Type Con MI	tributor Infor Last Name o	RI Contribution Typ Individual In Kind/Oth	02911 e er Receipts D	(	10 Lady Slip City North Scitua eceipt Date 03/30/2021 Employer N	oper Ln ate Deposit Date Employ Name	RI Co	02857 ntribution Amo
Street A 3 Rober City North P Item Prefix	Address t Dr rovidence Transa Check First Name Kristen	ction Type Con	tributor Inform	RI Contribution Typ Individual In Kind/Oth nation	02911 e er Receipts D	( escription	10 Lady Slip City North Scitua eceipt Date 03/30/2021 Employer N Kitchen & C	ate Deposit Date Employ Vame Countertop Center	RI Co	02857 ntribution Amo
Street A 3 Rober City North P Item Prefix Street A	Address t Dr rovidence Transa Check First Name Kristen Address	ction Type Con MI	tributor Infor Last Name o	RI Contribution Typ Individual In Kind/Oth nation	02911 e er Receipts D	( escription	10 Lady Slip City North Scitua eceipt Date 03/30/2021 Employer N Kitchen & C Street Addr	pper Ln ate Deposit Date Employ Name Countertop Center ress	RI Co	02857 ntribution Amo
Street A 3 Rober City North P Item Prefix Street A 25 Godd	Address t Dr rovidence Transa Check First Name Kristen Address	ction Type Con MI	tributor Infor Last Name o	RI Contribution Typ Individual In Kind/Oth nation r PAC/Party Con	02911 e mer Receipts D	( escription	10 Lady Slip City North Scitua eccipt Date 03/30/2021 Employer N Kitchen & C Street Addr 622 Sherma	pper Ln ate Deposit Date Employ Name Countertop Center ress	RI Co	02857 ntribution Amo 1,000
Street A 3 Rober City North P Item Prefix Street A	Address t Dr rovidence Transa Check First Name Kristen Address dard St	ction Type Con MI	tributor Infor Last Name o	RI Contribution Typ Individual In Kind/Oth nation	02911 e er Receipts D	( escription	10 Lady Slip City North Scitua eceipt Date 03/30/2021 Employer N Kitchen & C Street Addr	Employ Vame Countertop Center Yess ntown Rd	RI Co	02857 ntribution Amo

	Transaction Type Check		Contribution Ty Individual	pe		eceipt Date 03/30/2021	Deposit Date	Ca	ntribution Amou 1,000.0
				her Receipts Des					1,0001
		Con	tributor Information				Employ	er Data	
Prefix	First Name Edward	MI F.	Last Name or PAC/Party Co Keegan	mmittee Name	Suffix IV	Employer N Kitchen & C	ame countertop Center		
Street A	Address					Street Addr	ess		
39 Cour	nty St					622 Sherman	ntown Rd		
City			State	Zip		City		State	Zip
Blacksto	one		MA	01504		Saunderstow	'n	RI	02874
Item	Transaction Type		Contribution Ty	ре		eceipt Date	Deposit Date	Co	ntribution Amou
	Credit/Debit Card		Individual			01/07/2021			750.
			In Kind/Ot	her Receipts Des	cription				
		Con	tributor Information				Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Co	mmittee Name	Suffix	Employer N	1,		
	Ryan		Kelley			Meme2020			
Street A	Address					Street Addr	ess		
60 Popla	ar Street								
City			State	Zip		City		State	Zip
Newpor	t		RI	02840		New York		NY	
Item	Transaction Type		Contribution Ty	pe		eceipt Date	Deposit Date	Ca	ntribution Amou
	Check		Individual			03/15/2021			500.0
			In Kind/Ot	her Receipts Des	cription				
		Con	tributor Information				Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Co	mmittee Name	Suffix	Employer N	ame		
	Marylou		Kelliher			Lawrence M	emorial / Regis Coll	wege of Nu	rsing & Radiogra
Street A						Street Addr			
-	voods Dr					170 Governo	ors Ave		
City Mattapo	visatt		State MA	Zip 02739		City Medford		State MA	Zip 02155
	Jisett					Wiedioła	Deposit Date		
	TE (* TE				п	· / D /			ntribution Amou
ltem	Transaction Type Check		Contribution Ty Individual	pe		eceipt Date	Deposit Date	Ca	1 000 0
Item	Transaction Type Check		Individual	-	(	eceipt Date 01/05/2021	Deposit Date	Co	1,000.0
Item			Individual	<sup>pe</sup> her Receipts Des	(	-		Co	1,000.0
Item			Individual	-	(	-	Employ		1,000.0
	Check First Name	Con MI	Individual In Kind/Ot tributor Information Last Name or PAC/Party Co	her Receipts Des	(	01/05/2021 Employer N	Employ		1,000.0
	Check First Name Michael	Con	Individual In Kind/Ot atributor Information	her Receipts Des	( cription	Employer N Kelly & Mar	Employ Jame ncini, PC		1,000.0
Prefix Street A	Check First Name Michael Address	Con MI	Individual In Kind/Ot tributor Information Last Name or PAC/Party Co	her Receipts Des	( cription	Employer N Kelly & Mar Street Addre	Employ Tame acini, PC ess		1,000.0
Prefix Street A 8 Clyde:	Check First Name Michael Address	Con MI	Individual In Kind/Ot attributor Information Last Name or PAC/Party Co Kelly	her Receipts Dese mmittee Name	( cription	Employer N Kelly & Mar Street Addro 128 Dorranc	Employ Jame ncini, PC	er Data	
Prefix Street A 8 Clyde: City	Check First Name Michael Address s Way	Con MI	Individual In Kind/Ot attributor Information Last Name or PAC/Party Co Kelly State	her Receipts Dese mmittee Name Zip	( cription	Employer N Kelly & Mar Street Addre 128 Dorranc City	Employ Tame acini, PC ess	er Data State	1,000.0 Zip 02903
Prefix Street A 8 Clyde: City Westpor	Check First Name Michael Address s Way	Con MI A	Individual In Kind/Ot atributor Information Last Name or PAC/Party Co Kelly State MA	her Receipts Dese mmittee Name Zip 02790	cription Suffix	Employer N Kelly & Mar Street Addre 128 Dorranc City Providence	Employ Tame acini, PC ess e St, Ste 300	er Data State RI	<b>Zip</b> 02903
Prefix Street A 8 Clyde: City	Check First Name Michael Address s Way	Con MI A	Individual In Kind/Ot attributor Information Last Name or PAC/Party Co Kelly State	her Receipts Dese mmittee Name Zip 02790	cription Suffix R	Employer N Kelly & Mar Street Addre 128 Dorranc City	Employ Tame acini, PC ess	er Data State RI	Zip
Prefix Street A 8 Clyde: City Westpor	Check First Name Michael Address s Way t Transaction Type	Con MI A	Individual In Kind/Ot atributor Information Last Name or PAC/Party Co Kelly State MA Contribution Ty Individual	her Receipts Dese mmittee Name Zip 02790	cription Suffix Re	Employer N Kelly & Mar Street Addre 128 Dorranc City Providence ecceipt Date	Employ Tame acini, PC ess e St, Ste 300	er Data State RI	Zip 02903 ntribution Amou
Prefix Street A 8 Clyde: City Westpor	Check First Name Michael Address s Way t Transaction Type	Con MI A	Individual In Kind/Ot atributor Information Last Name or PAC/Party Co Kelly State MA Contribution Ty Individual	her Receipts Dese mmittee Name Zip 02790 pe	cription Suffix Re	Employer N Kelly & Mar Street Addre 128 Dorranc City Providence ecceipt Date	Employ Tame acini, PC ess e St, Ste 300	er Data State RI	Zip 02903 ntribution Amou
Prefix Street A 8 Clyde: City Westpor Item	Check First Name Michael Address s Way rt Transaction Type Check	Con MI A	Individual In Kind/Ot attributor Information Last Name or PAC/Party Co Kelly State MA Contribution Ty Individual In Kind/Ot	her Receipts Dese mmittee Name Zip 02790 pe her Receipts Dese	Cription Suffix Ra Cription	Employer N Kelly & Mar Street Addre 128 Dorranc City Providence eccipt Date 03/16/2021	Employ lame ncini, PC ess e St, Ste 300 Deposit Date Employ	er Data State RI Co	Zip 02903 ntribution Amou
Prefix Street A 8 Clyde: City Westpor Item	Check First Name Michael Address s Way rt Transaction Type Check First Name	Con MI A Con MI	Individual In Kind/Ot Attributor Information Last Name or PAC/Party Co Kelly State MA Contribution Ty Individual In Kind/Ot Attributor Information Last Name or PAC/Party Co	her Receipts Dese mmittee Name Zip 02790 pe her Receipts Dese	cription Suffix Re	Employer N Kelly & Mar Street Addre 128 Dorranc City Providence eccipt Date 03/16/2021	Employ lame ncini, PC ess e St, Ste 300 Deposit Date Employ lame	er Data State RI Co	Zip 02903 ntribution Amou
Prefix Street A 8 Clyde: City Westpor Item Prefix	Check First Name Michael Address s Way t Transaction Type Check First Name Christopher	Con MI A	Individual In Kind/Ot attributor Information Last Name or PAC/Party Co Kelly State MA Contribution Ty Individual In Kind/Ot	her Receipts Dese mmittee Name Zip 02790 pe her Receipts Dese	Cription Suffix Ra Cription	Employer N Kelly & Mar Street Addro 128 Dorranc City Providence eceipt Date 03/16/2021 Employer N Pannone Lop	Employ Tame Ancini, PC ess e St, Ste 300 Deposit Date Employ Tame pes & Deveraux	er Data State RI Co	Zip 02903 ntribution Amou
Prefix Street A 8 Clyde: City Westpor Item Prefix Street A	Check First Name Michael Address s Way tt Transaction Type Check First Name Christopher Address	Con MI A Con MI	Individual In Kind/Ot Attributor Information Last Name or PAC/Party Co Kelly State MA Contribution Ty Individual In Kind/Ot Attributor Information Last Name or PAC/Party Co	her Receipts Dese mmittee Name Zip 02790 pe her Receipts Dese	Cription Suffix Ra Cription	Employer N Kelly & Mar Street Addro 128 Dorranc City Providence eceipt Date 03/16/2021 Employer N Pannone Lop Street Addro	Employ Tame Incini, PC ess e St, Ste 300 Deposit Date Employ Tame pes & Deveraux ess	er Data State RI Co	Zip 02903 ntribution Amou
Prefix Street A 8 Clyde: City Westpor Item Prefix Street A 160 Fen	Check First Name Michael Address s Way t Transaction Type Check First Name Christopher	Con MI A Con MI	Individual In Kind/Ot Attributor Information Last Name or PAC/Party Cor Kelly State MA Contribution Ty Individual In Kind/Ot Attributor Information Last Name or PAC/Party Cor Kent	her Receipts Dese mmittee Name Zip 02790 pe her Receipts Dese mmittee Name	Cription Suffix Ra Cription	Employer N Kelly & Mar Street Addre 128 Dorranc City Providence eccipt Date 03/16/2021 Employer N Pannone Lop Street Addre 317 Iron Hor	Employ Tame Incini, PC ess e St, Ste 300 Deposit Date Employ Tame pes & Deveraux ess	rer Data State RI Co	Zip 02903 ntribution Amou 1,000.0
Prefix Street A 8 Clyde: City Westpor Item Prefix Street A	Check First Name Michael Address s Way tt Transaction Type Check First Name Christopher Address nwood Dr	Con MI A Con MI	Individual In Kind/Ot Attributor Information Last Name or PAC/Party Co Kelly State MA Contribution Ty Individual In Kind/Ot Attributor Information Last Name or PAC/Party Co	her Receipts Dese mmittee Name Zip 02790 pe her Receipts Dese	Cription Suffix Ra Cription	Employer N Kelly & Mar Street Addro 128 Dorranc City Providence eceipt Date 03/16/2021 Employer N Pannone Lop Street Addro	Employ Tame Incini, PC ess e St, Ste 300 Deposit Date Employ Tame pes & Deveraux ess	er Data State RI Co	Zip 02903 ntribution Amou

Item	Transaction Type Check	•		Contribution Typ Individual	e		eceipt Date 03/16/2021	Deposit Date	Ca	ntribution Amou 1,000.0
					er Receipts De					- 3
		Соп	tributor Inf	ormation				Employ	er Data	
Prefix	First Name Jonathan	MI M.	Last Nam Kent	e or PAC/Party Con	umittee Name	Suffix	Employer Na KREG New I			
Street A 54 Ponte							Street Addre 54 Ponte Ln	255		
City North K	Lingstown			State RI	Zip 02852		City North Kingst	own	State RI	Zip 02852
Item	Transaction Type Check	9		Contribution Typ Individual	e		eceipt Date 03/16/2021	Deposit Date	Ca	ntribution Amou 1,000.0
				In Kind/Oth	er Receipts De	escription				
		Соп	tributor Inf	ormation				Employ	er Data	
Prefix	First Name Michael	MI C	Last Nam Kent	e or PAC/Party Con	umittee Name	Suffix	Employer Na Mikent, Inc.	ame		
	Address seneck Hill Road						Street Addre 39 Noosenecl			
City	seneck Hill Koad			State	Zip		City	K HIII Koad	State	Zip
•	reenwich			RI	02818		West Greenw	rich	RI	02818
Item	Transaction Type Check	•		Contribution Typ Individual	e		eceipt Date 03/25/2021	Deposit Date	Ca	ntribution Amou 1,000.0
				In Kind/Oth	er Receipts De	escription				
		Con	tributor Inf	ormation				Employ	er Data	
Prefix	First Name Richard	MI E	Last Nan Kirby	e or PAC/Party Con	umittee Name	Suffix	Employer Na Richard E Kit	ame rby Attorney at Law	7	
Street A 85 Hoyt							Street Addre 155 South Ma			
City Rumfor	ď			State RI	<b>Zip</b> 02916		City Providence		State RI	<b>Zip</b> 02903
Item	Transaction Type Check	•		Contribution Typ Individual	e		eceipt Date 03/30/2021	Deposit Date	Co	ntribution Amou 1,000.0
				In Kind/Oth	er Receipts De	escription				
		Соп	tributor Inf	ormation				Employ	er Data	
Prefix	First Name	МІ		e or PAC/Party Con	umittee Name	Suffix	Employer Na			
	William	F.	Kirby				New England Street Addre	l Paper Tube Co.		
Street A							200 Conant S			
Street A 29 Bent	t Kd						City		State	Zip
	Kđ			State	Zip		City			
29 Bent				State RI	Zıр 02916		Pawtucket		RI	02860
29 Bent City	d Transaction Type			RI Contribution Typ	02916		Pawtucket eceipt Date	Deposit Date		ntribution Amou
29 Bent City Rumfor	d	9		RI Contribution Typ Individual	02916		Pawtucket	Deposit Date		
29 Bent City Rumfor	d Transaction Type		tributor Inf	RI Contribution Typ Individual In Kind/Oth	02916 e		Pawtucket eceipt Date	-	Co	ntribution Amou
29 Bent City Rumfor Item	d Transaction Type		atributor Inf Last Nan	RI Contribution Typ Individual In Kind/Oth	02916 e er Receipts De		Pawtucket eceipt Date	Employ	Co	ntribution Amou
29 Bent City Rumfor Item	d Transaction Type Check	Сон		RI Contribution Typ Individual In Kind/Oth ormation	02916 e er Receipts De	escription	Pawtucket eceipt Date 02/04/2021	Employ	Co	ntribution Amou
29 Bent City Rumfor Item Prefix Street A	d Transaction Type Check First Name Michael	Con MI	Last Nam	RI Contribution Typ Individual In Kind/Oth ormation	02916 e er Receipts De	escription	Pawtucket eceipt Date 02/04/2021 Employer Na	Employ ame Firm ess	Co	ntribution Amou
29 Bent City Rumfor Item Prefix Street A	rd Transaction Type Check First Name Michael Address	Con MI	Last Nam	RI Contribution Typ Individual In Kind/Oth ormation	02916 e er Receipts De	escription	Pawtucket eceipt Date 02/04/2021 Employer Na Kiselica Law Street Addre	Employ ame Firm ess	Co	ntribution Amou

Item	Transaction Type Check		Contribution Type Individual		ceipt Date D 3/30/2021	eposit Date	Cor	ntribution Amou 1,000.0
			In Kind/Other Recei					- 3
		Сол	tributor Information				yer Data	
Prefix	First Name William	МІ	Last Name or PAC/Party Committee N Kitsilis		Employer Name Kitsilis Law Offi			
Street A			TEROTIO		Street Address			
	ming Ave				127 Mendon Rd			
City	5		State Zip		City		State	Zip
Provider	nce		RI 02906		Cumberland		RI	02864
Item	Transaction Type		Contribution Type	Re	ceipt Date D	eposit Date	Co	tribution Amou
nem	Check		Individual		3/19/2021	epost Date	cu	750.0
			In Kind/Other Recei					
		Cor	tributor Information			Employ	yer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee N	ame Suffix	Employer Name		yer Data	
	David	S.	Kowalik		Avalon Nursing &		n Center	
Street A	ddress				Street Address			
54 Orms	sby Ave				57 Stokes St			
City	-		State Zip		City		State	Zip
Warwicl	k		RI 02886		Warwick		RI	02889
Item	Transaction Type		Contribution Type			eposit Date	Cor	tribution Amou
	Check		Individual		3/31/2021			1,000.0
			In Kind/Other Recei	pts Description				
		Сол	tributor Information				yer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee N		Employer Name			
	Keith	В.	Kyle		Orson and Brusin	u, Ltd.		
Street A 65 Inez					Street Address 144 Wayland Ave	,		
City			State Zip		City		State	Zip
Narraga	nsett		RI 02882		Providence		RI	02906
Item	Transaction Type		Contribution Type		-	eposit Date	Cor	tribution Amou
	Check		Individual		3/31/2021			1,000.0
			In Kind/Other Recei	pts Description				
		Сол	tributor Information				yer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee N		Employer Name			
	Giovanni		La Terra Bellina		Orson and Brusin	u, Ltd.		
					Street Address			
Street A	ge Way				144 Wayland Ave	•		-
5 Carria			State Zip		City Providence		State RI	Zip 02906
5 Carria City			BI 02010				KI	02906
5 Carria City Johnstor	n		RI 02919					
5 Carria City			RI 02919 Contribution Type Individual	Ree		eposit Date	Co	
5 Carria City Johnstor	n Transaction Type		Contribution Type	<b>Re</b> 01	ceipt Date D	eposit Date	Cor	
5 Carria City Johnstor	n Transaction Type	Con	Contribution Type Individual	<b>Re</b> 01	ceipt Date D	-	Cor yer Data	
5 Carria City Johnston Item	n Transaction Type Check First Name	Con MI	Contribution Type Individual In Kind/Other Recein Attributor Information Last Name or PAC/Party Committee N	Red Of Tipts Description	ceipt Date D 3/30/2021 Employer Name	Employ		
5 Carria City Johnston Item	n Transaction Type Check		Contribution Type Individual In Kind/Other Recei	Red Of Tipts Description	ceipt Date D 3/30/2021	Employ		
5 Carria City Johnstor Item Prefix	n Transaction Type Check First Name Matthew	МІ	Contribution Type Individual In Kind/Other Recein Attributor Information Last Name or PAC/Party Committee N	Red Of Tipts Description	ceipt Date D 3/30/2021 Employer Name LaMountain Law Street Address	Employ		
5 Carria City Johnstor Item Prefix Street A	n Transaction Type Check First Name Matthew	МІ	Contribution Type Individual In Kind/Other Recein Attributor Information Last Name or PAC/Party Committee N	Red Of Tipts Description	ceipt Date D 3/30/2021 Employer Name LaMountain Law	Employ		
5 Carria City Johnstor Item Prefix Street A	n Transaction Type Check First Name Matthew Address yfair Rd	МІ	Contribution Type Individual In Kind/Other Recein Attributor Information Last Name or PAC/Party Committee N	Rec 02 apts Description	ceipt Date D 3/30/2021 Employer Name LaMountain Law Street Address	Employ		2500 2500 2500 2500 2500 2500 2500 2500

	Transaction Type Check	•	Contribution Type Individual		eceipt Date Depo 03/16/2021	sit Date	Co	ntribution An 1,0
				Receipts Description				
		Сог	tributor Information			Employer Da	ata	
Prefix	First Name	MI	Last Name or PAC/Party Committe	tee Name Suffix	Employer Name			
	Michael	Α	Laurito		CVS			
Street A	Address Idar Road				Street Address 1 CVS Drive			
City			State Zip		City		State	Zip
-	ingstown		RI 028		Woonsocket		RI	02895
Item	Transaction Type	e	Contribution Type	R	eceipt Date Depo	sit Date	Cor	ntribution An
i	Credit/Debit Card		Individual		)3/06/2021	on Date		1,0
			In Kind/Other R	Receipts Description				
		Сот	tributor Information			Employer Da	ata	
Prefix	First Name	MI	Last Name or PAC/Party Committee	tee Name Suffix	Employer Name	Zinpityer Di		
	Donald		Law	Ĩ	BOHV, LLC			
Street A	ddress			Ĩ	Street Address			
7 Wilson	ndale Street				539 Washington Stre	et		
City			State Zip	p	City	5	State	Zip
Dover			MA 020	030	Boston	1	MA	
Item	Transaction Type		Contribution Type			osit Date	Cor	ntribution An
	Credit/Debit Card	,	Individual In Kind/Other R	Receipts Description	02/04/2021			1,0
			tributor Information			Employer Da	ata	
Prefix	First Name Donald	MI	Last Name or PAC/Party Committe Law	tee Name Suffix	Employer Name BOHV, LLC			
Street A			Law		Street Address			
	ndale Street				539 Washington Stre	et		
City			State Zip	a	City		State	Zip
Dover			MA 020		Boston		MA	-
Item	Transaction Type	9	Contribution Type			osit Date	Co	ntribution An
	Check		Individual	( Receipts Description	01/10/2021			1,0
			In Kind/Other K					
<b>D</b> 6	T* 4 M		tributor Information		F I N	Employer Da	ata	
Prefix	First Name Sarah	Con MI	tributor Information Last Name or PAC/Party Committe		Employer Name		ata	
	Sarah		tributor Information		Massachusetts Dept		ata	
Street A	Sarah Address		tributor Information Last Name or PAC/Party Committe		Massachusetts Dept Street Address		ata	
Street A 65 Wage	Sarah Address		tributor Information Last Name or PAC/Party Committe Lederberg Stone	tee Name Suffix	Massachusetts Dept	of Public Health	ata State	Zip
Street A	Sarah Address on Rd		tributor Information Last Name or PAC/Party Committe Lederberg Stone	ee Name Suffix	Massachusetts Dept Street Address 250 Washington St	of Public Health		<b>Zip</b> 02108
Street A 65 Wago City	Sarah Address on Rd od Transaction Type	MI	tributor Information Last Name or PAC/Party Committe Lederberg Stone State Zip MA 020 Contribution Type	tee Name Suffix p 090 R	Massachusetts Dept Street Address 250 Washington St City Boston eccipt Date Depo	of Public Health	State MA	02108 ntribution An
Street A 65 Wago City Westwo	Sarah Address on Rd od	MI	tributor Information Last Name or PAC/Party Committe Lederberg Stone State Zip MA 020 Contribution Type Individual	ee Name Suffix p 090 Re	Massachusetts Dept Street Address 250 Washington St City Boston	of Public Health	State MA	02108
Street A 65 Wago City Westwo	Sarah Address on Rd od Transaction Type	MI	tributor Information Last Name or PAC/Party Committe Lederberg Stone State Zip MA 020 Contribution Type Individual	tee Name Suffix p 090 R	Massachusetts Dept Street Address 250 Washington St City Boston eccipt Date Depo	of Public Health	State MA	02108 ntribution An
Street A 65 Wago City Westwo Item	Sarah Address on Rd od Transaction Type Credit/Debit Card	MI e l Con	tributor Information Last Name or PAC/Party Committe Lederberg Stone State Zip MA 020 Contribution Type Individual In Kind/Other Re tributor Information	tee Name Suffix p 090 Receipts Description	Massachusetts Dept Street Address 250 Washington St City Boston eccipt Date Depo 01/12/2021	of Public Health	State MA Cor	02108 ntribution An
Street A 65 Wago City Westwo Item	Sarah Address on Rd od Transaction Type Credit/Debit Card	MI e	tributor Information Last Name or PAC/Party Committe Lederberg Stone State Zip MA 020 Contribution Type Individual In Kind/Other Rate tributor Information Last Name or PAC/Party Committe	tee Name Suffix p 090 Receipts Description	Massachusetts Dept Street Address 250 Washington St City Boston eccept Date Depo 01/12/2021	of Public Health	State MA Cor	02108 ntribution An
Street A 65 Wago City Westwo Item Prefix	Sarah Address on Rd od Transaction Type Credit/Debit Card	MI e l Con	tributor Information Last Name or PAC/Party Committe Lederberg Stone State Zip MA 020 Contribution Type Individual In Kind/Other Re tributor Information	tee Name Suffix p 090 Receipts Description	Massachusetts Dept Street Address 250 Washington St City Boston eccipt Date Depu 01/12/2021	of Public Health	State MA Cor	02108 ntribution An
Street A 65 Wago City Westwo Item Prefix Street A	Sarah Address on Rd od Transaction Type Credit/Debit Card First Name Charles Address	MI e l Con	tributor Information Last Name or PAC/Party Committe Lederberg Stone State Zip MA 020 Contribution Type Individual In Kind/Other Rate tributor Information Last Name or PAC/Party Committe	tee Name Suffix p 090 Receipts Description	Massachusetts Dept Street Address 250 Washington St City Boston eccipt Date Depo 01/12/2021 Employer Name Liminality Capital L Street Address	of Public Health	State MA Cor	02108 ntribution An
Street A 65 Wago City Westwo Item Prefix Street A	Sarah Address on Rd od Transaction Type Credit/Debit Card	MI e l Con	tributor Information Last Name or PAC/Party Committe Lederberg Stone State Zip MA 020 Contribution Type Individual In Kind/Other Rate tributor Information Last Name or PAC/Party Committe	iee Name Suffix p 090 Receipts Description tee Name Suffix	Massachusetts Dept Street Address 250 Washington St City Boston eccipt Date Depu 01/12/2021	of Public Health	State MA Cor	02108 ntribution An

	Transaction Type Check		Contribution Type Individual		eceipt Date Deposit I 03/05/2021	Jate Co	ontribution Amou 100.0
	Chick			Receipts Description	510512021		100.0
		Con	tributor Information			Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Commit	ttee Name Suffix	Employer Name	Employer Data	
	Trevor		Lee		Boys & Girls Clubs of N	lorthern RI	
Street A	ddress				Street Address		
22311 M	lendon Rd				1 James Mckee Way		
City			State Zi	ip	City	State	Zip
Cumberl	and		RI 02	2864	Cumberland	RI	02864
Item	Transaction Type		Contribution Type	R	ceipt Date Deposit I	Date Co	ontribution Amou
	Check		Individual	(	2/15/2021		500.0
			In Kind/Other J	Receipts Description			
		Con	tributor Information			Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Commit	ttee Name Suffix	Employer Name		
	Robert		Leonard		Coast Guard House Rest	aurant	
Street A	ddress				Street Address		
26 Wilde	erness Dr				40 Ocean Rd		
City			State Zi	ip	City	State	Zip
Narragaı	nsett		RI 02	2882	Narragansett	RI	02882
Item	Transaction Type		Contribution Type	R	ceipt Date Deposit I	Date Co	ontribution Amou
	Check		Individual	(	2/08/2021		500.0
			In Kind/Other J	Receipts Description			
		Con	tributor Information			Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Commit	ttee Name Suffix	Employer Name		
	Anthony	R.	Leone	п	Leone Law		
Street A	ddress				Street Address		
9 Westla	nd Court				1345 Jefferson Blvd, #21	E	
City			State Zi	-	City	State	Zip
Cranston	1		RI 02	2921	Warwick	RI	02886
Item	Transaction Type		Contribution Type		eceipt Date Deposit I	Date Co	ontribution Amou
Item				(	3/15/2021		500.0
Item	Check		Individual				
Item	Check			Receipts Description			
Item	Check	Con		Receipts Description		Employer Data	
	First Name	MI	In Kind/Other I tributor Information Last Name or PAC/Party Commit		Employer Name	Employer Data	
Prefix	First Name Benjamin	MI	In Kind/Other I tributor Information		Employer Name Grace Barker Health	Employer Data	
Prefix Street A	First Name Benjamin ddress	MI	In Kind/Other I tributor Information Last Name or PAC/Party Commit		Employer Name Grace Barker Health Street Address	Employer Data	
Prefix Street A 288 Old	First Name Benjamin	MI	In Kind/Other I tributor Information Last Name or PAC/Party Commit Lescault	ttee Name Suffix	Employer Name Grace Barker Health Street Address 54 Barker Ave		
Prefix Street A 288 Old City	First Name Benjamin ddress Warren Ave	MI	In Kind/Other I tributor Information Last Name or PAC/Party Commit Lescault State Zi	ttee Name Suffix	Employer Name Grace Barker Health Street Address 54 Barker Ave City	State	Zip
Prefix Street A 288 Old	First Name Benjamin ddress Warren Ave	MI Elias	In Kind/Other I tributor Information Last Name or PAC/Party Commit Lescault State Zi MA 02	ttee Name Suffix ip 2777	Employer Name Grace Barker Health Street Address 54 Barker Ave City Warren	State RI	<b>Zip</b> 02885
Prefix Street A 288 Old City	First Name Benjamin ddress Warren Ave Transaction Type	MI Elias	In Kind/Other I tributor Information Last Name or PAC/Party Commit Lescault State Zi MA 02 Contribution Type	ttee Name Suffix ip 2777 Ro	Employer Name Grace Barker Health Street Address 54 Barker Ave City Warren eceipt Date Deposit I	State RI	Zip 02885 ontribution Amou
Prefix Street A 288 Old City Swansea	First Name Benjamin ddress Warren Ave	MI Elias	In Kind/Other I tributor Information Last Name or PAC/Party Commit Lescault State Zi MA 02 Contribution Type Individual	ttee Name Suffix ip 2777 Ro	Employer Name Grace Barker Health Street Address 54 Barker Ave City Warren	State RI	<b>Zip</b> 02885
Prefix Street A 288 Old City Swansea	First Name Benjamin ddress Warren Ave Transaction Type	MI Elias	In Kind/Other I tributor Information Last Name or PAC/Party Commit Lescault State Zi MA 02 Contribution Type Individual In Kind/Other I	ttee Name Suffix ip 2777 Re	Employer Name Grace Barker Health Street Address 54 Barker Ave City Warren eccipt Date Deposit I 03/15/2021	State RI Date Co	Zip 02885 ontribution Amou
Prefix Street A 288 Old City Swansea Item	First Name Benjamin ddress Warren Ave Transaction Type Check	MI Elias Con	In Kind/Other I tributor Information Last Name or PAC/Party Commit Lescault State Zi MA 02 Contribution Type Individual In Kind/Other I tributor Information	ttee Name Suffix ip 2777 Receipts Description	Employer Name Grace Barker Health Street Address 54 Barker Ave City Warren eccipt Date Deposit I 13/15/2021	State RI	Zip 02885 ontribution Amou
Prefix Street A 288 Old City Swansea Item	First Name Benjamin ddress Warren Ave Transaction Type Check First Name	MI Elias	In Kind/Other I tributor Information Last Name or PAC/Party Commit Lescault State Zi MA 02 Contribution Type Individual In Kind/Other I tributor Information Last Name or PAC/Party Commit	ttee Name Suffix ip 2777 Receipts Description	Employer Name Grace Barker Health Street Address 54 Barker Ave City Warren eceipt Date Deposit I 03/15/2021 Employer Name	State RI Date Co Employer Data	Zip 02885 ontribution Amou
Prefix Street A 288 Old City Swansea Item Prefix	First Name Benjamin ddress Warren Ave Transaction Type Check First Name Mark	MI Elias Con	In Kind/Other I tributor Information Last Name or PAC/Party Commit Lescault State Zi MA 02 Contribution Type Individual In Kind/Other I tributor Information	ttee Name Suffix ip 2777 Receipts Description	Employer Name Grace Barker Health Street Address 54 Barker Ave City Warren ceipt Date Deposit I 03/15/2021 Employer Name Grace Barkre Nursing Co	State RI Date Co Employer Data	Zip 02885 ontribution Amou
Prefix Street A 288 Old City Swansca Item Prefix Street A	First Name Benjamin ddress Warren Ave Transaction Type Check First Name Mark ddress	MI Elias Con	In Kind/Other I tributor Information Last Name or PAC/Party Commit Lescault State Zi MA 02 Contribution Type Individual In Kind/Other I tributor Information Last Name or PAC/Party Commit	ttee Name Suffix ip 2777 Receipts Description	Employer Name Grace Barker Health Street Address 54 Barker Ave City Warren ceipt Date Deposit I 03/15/2021 Employer Name Grace Barkre Nursing Co Street Address	State RI Date Co Employer Data	Zip 02885 ontribution Amou
Prefix Street A 288 Old City Swansca Item Prefix Street A	First Name Benjamin ddress Warren Ave Transaction Type Check First Name Mark	MI Elias Con	In Kind/Other I tributor Information Last Name or PAC/Party Commit Lescault State Zi MA 02 Contribution Type Individual In Kind/Other I tributor Information Last Name or PAC/Party Commit	ttee Name Suffix ip 2777 Re C Receipts Description ttee Name Suffix	Employer Name Grace Barker Health Street Address 54 Barker Ave City Warren ceipt Date Deposit I 03/15/2021 Employer Name Grace Barkre Nursing Co	State RI Date Co Employer Data	Zip 02885 ontribution Amou

	Transaction Type Check	e	Contribution Type Individual		eceipt Date 1 02/19/2021	Deposit Date	Co	ntribution An 1,00
			In Kind/Other 1	Receipts Description				
		Con	tributor Information			Employe	r Data	
Prefix	First Name Zachary	MI P.	Last Name or PAC/Party Commit Levesque	ttee Name Suffix	Employer Nan North Point Ba			
Street A 68E Hill					Street Address 76 Westminster			
City North Pr	rovidence		State Zi RI 02	ip 2904	City Providence		State RI	Zip 02903
Item	Transaction Type Check	e	Contribution Type Individual		eceipt Date 1 03/30/2021	Deposit Date	Co	ntribution An 50
				Receipts Description				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	МІ	Last Name or PAC/Party Commit	tee Name Suffix	Employer Nan	ne		
	William		Lewis		Kitchen Counte	ertop Center of Nev	v England	
Street A	Address				Street Address	5		
100 Hov	wland Ave				125 Esten Ave			
City			State Zi	ip	City		State	Zip
East Pro	ovidence		RI 02	2914	Pawtucket		RI	02860
Item	Transaction Type Check	e	Contribution Type Individual		eceipt Date 1 01/27/2021	Deposit Date	Co	ntribution An 20
				Receipts Description				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	МІ	Last Name or PAC/Party Commit	ttee Name Suffix	Employer Nan			
	Gary		Liberatore		Twin River Cas	sino		
Street A 26 Sher	Address wood Ave				Street Address 100 Twin River			
City North Pr	rovidence		State Zi RI 02	ip 2911-1338	City Lincoln		State RI	Zip 02865
								ntribution An
Item	Transaction Type		Contribution Type		-	Deposit Date	Co	
Item	Transaction Type Credit/Debit Card		Individual		eceipt Date	Deposit Date	Co	1,00
Item		l .	Individual In Kind/Other l		-	-		
		l .	Individual	Receipts Description	02/24/2021	Employe		
	Credit/Debit Card	Con	Individual In Kind/Other I tributor Information	Receipts Description	-	Employe		
	Credit/Debit Card	Con	Individual In Kind/Other J tributor Information Last Name or PAC/Party Commit	Receipts Description	02/24/2021 Employer Nan	Employe		
Prefix Street A	Credit/Debit Card	Con	Individual In Kind/Other J tributor Information Last Name or PAC/Party Commit	Receipts Description	Employer Nan DeCotis Insurar Street Address	Employe		
Prefix Street A 43 Wom	Credit/Debit Card First Name Kristen Address	Con	Individual In Kind/Other I tributor Information Last Name or PAC/Party Commit Liguori	Receipts Description	Employer Nam DeCotis Insurat Street Address 245 Waterman	Employe ne nce	r Data	1,00
Prefix Street A	Credit/Debit Card First Name Kristen Address nantam Lane	Con	Individual In Kind/Other I tributor Information Last Name or PAC/Party Commit Liguori State Zi	Receipts Description	Employer Nan DeCotis Insurar Street Address	Employe ne nce		
Prefix Street A 43 Wom City	Credit/Debit Card	Con MI	Individual In Kind/Other I tributor Information Last Name or PAC/Party Commit Liguori State Zi RI 02 Contribution Type	Receipts Description tee Name Suffix ip 2864	Employer Nan DeCotis Insura Street Address 245 Waterman City Providence eceipt Date	Employe ne nce	r Data State RI	1,00 Zip 02906 ntribution An
Prefix Street A 43 Wom City Cumber	Credit/Debit Card First Name Kristen Address nantam Lane	Con MI	Individual In Kind/Other J tributor Information Last Name or PAC/Party Commit Liguori State Zi RI 02 Contribution Type Individual	Receipts Description tee Name Suffix ip 2864	Employer Nan DeCotis Insurar Street Address 245 Waterman City Providence	Employe ne nce s Street, Suite 501	r Data State RI	1,00 <b>Zip</b> 02906
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Prefix Street A	First Name David	MI	Last Nam	ormation	-	-		Vame 2 Sons, Inc.	er Data	
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Street A	ddress				Street Address	5		
325 Ru	mstick Rd				One Park Row,	5th F1		
City			State Zip		City		State	Zip
Barring	ton		RI 02806		Providence		RI	02903
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rienx	Thomas	A.	Madden	Juilly		ne dden Law, LLC		
Street A		43.			Street Address	-		
	arwick Ave				1383 Warwick			
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	Richard		Mandile		Sage Environm	nental, Inc.		
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	Steven	L.	Marsh		Marsh Electri				
Street A					Street Addre				
	Grove Ave				23 Pine Grov	re Ave		-	
City Lincoln				<b>Zip</b> 02865	City		State RI	Zip 02865	
					Lincoln				
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date 03/03/2021	Deposit Date	Co	ntribution A 1,	,000.0
			In Kind/Other	Receipts Description					
		Con	tributor Information			Employer	Data		
Prefix	First Name	MI	Last Name or PAC/Party Commi	ittee Name Suffix	Employer Na				
<u>.</u>	Melissa		Martin		RI Waterfrom				
Street A 303 Eag	ddress gle Street, Unit B				Street Addre 555 Waterfro				
City				Zip	City		State	Zip	
Fall Riv Item	er Transaction Type			)2721 B	Providence eceipt Date	Demosit Data	Ri	02914 ntribution A	
Item	Credit/Debit Card		Contribution Type Individual		03/09/2021	Deposit Date	Cu		,000.0
	credit Debit Child							1,	,000.0
			In Kind/Other	<b>Receipts Description</b>					
		Con	In Kind/Other tributor Information	Receipts Description		Employer	Data		
Prefix	First Name	Con MI			Employer N	1,	Data		
Prefix	First Name Rita		tributor Information		Employer Na	1,	Data		
Prefix Street A	Rita		tributor Information Last Name or PAC/Party Commi		Employer Na	ame Nurse Practitioner	Data		
Street A	Rita		tributor Information Last Name or PAC/Party Commi		Employer N: Rita Martin, I Street Addre	ame Nurse Practitioner	Data		
Street A 117 Vale City	Rita Address entine Street, Apt. C		tributor Information Last Name or PAC/Party Commi Martin State Z	ittee Name Suffix Zip	Employer Na Rita Martin, J Street Addre 117 Valentine City	ame Nurse Practitioner 285	State	Zip	
Street A	Rita Address entine Street, Apt. C		tributor Information Last Name or PAC/Party Commi Martin State Z	ittee Name Suffix	Employer Na Rita Martin, 1 Street Addre 117 Valentine	ame Nurse Practitioner 285		<b>Zip</b> 02720	
Street A 117 Vale City	Rita Address entine Street, Apt. C		tributor Information Last Name or PAC/Party Commi Martin State Z	ittee Name Suffix Zip 12720 R	Employer Na Rita Martin, J Street Addre 117 Valentine City	ame Nurse Practitioner 285	State MA	02720 ntribution A	Amoui ,000.0
Street A 117 Vale City Fall Riv	Rita Address entine Street, Apt. C rer Transaction Type		tributor Information Last Name or PAC/Party Commi Martin State Z MA 0 Contribution Type Individual	ittee Name Suffix Zip 12720 R	Employer N: Rita Martin, I Street Addre 117 Valentine City Fall River eccipt Date	ame Nurse Practitioner ess e Street, Apt. C	State MA	02720 ntribution A	
Street A 117 Vale City Fall Riv	Rita Address entine Street, Apt. C rer Transaction Type	МІ	tributor Information Last Name or PAC/Party Commi Martin State Z MA 0 Contribution Type Individual	ittee Name Suffix Zip 12720 R	Employer N: Rita Martin, I Street Addre 117 Valentine City Fall River eccipt Date	ame Nurse Practitioner ess e Street, Apt. C	State MA Co	02720 ntribution A	
Street A 117 Vale City Fall Riv Item	Rita Address entine Street, Apt. C rer Transaction Type	МІ	tributor Information Last Name or PAC/Party Commi Martin State Z MA 0 Contribution Type Individual In Kind/Other	ittee Name Suffix Zip 12720 R Receipts Description	Employer N: Rita Martin, I Street Addre 117 Valentine City Fall River eccipt Date	ame Nurse Practitioner ess e Street, Apt. C Deposit Date Employer	State MA Co	02720 ntribution A	
Street A 117 Vale City Fall Riv Item Prefix Street A	Rita Address entine Street, Apt. C er Transaction Type Credit/Debit Card	MI	tributor Information Last Name or PAC/Party Commi Martin State Z MA 0 Contribution Type Individual In Kind/Other tributor Information Last Name or PAC/Party Commi	ittee Name Suffix Zip 12720 Receipts Description	Employer Na Rita Martin, J Street Addre 117 Valentine City Fall River Ceceipt Date 03/05/2021	ame Nurse Practitioner ess e Street, Apt. C Deposit Date Employer ame	State MA Co	02720 ntribution A	
Street A 117 Vale City Fall Riv Item Prefix Street A	Rita Address entine Street, Apt. C er Transaction Type Credit/Debit Card	MI	tributor Information Last Name or PAC/Party Commi Martin State Z MA 0 Contribution Type Individual In Kind/Other tributor Information Last Name or PAC/Party Commi Martin	ittee Name Suffix Zip 12720 Receipts Description	Employer Na Rita Martin, J Street Addre 117 Valentine City Fall River Seceipt Date 03/05/2021 Employer Na Retired Street Addre	ame Nurse Practitioner ess e Street, Apt. C Deposit Date Employer ame	State MA Co	02720 ntribution A	

	Transaction Type Check		Contribution Type Individual		eceipt Date Deposit Date 03/26/2021	e Contribution Amoun 500.0
			In Kind/Other	r Receipts Description		
		Сон	ntributor Information			ployer Data
Prefix	First Name Gerardo	MI	Last Name or PAC/Party Comm Martinez	nittee Name Suffix	Employer Name Kitchen & Countertop Cente	er of New England
Street A 147 Illiu					Street Address 125 Esten Ave	
City Central	Falls			Zip 02863	City Pawtucket	State Zip RI 02860
Item	Transaction Type Check		Contribution Type Individual		eceipt Date Deposit Date	e Contribution Amou
	CHECK			r Receipts Description	03/10/2021	1,000.0
		Соп	atributor Information		Em	ployer Data
	First Name Michael	MI R.	Last Name or PAC/Party Comm Martone	nittee Name Suffix	Employer Name Martone Service Company	
22 Sext	Address ant Lane			<i>a</i> .	Street Address 22 Sextant Lane	
City Narraga	insett			Zip 02882	City Narragansett	StateZipRI02882
Item	Transaction Type Check		Contribution Type Individual		eceipt Date Deposit Date	e Contribution Amoun 1,000.0
			In Kind/Other	r Receipts Description		
		Соп	tributor Information		Em	ployer Data
Prefix	First Name Robert	МІ	Last Name or PAC/Party Comm Martone	nittee Name Suffix	Employer Name Retired	
	Address ngelis Drive				Street Address 21 Deangelis Drive	
City	-			Zip 02882	City Narragansett	State Zip RI 02882
Narraga	insett		RI	02882	0	NI 02002
Narraga Item	nsett Transaction Type Money Order		KI Contribution Type Individual	R	eceipt Date Deposit Date 03/30/2021	e Contribution Amou
	Transaction Type		Contribution Type Individual	R	eceipt Date Deposit Date	e Contribution Amou
Item	Transaction Type Money Order	Соп	Contribution Type Individual In Kind/Other atributor Information	R r Receipts Description	eceipt Date Deposit Date 03/30/2021 Em	e Contribution Amou
Item Prefix	Transaction Type Money Order First Name John		Contribution Type Individual In Kind/Other	R r Receipts Description	eceipt Date Deposit Date 03/30/2021 Em Employer Name Green Development	e Contribution Amou 1,000.0
Item Prefix Street A 174 Cer	Transaction Type Money Order First Name	Con MI	Contribution Type Individual In Kind/Other attributor Information Last Name or PAC/Party Comm McCauley	R r Receipts Description nittee Name Suffix Jr.	eceipt Date Deposit Date 03/30/2021 Employer Name Green Development Street Address 2000 Chapel Hill Blvd.	e Contribution Amou 1,000.0 uployer Data
Item Prefix Street A	Transaction Type Money Order First Name John Address ntral Ave	Con MI	Contribution Type Individual In Kind/Other Attributor Information Last Name or PAC/Party Comm McCauley State	R r Receipts Description nittee Name Suffix	eceipt Date Deposit Date 03/30/2021 Em Employer Name Green Development Street Address	e Contribution Amoun 1,000.0
Item Prefix Street A 174 Cer City	Transaction Type Money Order First Name John Address ntral Ave	Con MI J.	Contribution Type Individual In Kind/Other Attributor Information Last Name or PAC/Party Comm McCauley State	R r Receipts Description nittee Name Suffix Jr. Zip 02919 R	eceipt Date Deposit Date 03/30/2021 Employer Name Green Development Street Address 2000 Chapel Hill Blvd. City	e Contribution Amou 1,000.0 aployer Data State Zip RI 02920
Item Prefix Street A 174 Cer City Johnston	Transaction Type Money Order First Name John Address ntral Ave n Transaction Type	Con MI J.	Contribution Type Individual In Kind/Other Attributor Information Last Name or PAC/Party Comm McCauley State RI Contribution Type Individual	R r Receipts Description nittee Name Suffix Jr. Zip 02919 R	eceipt Date Deposit Date 03/30/2021 Em Employer Name Green Development Street Address 2000 Chapel Hill Blvd. City Cranston eceipt Date Deposit Date	e Contribution Amou 1,000.0 uployer Data State Zip RI 02920 e Contribution Amou
Item Prefix Street A 174 Cer City Johnstor Item	Transaction Type Money Order         First Name John         Address         n         Transaction Type Check	Con MI J.	Contribution Type Individual In Kind/Other Attributor Information Last Name or PAC/Party Comm McCauley State RI Contribution Type Individual In Kind/Other Attributor Information	R r Receipts Description nittee Name Suffix Jr. Zip 02919 R r Receipts Description	eceipt Date Deposit Date 03/30/2021 Em Employer Name Green Development Street Address 2000 Chapel Hill Blvd. City Cranston eceipt Date Deposit Date 02/02/2021	e Contribution Amou 1,000.0 uployer Data State Zip RI 02920 e Contribution Amou
Item Prefix Street A 174 Cer City Johnstor Item	Transaction Type Money Order First Name John Address ntral Ave n Transaction Type	Con MI J.	Contribution Type Individual In Kind/Other Attributor Information Last Name or PAC/Party Comm McCauley State RI Contribution Type Individual In Kind/Other	R r Receipts Description nittee Name Suffix Jr. Zip 02919 R r Receipts Description	eceipt Date Deposit Date 03/30/2021 Employer Name Green Development Street Address 2000 Chapel Hill Blvd. City Cranston eceipt Date Deposit Date 02/02/2021	e Contribution Amou 1,000.0 uployer Data State Zip RI 02920 e Contribution Amou 500.0
Item Prefix Street A 174 Cer City Johnstor Item Prefix Street A	Transaction Type Money Order         First Name John         Address         n         Transaction Type Check         First Name	Con MI J. Con MI	Contribution Type Individual In Kind/Other Attributor Information Last Name or PAC/Party Comm McCauley State RI Contribution Type Individual In Kind/Other Attributor Information	R r Receipts Description nittee Name Suffix Jr. Zip 02919 R r Receipts Description	eceipt Date Deposit Date 03/30/2021 Em Employer Name Green Development Street Address 2000 Chapel Hill Blvd. City Cranston eceipt Date Deposit Date 02/02/2021 Em Employer Name	e Contribution Amou 1,000.0 uployer Data State Zip RI 02920 e Contribution Amou 500.0

	Transaction Type Check	*	Contribution 1 Individual	Туре		eceipt Date 01/22/2021	Deposit Date	Co	ntribution Amou 245.0
	CIACA			Other Receipts D					210.0
		Сов	ntributor Information				Employe	er Data	
Prefix	First Name Brendan	MI E.	Last Name or PAC/Party C McCorry	Committee Name	Suffix	Employer N Ernst & You			
Street A 62 Cons	Address stance Way					Street Addr 40 Westmins			
City North A	.ttleboro		Stat MA	•		City Providence		State RI	Zip 02903
Item	Transaction Type Check	ð	Contribution 7 Individual	Туре		eceipt Date 01/15/2021	Deposit Date	Co	ntribution Amou 1,000.0
				Other Receipts D					-,
		Con	atributor Information				Employe	er Data	
Prefix	First Name	MI	Last Name or PAC/Party (	Committee Name	Suffix	Employer N	ame		
	Gerald	J.	McGraw		Jr.	J & J Electri	c		
Street A	ddress				ľ	Street Addr	ess		
62 Seav	iew Ave				ľ	5 Minnesota	Avenue		
City			Stat	te Zip	ľ	City		State	Zip
Cranston	n		RI	02905-3616	ľ	Warwick		RI	02888
							D :: D :		
Item	Transaction Type Credit/Debit Card		Contribution T Individual	Туре		eceipt Date 03/08/2021	Deposit Date		ntribution Amou 500.0
			In Kind/0	Other Receipts D	escription				
		Соп	tributor Information				Employe	er Data	
Prefix	First Name Gina	MI	Last Name or PAC/Party C McKenzie	Committee Name	Suffix	Employer N Gina McKen	ame zie, Advertiser		
Street A 19 Katie						Street Addr 19 Katie Dri			
City Warren			Stat RI	te Zip 02885		City Warren		State RI	Zip 02885
Item	Transaction Type Check	2	Contribution 7 Individual	Туре		eceipt Date 01/25/2021	Deposit Date	Co	ntribution Amou 1,000.0
	Check			Other Desidents D		51/25/2021			1,000.0
				Other Receipts D	escription				
		Сол		Other Receipts D	escription		Employe	er Data	
Prefix	First Name	Con MI	ntributor Information Last Name or PAC/Party C	-	escription	Employer N	Employe	er Data	
Prefix	First Name Walter		ntributor Information	-	-	Employer N Retired		er Data	
Prefix Street A	Walter	MI	ntributor Information Last Name or PAC/Party C	-	-		ame	er Data	-
Street A	Walter Address	MI	ntributor Information Last Name or PAC/Party C	-	-	Retired Street Addr	ame	er Data	
Street A 275 Sha	Walter	MI	ntributor Information Last Name or PAC/Party C McLaughlin	Committee Name	-	Retired Street Addr 275 Shady V	ame		Zin
Street A 275 Sha City	Walter Address Idy Valley Rd	MI	ntributor Information Last Name or PAC/Party C	Committee Name	-	Retired Street Addr 275 Shady V City	ame	er Data State RI	Zip 02816-6808
Street A 275 Sha	Walter Address Idy Valley Rd	MI F.	ntributor Information Last Name or PAC/Party C McLaughlin Stat	Committee Name te Zip 02816-6808	Suffix	Retired Street Addr 275 Shady V	ame	State RI	Zip 02816-6808 ntribution Amoun
Street A 275 Sha City Coventr	Walter Address Idy Valley Rd Y	MI F.	ntributor Information Last Name or PAC/Party O McLaughlin Stat RI Contribution T Individual	Committee Name te Zip 02816-6808 Type	Suffix	Retired Street Addr 275 Shady V City Coventry	ame ess alley Rd	State RI	02816-6808 ntribution Amou
Street A 275 Sha City Coventr	Walter Address Idy Valley Rd <u>y</u> Transaction Type	MI F.	ntributor Information Last Name or PAC/Party O McLaughlin Stat RI Contribution T Individual	Committee Name te Zip 02816-6808	Suffix	Retired Street Addr 275 Shady V City Coventry eccipt Date	ame ess alley Rd	State RI	02816-6808 ntribution Amoun
Street A 275 Sha City Coventr Item	Walter Address Idy Valley Rd <u>y</u> <u>Transaction Type</u> <u>Check</u>	MI F. e Con	ntributor Information Last Name or PAC/Party ( McLaughlin Stat RI Contribution T Individual In Kind/( ntributor Information	Committee Name te Zip 02816-6808 Type Other Receipts D	Suffix Re escription	Retired Street Addm 275 Shady V City Coventry eccipt Date 02/22/2021	ame ess alley Rd Deposit Date Employe	State RI Co	02816-6808 ntribution Amou
Street A 275 Sha City Coventr Item	Walter Address ody Valley Rd y Transaction Type Check First Name	MI F. e Con MI	ntributor Information Last Name or PAC/Party ( McLaughlin Stat RI Contribution 7 Individual In Kind/( ntributor Information Last Name or PAC/Party (	Committee Name te Zip 02816-6808 Type Other Receipts D	Suffix	Retired Street Addr 275 Shady V City Coventry eccipt Date 02/22/2021	ame ess alley Rd Deposit Date Employe ame	State RI Co	02816-6808 ntribution Amou
Street A 275 Sha City Coventr Item Prefix	Walter Address dy Valley Rd y Transaction Type Check First Name Francis	MI F. e Con	ntributor Information Last Name or PAC/Party ( McLaughlin Stat RI Contribution T Individual In Kind/( ntributor Information	Committee Name te Zip 02816-6808 Type Other Receipts D	Suffix Re escription	Retired Street Addre 275 Shady V City Coventry eccipt Date 02/22/2021 Employer N Advocacy Se	ame ess alley Rd Deposit Date Employe ame slutions	State RI Co	02816-6808 ntribution Amou
Street A 275 Sha City Coventr Item Prefix Street A	Walter Address dy Valley Rd <u>y</u> <u>Transaction Type Check</u> First Name Francis Address	MI F. e Con MI	ntributor Information Last Name or PAC/Party ( McLaughlin Stat RI Contribution 7 Individual In Kind/( ntributor Information Last Name or PAC/Party (	Committee Name te Zip 02816-6808 Type Other Receipts D	Suffix Re escription	Retired Street Addr 275 Shady V City Coventry eccipt Date 02/22/2021 Employer N Advocacy Se Street Addr	ame ess alley Rd Deposit Date Employe ame olutions ess	State RI Co	02816-6808 ntribution Amou
Street A 275 Sha City Coventr Item Prefix Street A	Walter Address dy Valley Rd <u>y</u> <u>Transaction Type Check</u> First Name Francis Address	MI F. e Con MI	ntributor Information Last Name or PAC/Party ( McLaughlin Stat RI Contribution 7 Individual In Kind/( ntributor Information Last Name or PAC/Party (	Committee Name te Zip 02816-6808 Type Other Receipts D	Suffix Re escription	Retired Street Addr 275 Shady V City Coventry eccipt Date 02/22/2021 Employer N Advocacy Se Street Addr	ame ess alley Rd Deposit Date Employe ame slutions	State RI Co	02816-6808 ntribution Amou
Street A 275 Sha City Coventr Item Prefix	Walter Address dy Valley Rd <u>y</u> <u>Transaction Type Check</u> First Name Francis Address	MI F. e Con MI	ntributor Information Last Name or PAC/Party ( McLaughlin Stat RI Contribution 7 Individual In Kind/( ntributor Information Last Name or PAC/Party (	Committee Name te Zip 02816-6808 Type Other Receipts D Committee Name	Suffix Re escription	Retired Street Addr 275 Shady V City Coventry eccipt Date 02/22/2021 Employer N Advocacy Se Street Addr	ame ess alley Rd Deposit Date Employe ame olutions ess	State RI Co	02816-6808

	Transaction Type Check		Contribution Type Individual		eceipt Date Do 03/14/2021	eposit Date	Cu	ntribution Amou 500.0
			In Kind/Other Receipts ]	Description				
		Con	tributor Information			Employer	Data	
Prefix	First Name Maureen	MI P.	Last Name or PAC/Party Committee Name McMahon	Suffix	Employer Name Info Requested			
Street A 51 Glen					Street Address			
City Warwick			State Zip RI 02889		City		State	Zip
Item	Transaction Type		Contribution Type		-	eposit Date	Co	ntribution Amou
	Check		Individual In Kind/Other Receipts I		03/12/2021			500.0
		Con	tributor Information			Employer	Data	
Profix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	2	2	
TTCHA	Michael	P.	McMahon	Junx	Brentwood Nursi	ng Home		
C4		1.	WEWAIOI		Street Address	ing frome		
Street A								
	cshire Dr				4000 Post Rd		_	
City			State Zip		City		State	Zip
Warwich			RI 02886		Warwick		RI	02886
Item	Transaction Type Check		Contribution Type Individual		eceipt Date Do 03/01/2021	eposit Date	Co	ntribution Amou 1,000.0
			In Kind/Other Receipts I	Description				
		Con	tributor Information			Employer	Data	
Prefix	First Name Jeff	МІ	Last Name or PAC/Party Committee Name Meador	Suffix	Employer Name Portico Studios			
Street A	ddress				Street Address			
279 Rivi	iera Dr				39 Lochinvar Rd			
City			State Zip		City		State	Zip
San Rafa	ael		CA 94901		San Rafael		CA	94901-2445
Item	Transaction Type		Contribution Type		-	eposit Date	Co	ntribution Amou
	Check		Individual		03/01/2021			1,000.0
			In Kind/Other Receipts I	Description				
			tributor Information			Employer	Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	Employer	<sup>.</sup> Data	
	Martha			Suffix	Homemaker	Employer	Data	
Street A	Martha Address	MI	Last Name or PAC/Party Committee Name	Suffix	Homemaker Street Address		· Data	
Street A	Martha	MI	Last Name or PAC/Party Committee Name Meador	Suffix	Homemaker Street Address 50 Saint Francis I		Data	
Street A	Martha Address	MI	Last Name or PAC/Party Committee Name	Suffix	Homemaker Street Address		Data State	Zip
Street A 50 Saint	Martha ddress Francis Ln	MI	Last Name or PAC/Party Committee Name Meador	Suffix	Homemaker Street Address 50 Saint Francis I			Zip 94901
Street A 50 Saint City	Martha ddress Francis Ln	MI	Last Name or PAC/Party Committee Name Meador State Zip	R	Homemaker Street Address 50 Saint Francis I City San Rafael		State CA	-
Street A 50 Saint City San Rafa	Martha Address Francis Ln ael Transaction Type	MI	Last Name or PAC/Party Committee Name Meador State Zip CA 94901 Contribution Type	R	Homemaker Street Address 50 Saint Francis I City San Rafael eccipt Date Do	'n	State CA	94901 ntribution Amou
Street A 50 Saint City San Rafa	Martha Address Francis Ln ael Transaction Type	MI A.	Last Name or PAC/Party Committee Name Meador State Zip CA 94901 Contribution Type Individual	R	Homemaker Street Address 50 Saint Francis I City San Rafael eccipt Date Do	'n	State CA Co	94901 ntribution Amou
Street A 50 Saint City San Rafi Item	Martha Address Francis Ln ael Transaction Type	MI A.	Last Name or PAC/Party Committee Name Meador State Zip CA 94901 Contribution Type Individual In Kind/Other Receipts I	R	Homemaker Street Address 50 Saint Francis I City San Rafael eccipt Date Do	eposit Date Employer	State CA Co	94901 ntribution Amou
Street A 50 Saint City San Rafi Item	Martha Address Francis Ln ael Transaction Type Check	MI A. Con	Last Name or PAC/Party Committee Name Meador State Zip CA 94901 Contribution Type Individual In Kind/Other Receipts I	R Description	Homemaker Street Address 50 Saint Francis I City San Rafael eccipt Date De 03/01/2021	eposit Date Employer	State CA Co	94901 ntribution Amou
Street A 50 Saint City San Rafi Item	Martha ddress Francis Ln ael Transaction Type Check First Name Raymond	MI A. Con	Last Name or PAC/Party Committee Name Meador State Zip CA 94901 Contribution Type Individual In Kind/Other Receipts J tributor Information Last Name or PAC/Party Committee Name	R Description	Homemaker Street Address 50 Saint Francis I City San Rafael eccipt Date Do 03/01/2021	eposit Date Employer	State CA Co	94901 ntribution Amou
Street A 50 Saint City San Rafi Item Prefix Street A	Martha ddress Francis Ln ael Transaction Type Check First Name Raymond	MI A. Con	Last Name or PAC/Party Committee Name Meador State Zip CA 94901 Contribution Type Individual In Kind/Other Receipts J tributor Information Last Name or PAC/Party Committee Name	R Description	Homemaker Street Address 50 Saint Francis I City San Rafael eccipt Date Do 03/01/2021 Employer Name Waterson Termina	eposit Date Employer	State CA Co	94901 ntribution Amou
Street A 50 Saint City San Rafi Item Prefix Street A	Martha Address Francis Ln ael Transaction Type Check First Name Raymond Address	MI A. Con	Last Name or PAC/Party Committee Name Meador State Zip CA 94901 Contribution Type Individual In Kind/Other Receipts J tributor Information Last Name or PAC/Party Committee Name	R Description	Homemaker Street Address 50 Saint Francis I City San Rafael eceipt Date De 03/01/2021 Employer Name Waterson Termina Street Address	eposit Date Employer	State CA Co	94901 ntribution Amou

	Transaction Ty Check	ре		tribution Type vidual	e		eceipt Date 02/17/2021	Deposit Date	Ca	ntribution Amo 500
	Chttk				er Receipts De		2/1//2021			500
		Соп	tributor Informati	on				Employ	er Data	
Prefix	First Name Joseph	MI E.	Last Name or P. Mele	AC/Party Com	umittee Name	Suffix	Employer N Mele Constr			
Street A 105 Swa							Street Addr 105 Swan Ro			
City Smithfie	eld			State RI	<b>Zip</b> 02917		City Smithfield		State RI	<b>Zip</b> 02917
Item	Transaction Typ Check	pe		tribution Type vidual	e		eceipt Date 02/24/2021	Deposit Date	Co	ntribution Amo 500
				In Kind/Oth	er Receipts De	scription				
		Соп	tributor Informati	on				Employ	er Data	
Prefix	First Name	MI	Last Name or P	AC/Party Con	umittee Name	Suffix	Employer N	ame		
	Howard	Α.	Merten			Jr.	Partridge, Sr	iow & Hahn, LLP		
Street A	ddress						Street Addr	ess		
85 Dartı	mouth Ave						180 South M	lain St		
City				State	Zip		City		State	Zip
Warwich	k			RI	02888		Providence		RI	02903
Item	Transaction Ty	pe		tribution Type			eceipt Date	Deposit Date		ntribution Amo
	Check			vidual In Kind/Oth	er Receipts De		03/30/2021			1,000
					a nacipis bi	scription				
		Con	tributor Informati	on				Employ	er Data	
Prefix	First Name Geralyn	MI M.	Last Name or P. Messerlian	AC/Party Com	umittee Name	Suffix	Employer N Baxter's Jew			
Street A 9 Val Je							Street Addre 200 Jefferson			
City Greenvi	ille			State RI	Zip 02828		City Warwick		State RI	<b>Zip</b> 02888
Item	Transaction Tyj Check	ре		utribution Type vidual	e		eceipt Date 03/30/2021	Deposit Date	Co	ntribution Amo 1,000
				In Kind/Oth	er Receipts De	scription				
		Con	tributor Informati		er Receipts De	scription		Employ	er Data	
Prefix	First Name	MI	tributor Informati Last Name or Pa	on	-	scription	Employer N	ame	er Data	
Prefix	First Name Paul		tributor Informati	on	-	-	Employer N Baxter's Jew	ame	er Data	
Prefix Street A	Paul	MI	tributor Informati Last Name or Pa	on	-	-		ame elers	er Data	
	Paul Address	MI	tributor Informati Last Name or Pa	on	-	-	Baxter's Jew	ame elers ess	er Data	
Street A	Paul Address	MI	tributor Informati Last Name or Pa	on	-	-	Baxter's Jew Street Addr	ame elers ess	er Data State	Zip
Street A 9 Val Je	Paul Address an Dr	MI	tributor Informati Last Name or Pa	on AC/Party Com	nmittee Name	-	Baxter's Jew Street Addre 200 Jefferson	ame elers ess		<b>Zip</b> 02888
Street A 9 Val Je City	Paul Address an Dr ille Transaction Typ	MI R.	tributor Informati Last Name or P. Messerlian Con	on AC/Party Com State RI atribution Type	umittee Name Zip 02828	Suffix	Baxter's Jew Street Addre 200 Jefferson City Warwick eccipt Date	ame elers ess	State RI	02888 ntribution Amo
Street A 9 Val Je: City Greenvi	Paul Address an Dr ille	MI R.	tributor Informati Last Name or P. Messerlian Cor Indi	on AC/Party Com State RI atribution Type vidual	nmittee Name Zip 02828 e	Suffix	Baxter's Jew Street Addro 200 Jefferson City Warwick	ame elers ess a Blvd.	State RI	02888
Street A 9 Val Je: City Greenvi	Paul Address an Dr ille Transaction Typ	MI R.	tributor Informati Last Name or P. Messerlian Cor Indi	on AC/Party Com State RI atribution Type vidual In Kind/Oth	umittee Name Zip 02828	Suffix	Baxter's Jew Street Addre 200 Jefferson City Warwick eccipt Date	ame elers ess a Blvd. Deposit Date	State RI Co	02888 ntribution Amo
Street A 9 Val Je City Greenvi Item	Paul Address an Dr ille Transaction Typ Check	MI R. pe Con	tributor Informati Last Name or P. Messerlian Cor Indi tributor Informati	on AC/Party Com State RI atribution Type vidual In Kind/Oth	umittee Name Zip 02828 e eer Receipts De	Suffix R scription	Baxter's Jew Street Addre 200 Jefferson City Warwick eceipt Date 03/10/2021	ame elers ess a Blvd. Deposit Date Employa	State RI Co	02888 ntribution Amo
Street A 9 Val Je City Greenvi Item	Paul Address an Dr ille Transaction Typ Check	MI R. pe <u>Con</u> MI	tributor Informati Last Name or P. Messerlian Cor Indi tributor Informati Last Name or P.	on AC/Party Com State RI atribution Type vidual In Kind/Oth	umittee Name Zip 02828 e eer Receipts De	Suffix	Baxter's Jew Street Addre 200 Jefferson City Warwick eccipt Date 03/10/2021	ame elers ess a Blvd. Deposit Date Employa	State RI Co	02888 ntribution Amo
Street A 9 Val Je: City Greenvi Item Prefix	Paul Address an Dr ille Transaction Typ Check First Name Stephen	MI R. pe Con	tributor Informati Last Name or P. Messerlian Cor Indi tributor Informati	on AC/Party Com State RI atribution Type vidual In Kind/Oth	umittee Name Zip 02828 e eer Receipts De	Suffix R scription	Baxter's Jew Street Addre 200 Jefferson City Warwick ecceipt Date 03/10/2021 Employer N Brentwood N	ame elers ess n Blvd. Deposit Date Employ ame Nursing Home	State RI Co	02888 ntribution Amo
Street A 9 Val Je: City Greenvi Item Prefix Street A	Paul Address an Dr ille Transaction Tyy Check First Name Stephen Address	MI R. pe <u>Con</u> MI	tributor Informati Last Name or P. Messerlian Cor Indi tributor Informati Last Name or P.	on AC/Party Com State RI atribution Type vidual In Kind/Oth	umittee Name Zip 02828 e eer Receipts De	Suffix R scription	Baxter's Jew Street Addro 200 Jefferson City Warwick ecceipt Date 03/10/2021 Employer N Brentwood N Street Addro	ame elers ess a Blvd. Deposit Date Employ ame Vursing Home ess	State RI Co	02888 ntribution Amo
Street A 9 Val Je: City Greenvi Item Prefix Street A	Paul Address an Dr ille Transaction Typ Check First Name Stephen	MI R. pe <u>Con</u> MI	tributor Informati Last Name or P. Messerlian Cor Indi tributor Informati Last Name or P.	on AC/Party Com State RI atribution Type vidual In Kind/Oth	umittee Name Zip 02828 e eer Receipts De	Suffix R scription	Baxter's Jew Street Addre 200 Jefferson City Warwick ecceipt Date 03/10/2021 Employer N Brentwood N	ame elers ess a Blvd. Deposit Date Employ ame Vursing Home ess	State RI Co	02888 ntribution Amo
Street A 9 Val Je: City Greenvi Item Prefix Street A	Paul Address an Dr ille Transaction Tyy Check First Name Stephen Address	MI R. pe <u>Con</u> MI	tributor Informati Last Name or P. Messerlian Cor Indi tributor Informati Last Name or P.	on AC/Party Com State RI atribution Type vidual In Kind/Oth	umittee Name Zip 02828 e eer Receipts De	Suffix R scription	Baxter's Jew Street Addro 200 Jefferson City Warwick ecceipt Date 03/10/2021 Employer N Brentwood N Street Addro	ame elers ess a Blvd. Deposit Date Employ ame Vursing Home ess	State RI Co	02888 ntribution Amo

Item	Transaction Typ Check	e	Contribut Individual	ion Typ	e		eceipt Date 03/11/2021	Deposit Date	Co	ntribution Amou 500.0
				nd/Oth	er Receipts De					
		Con	tributor Information					Employ	er Data	
Prefix	First Name Richard	MI J.	Last Name or PAC/Pa Miga	rty Com	umittee Name	Suffix Jr.	Employer N Brentwood N	a <b>me</b> Nursing Home		
Street A 4000 Pc	Address ost Rd						Street Addr 4000 Post R			
City Warwic				State RI	<b>Zip</b> 02886		City Warwick	_	State RI	Zip 02886
Item	Transaction Typ	ie	Contribut				eceipt Date	Deposit Date		ntribution Amou
	Check		Individual In Ki	nd/Oth	er Receipts De		03/10/2021			500.0
		Con	tributor Information		-	-		Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Pa	rty Com	unittee Name	Suffix	Employer N		er Data	
	Mary		Miga Taylor			~		Nursing Home		
Street A	Address						Street Addr	-		
61 Thru							83 Corona S			
City				State	Zip		City		State	Zip
Warwic	k			RI	02886		Warwick		RI	02886
Item	Transaction Typ Check	)e	Contribut Individual	ion Typ	e		eceipt Date 01/29/2021	Deposit Date	Co	ntribution Amou 1,000.0
				nd/Oth	er Receipts De					- 3
		Con	tributor Information					Employ	er Data	
Prefix	First Name	МІ	Last Name or PAC/Pa	rty Con	umittee Name	Suffix	Employer N			
	Donald	Α.	Migliori				Motley Rice			
	Address andy Point Lane						Street Addr 321 South M			
City Mount I	Pleasant			State SC	<b>Zip</b> 29466		City Providence		State RI	Zip 02903
Item	Transaction Typ Check	ie	Contribut Individual	ion Typ	e		eceipt Date 03/30/2021	Deposit Date	Co	ntribution Amou 1,000.0
			In Ki	nd/Oth	er Receipts De	scription				
		Con	tributor Information					Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Pa	rty Com	umittee Name	Suffix	Employer N	ame	er Data	
	Wayne			rty Com	umittee Name	Suffix	Miller Electr	ame ric	er Data	
Street A	Wayne Address	MI	Last Name or PAC/Pa	rty Com	umittee Name	Suffix	Miller Electr Street Addr	ame ric ess	er Data	
Street A 18 Long	Wayne	MI	Last Name or PAC/Pa			Suffix	Miller Electr Street Addr 18 Longbow	ame ric ess		
Street A 18 Long City	Wayne Address gbow Dr	MI	Last Name or PAC/Pa	State	Zip	Suffix	Miller Electr Street Addr 18 Longbow City	l'ame cic ess Dr	State	Zip
Street A 18 Long	Wayne Address gbow Dr	MI M.	Last Name or PAC/Pa	State RI	<b>Zip</b> 02893		Miller Electr Street Addr 18 Longbow	l'ame cic ess Dr	State RI	Zip 02893 ntribution Amou
Street A 18 Long City West W	Wayne Address gbow Dr 'arwick	MI M.	Last Name or PAC/Pa Miller Contribut Individual	State RI ion Typ	Zip 02893 e	Re	Miller Electr Street Addr 18 Longbow City West Warwie	lame ric ess Dr Ck	State RI	02893
Street A 18 Long City West W	Wayne Address gbow Dr <u>/arwick</u> Transaction Typ	MI M.	Last Name or PAC/Pa Miller Contribut Individual In Ki	State RI ion Typ	<b>Zip</b> 02893	Re	Miller Electr Street Addr 18 Longbow City West Warwie eccipt Date	lame cic ess Dr Ck Deposit Date	State RI Co	02893 ntribution Amou
Street A 18 Long City West W Item	Wayne Address gbow Dr <u>/arwick</u> Transaction Typ	MI M.	Last Name or PAC/Pa Miller Contribut Individual	State RI ion Typ nd/Oth	Zip 02893 e er Receipts De	Re	Miller Electr Street Addr 18 Longbow City West Warwie eccipt Date	l'ame ric ess <sup>1</sup> Dr ck Deposit Date Employ	State RI Co	02893 ntribution Amou
Street A 18 Long City West W Item	Wayne Address gbow Dr Varwick Transaction Typ Check	MI M. De Con	Last Name or PAC/Pa Miller Contribut Individual In Ki	State RI ion Typ nd/Oth	Zip 02893 e er Receipts De	Ro ( scription	Miller Electr Street Addr 18 Longbow City West Warwie eceipt Date D1/25/2021	l'ame ric ess <sup>1</sup> Dr ck Deposit Date Employ	State RI Co	02893 ntribution Amou
Street A 18 Long City West W Item Prefix	Wayne Address gbow Dr Varwick Transaction Typ Check First Name	MI M. De Con MI	Last Name or PAC/Pa Miller Contribut Individual In Ki tributor Information Last Name or PAC/Pa	State RI ion Typ nd/Oth	Zip 02893 e er Receipts De	Ro ( scription	Miller Electr Street Addr 18 Longbow City West Warwie eceipt Date D1/25/2021	ame ric ess Dr ck Deposit Date Employ ame ck & Sheehan	State RI Co	02893 ntribution Amou
Street A 18 Long City West W Item Prefix Street A	Wayne Address gbow Dr Arwick Transaction Typ Check First Name Geoffrey	MI M. De Con MI	Last Name or PAC/Pa Miller Contribut Individual In Ki tributor Information Last Name or PAC/Pa	State RI ion Typ nd/Oth	Zip 02893 e er Receipts De	Ro ( scription	Miller Electr Street Addr 18 Longbow City West Warwie ecceipt Date D1/25/2021 Employer N Adler Polloc	ame ric ess Dr ck Deposit Date Employ ame ck & Sheehan ess	State RI Co	02893 ntribution Amou
Street A 18 Long City West W Item Prefix Street A	Wayne Address gbow Dr Varwick Transaction Typ Check First Name Geoffrey Address	MI M. De Con MI	Last Name or PAC/Pa Miller Contribut Individual In Ki tributor Information Last Name or PAC/Pa	State RI ion Typ nd/Oth	Zip 02893 e er Receipts De	Ro ( scription	Miller Electr Street Addr 18 Longbow City West Warwie ecceipt Date D1/25/2021 Employer N Adler Polloc Street Addr	ame ric ess Dr ck Deposit Date Employ ame ck & Sheehan ess	State RI Co	02893 ntribution Amou

Item		Iransaction Type Check		Contribution Type Individual	e		eceipt Date 03/17/2021	Deposit Date	Ca	ntribution Amou 1,000.0
					er Receipts Des					
			Con	ntributor Information				Employ	er Data	
Prefix	First Nam Gary	16	MI	Last Name or PAC/Party Com Minassian	mittee Name	Suffix	Employer N Crestwood N	ame Iursing Home		
Street A	ddress						Street Addr			
28 Ceda	ır St						568 Child St			
City				State	Zip		City		State	Zip
Rehobot	th			MA	02759		Warren		RI	02885
Item		Transaction Type Check		Contribution Type Individual	e		eceipt Date 03/30/2021	Deposit Date	Co	ntribution Amou 500.0
					er Receipts Des					
			Con	ntributor Information				Employ	er Data	
Prefix	First Nam	1e	МІ	Last Name or PAC/Party Com	mittee Name	Suffix	Employer N	ame		
	Mark		E.	Misto			Kamco			
Street A							Street Addr			
	ifield Pike						49 Plainfield	Pike		
City				State	Zip		City		State	Zip
Foster				RI	02825		Foster		RI	02825
Item		Fransaction Type Check		Contribution Type Individual	e		eceipt Date 03/30/2021	Deposit Date	Co	ntribution Amou 1,000.0
				In Kind/Oth	er Receipts Des	cription				
			Con	ntributor Information				Employ	er Data	
Prefix	First Nam	1e	МІ	Last Name or PAC/Party Com	mittee Name	Suffix	Employer N			
~	Joan		Μ.	Mitchell			Bay Crane N			
Street A 126 Sara	atoga Ave						Street Addr 115 Lydia Ar			
City				State	Zip		City		State	Zip
Pawtuck	cet			RI	02861		Smithfield		RI	02917
Item		Transaction Type		Contribution Type	e		eceipt Date 03/30/2021	Deposit Date	Co	ntribution Amou
		Check		Individual In Kind/Oth	er Receipts Des		03/30/2021			250.0
			Con	ntributor Information				Employ	or Data	
Prefix	First Nam	16	MI	Last Name or PAC/Party Com	mittee Name	Suffix	Employer N		el Data	
	William			Mizener			JD Associate			
Street A	ddress						Street Addr	ess		
45 India	n Hill Ave						60 West Cott	on Hill Rd		
City				State	Zip		City		State	Zip
Portland	1			CT	06480		Portland		CT	06480
Item		<b>Fransaction Type</b> Check		Contribution Type Individual	e		eceipt Date )2/08/2021	Deposit Date	Co	ntribution Amou 1,000.0
				In Kind/Oth	er Receipts Des	cription				
			Con	ntributor Information				Employ	er Data	
					mittee Name	Suffix	Employer N			
Prefix	First Nam	ne	МІ	Last Name or PAC/Party Com	innee ranne					
Prefix	First Nam Henry	ae	MI S.	Monti			Gemma Law	Associates		
Prefix Street A	Henry	1e					Gemma Law Street Addr			
	Henry Address	10						255		
Street A	Henry Address	1e			Zip		Street Addr	255	State	Zip

	Transaction Type Check		Contribution Typ Individual	je		eceipt Date 01/23/2021	Deposit Date	Ca	ntribution	Amou 1,000.0
				her Receipts D						
		Соп	tributor Information				Employ	er Data		
Prefix	First Name	MI P.	Last Name or PAC/Party Cor Moore	nmittee Name	Suffix	Employer N Tiverton Cas				
Street A	Joseph	Ρ.	Moore			Street Addr				
9 Shield							ess 1 Casino Hotel Blvd.			
City	3.50		State	Zip		City	Cusino Hotel Diva.	State	Zip	
Newport	t		RI	02840		Tiverton		RI	02878	
Item	Transaction Type		Contribution Typ	10	R	eceipt Date	Deposit Date	Co	ntribution	Amou
Item	Check		Individual			02/09/2021	Deposit Date	Cu	Inform	250.0
				her Receipts D						
		Con	atributor Information				Employ	or Data		
Prefix	First Name	MI	Last Name or PAC/Party Cor	nmittee Name	Suffix	Employer N		ci Data		
	Mark	B.	Morse				of Mark B. Morse			
Street A	ddress					Street Addr	ess			
	tford Ave					833 Hartford				
City			State	Zip		City		State	Zip	
Johnston	1		RI	02919		Johnston		RI	02919	
Item	Transaction Type		Contribution Typ	pe		eceipt Date	Deposit Date	Co	ntribution	
	Credit/Debit Card		Individual	Derek D		03/04/2021				1,000.0
				her Receipts D	escription					
			atributor Information				Employ	er Data		
Prefix	First Name	MI	Last Name or PAC/Party Cor	nmittee Name	Suffix	Employer N				
-	Peter		Mugar			Mugar Enter	-			
Street A						Street Addr				
	keley Street		<b>6</b> 4.4			222 Berkele	y Sueet	<b>6</b> 4 4	7.	
City Boston			State MA	Zip 02116		City Boston		State MA	Zip 02116	
Item	Transaction Type		Contribution Typ		R	eceipt Date	Deposit Date		ntribution	Amou
	Check		Individual			03/15/2021	Deposit Date			1,000.0
			In Kind/Ot	her Receipts D	escription					
		Con	atributor Information				Employ	er Data		
Prefix	First Name	МІ	Last Name or PAC/Party Cor	nmittee Name	Suffix	Employer N	ame			
	William	J.	Murphy			Murphy & F	ay			
	ddress					Street Addr	ess			
Street A						127 Dorrance	e St, Ste 200			
	cefield St								Zip	
	cefield St		State	Zip		City		State	Lip	
390 Wak			State RI	Zip 02893		City Providence		State RI	02903	
390 Wak City	arwick Transaction Type		RI Contribution Typ	02893		Providence eceipt Date	Deposit Date	RI	02903 ntribution	
390 Wak City West Wa	arwick	_	RI Contribution Typ Individual	02893 De		Providence	Deposit Date	RI	02903 ntribution	<b>Amou</b> 1,000.0
390 Wak City West Wa	arwick Transaction Type		RI Contribution Typ Individual	02893		Providence eceipt Date	Deposit Date	RI	02903 ntribution	
390 Wak City West Wa Item	rrwick Transaction Type Check	Con	RI Contribution Typ Individual In Kind/Ot	02893 De her Receipts D	escription	Providence eceipt Date 02/09/2021	Employ	RI Co	02903 ntribution	
390 Wak City West Wa Item	rrwick Transaction Type Check First Name	Con MI	RI Contribution Typ Individual In Kind/Ot attributor Information Last Name or PAC/Party Con	02893 De her Receipts D	escription Suffix	Providence eceipt Date 02/09/2021 Employer N	Employ	RI Co	02903 ntribution	
390 Wak City West Wa Item Prefix	rwick Transaction Type Check First Name Richard		RI Contribution Typ Individual In Kind/Ot	02893 De her Receipts D	escription	Providence eceipt Date 02/09/2021 Employer N Partridge, St	Employ Jame 100w & Hahn, LLP	RI Co	02903 ntribution	
390 Wak City West Wa Item Prefix Street A	rwick Transaction Type Check First Name Richard ddress		RI Contribution Typ Individual In Kind/Ot attributor Information Last Name or PAC/Party Con	02893 De her Receipts D	escription Suffix	Providence eceipt Date 02/09/2021 Employer N Partridge, St Street Addr	Employ Jame now & Hahn, LLP ess	RI Co	02903 ntribution	
390 Wak City West Wa Item Prefix Street A	rwick Transaction Type Check First Name Richard		RI Contribution Typ Individual In Kind/Ot attributor Information Last Name or PAC/Party Con	02893 De her Receipts D	escription Suffix	Providence eceipt Date 02/09/2021 Employer N Partridge, St Street Addr	Employ Jame 100w & Hahn, LLP	RI Co	02903 ntribution	

Item	Transaction Type Money Order		Contribution Type Individual		eceipt Date 01/19/2021	Deposit Date	Ca	ntribution Amoun 100.00
			In Kind/Other Receipts De					
		Con	tributor Information			Employ	er Data	
Prefix	First Name Abraham	МІ	Last Name or PAC/Party Committee Name Nunez	Suffix	Employer Na Smart Homes			
Street	Address		Nullez		Street Addres			
28 Lync					28 Lynch St	55		
City			State Zip		City		State	Zip
Provide	ence		RI 02908		Providence		RI	02908
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amoun
	Check		Individual		03/20/2021	-		500.00
			In Kind/Other Receipts De	scription				
D.C.	TO' 4 D.T		tributor Information	0.00		Employ	er Data	
Prefix	First Name Francis	MI J.	Last Name or PAC/Party Committee Name O'Brien	Suffix	Employer Na Info Requeste			
Street	Address	J.	0 Bitel		Street Addres			
	dward Rd				Street Addres	55		
City			State Zip		City		State	Zip
Wakefie	eld		RI 02879				~	
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amoun
I.C.III	Check		Individual		02/02/2021	Depusit Date	00	500.0
			In Kind/Other Receipts De	scription				
			_					
			tributor Information			Employ	er Data	
Prefix	First Name Erica	MI M.	Last Name or PAC/Party Committee Name O'Connell	Suffix	Employer Na Bianchi & Bro			
Street	Address	141.	o connen		Street Addres	-		
55 Ferry					56 Pine St, St			
City	,		State Zip		City		State	Zip
Barring	ton		RI 02806		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amoun
	Check		Individual		02/03/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Com	tributor Information			Employ	an Data	
		Con	Last Name or PAC/Party Committee Name		Employer Na		er Data	
Prefix	First Name	MI		Suffix				
Prefix	First Name William	MI E.	•	Suffix Jr.		es Devereaux & O'O	Gara	
	William	MI E.	O'Gara	Suffix Jr.		es Devereaux & O'O	Gara	
Street A			•		Pannone Lope Street Addres		Gara	
Street A	William Address		•		Pannone Lope Street Addres	ss	Gara State	Zip
Street A 116 Gov City	William Address vernor St		O'Gara		Pannone Lope Street Addres 1301 Atwood	ss		Zip 02919
Street A 116 Gov City Provide	William Address vernor St		O'Gara State Zip	Jr.	Pannone Lope Street Addres 1301 Atwood City	ss Ave, Ste 215N	State RI	-
Street A 116 Gov	William Address vernor St ence		O'Gara State Zip RI 02906	Jr.	Pannone Lope Street Addres 1301 Atwood City Johnston	ss	State RI	02919
Street A 116 Gov City Provide	William Address vernor St ence Transaction Type		O'Gara State Zip RI 02906 Contribution Type	Jr. R	Pannone Lope Street Addres 1301 Atwood City Johnston eccipt Date	ss Ave, Ste 215N	State RI	02919 ntribution Amour
Street A 116 Gov City Provide	William Address vernor St ence Transaction Type	E.	O'Gara       State     Zip       RI     02906   Contribution Type Individual In Kind/Other Receipts December 2015	Jr. R	Pannone Lope Street Addres 1301 Atwood City Johnston eccipt Date	ss Ave, Ste 215N Deposit Date	State RI Co	02919 ntribution Amour
Street A 116 Gor City Provide Item	William Address vernor St ence Transaction Type Check	E. Con	O'Gara State Zip RI 02906 Contribution Type Individual In Kind/Other Receipts De tributor Information	Jr. R	Pannone Lope Street Addres 1301 Atwood City Johnston eccipt Date 02/09/2021	ss Ave, Ste 215N Deposit Date Employ	State RI Co	02919 ntribution Amour
Street A 116 Gor City Provide Item	William Address vernor St ence Transaction Type Check First Name	E. Con MI	O'Gara       State     Zip RI       02906       Contribution Type Individual       Individual       In Kind/Other Receipts De       tributor Information       Last Name or PAC/Party Committee Name	Jr. R	Pannone Lope Street Addres 1301 Atwood City Johnston eccipt Date 02/09/2021 Employer Na	ss Ave, Ste 215N Deposit Date Employ me	State RI Co	02919 ntribution Amour
Street A 116 Gov City Provide Item Prefix	William Address vernor St ence Transaction Type Check First Name Amy	E. Con MI	O'Gara State Zip RI 02906 Contribution Type Individual In Kind/Other Receipts De tributor Information	Jr. R	Pannone Lope Street Addres 1301 Atwood City Johnston eccipt Date 02/09/2021 Employer Na Partridge, Sno	ss Ave, Ste 215N Deposit Date Employ une ow & Hahn, LLP	State RI Co	02919 ntribution Amour
Street A 116 Gov City Provide Item Prefix Street A	William Address vernor St ence Transaction Type Check First Name Amy Address	E. Con MI	O'Gara       State     Zip RI       02906       Contribution Type Individual       Individual       In Kind/Other Receipts De       tributor Information       Last Name or PAC/Party Committee Name	Jr. R	Pannone Lope Street Addres 1301 Atwood City Johnston eccipt Date 02/09/2021 Employer Na Partridge, Sno Street Addres	ss Ave, Ste 215N Deposit Date Employ ume ow & Hahn, LLP ss	State RI Co	02919 ntribution Amour
Street A 116 Gor City Provide Item Prefix Street A 153 Cas	William Address vernor St ence Transaction Type Check First Name Amy	E. Con MI	O'Gara       State     Zip       RI     02906       Contribution Type       Individual     In Kind/Other Receipts De       tributor Information       Last Name or PAC/Party Committee Name       Oakley	Jr. R	Pannone Lope Street Addres 1301 Atwood City Johnston eceipt Date 02/09/2021 Employer Na Partridge, Sno Street Addres 40 Westminst	ss Ave, Ste 215N Deposit Date Employ une ow & Hahn, LLP	State RI Co er Data	02919 ntribution Amoun 250.00
Street A 116 Gor City Provide Item Prefix Street A 153 Cas City	William Address vernor St ence Transaction Type Check First Name Amy Address	E. Con MI	O'Gara       State     Zip RI       02906       Contribution Type Individual       Individual       In Kind/Other Receipts De       tributor Information       Last Name or PAC/Party Committee Name	Jr. R	Pannone Lope Street Addres 1301 Atwood City Johnston eccipt Date 02/09/2021 Employer Na Partridge, Sno Street Addres	ss Ave, Ste 215N Deposit Date Employ ume ow & Hahn, LLP ss	State RI Co	02919 ntribution Amour

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt Date Deposit Date 03/17/2021	Contribution Amoun 1,000.00
			In Kind/Other Receipts	Description		
		Con	tributor Information		Employ	ver Data
Prefix	First Name Peter	МІ	Last Name or PAC/Party Committee Name Okeefe	e Suffix	Employer Name Peter Okeefe, Consultant	
Street A 4200 Fo	Address ordham Road, NW				Street Address 4200 Fordham Road, NW	
City Washing	gton		State Zip DC 20016		City Washington	State Zip DC 20016
Item	Transaction Type Check		Contribution Type Individual		Receipt Date Deposit Date 03/31/2021	Contribution Amou 1,000.0
			In Kind/Other Receipts	Description		
		Cor	tributor Information		Employ	ver Data
Prefix	First Name Robert	MI	Last Name or PAC/Party Committee Name Oliveira	e Suffix	Employer Name Retired	
Street A	Address nacre Dr				Street Address 43 Lawnacre Dr	
45 Lawi	hacte Di		State Zip		City	State Zip
North P	rovidence		RI 02911		North Providence	RI 02911
Item	Transaction Type Check		Contribution Type Individual		Receipt DateDeposit Date02/09/2021	Contribution Amoun 500.0
			In Kind/Other Receipts	Description		
		Con	tributor Information		Employ	ver Data
Prefix	First Name Jonathan	MI D.	Last Name or PAC/Party Committee Name Orent	e Suffix	Employer Name Motley Rice Law	
Street A 11 Viall					Street Address 321 South Main St	
City Barringt	ton		State Zip RI 02806		City Providence	State Zip RI 02903
Item	Transaction Type Money Order		Contribution Type Individual		Receipt Date Deposit Date 01/19/2021	Contribution Amoun 1,000.0
			In Kind/Other Receipts			-,
		Сог	tributor Information		Employ	ver Data
Prefix	First Name	MI	Last Name or PAC/Party Committee Name		Employer Name	
Street A	George	L.	Ortiz	Jr.	The Elisha Project Street Address	
	port Ave, #2				65 Newport Ave, #6	
			State Zip		City	State Zip
City	ovidence		RI 02916		Rumford	RI 02916
			Contribution Type Individual		Receipt DateDeposit Date02/18/2021	Contribution Amoun 100.0
East Pro	Transaction Type Check					
			In Kind/Other Receipts	Description		
East Pro				Description	Employ	ver Data
East Pro Item			In Kind/Other Receipts	-	Employer Name	er Data
East Pro Item Prefix Street A	Check First Name John Address	Con MI	In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name	-	Employer Name Partridge, Snow & Hahn, LLP Street Address	er Data
East Pro Item Prefix Street A	Check First Name John	Con MI	In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name	-	Employer Name Partridge, Snow & Hahn, LLP	rer Data State Zip

Item	Transaction Type Credit/Debit Card		Contribution T Individual	lype		eceipt Date 03/30/2021	Deposit Date	Co	ntribution	Amoun 100.00
	Cital/Debit Cald			Other Receipts I		05/50/2021				100.00
		Сон	atributor Information				Employ	er Data		
Prefix	First Name	MI	Last Name or PAC/Party C	Committee Name	Suffix	Employer N	ame			
	Rachel		Pachter			Copenhagen	Offshore Partners			
Street A						Street Addr				
11 Rose	Street					700 Pleasant	Street, Suite 510			
City			Stat	•		City		State	Zip	
Somervi	ille		MA	02143		New Bedfore	d	MA	02740	
Item	Transaction Type	3	Contribution T	lype		eceipt Date	Deposit Date	Cor	ntribution	Amoun
	Check		Individual			03/22/2021				1,000.00
			In Kind/C	Other Receipts I	Jescription					
		Соп	ntributor Information				Employ	er Data		
Prefix	First Name	MI	Last Name or PAC/Party C	ommittee Name	Suffix	Employer N	ame			
	Joseph	J.	Padula			Hilb Group				
Street A						Street Addr				
	m Hill Rd					-	View Blvd, Ste 240			
City			Stat	•		City		State	Zip	
Warwich			RI	02886		Cranston		RI	02920	
Item	Transaction Type Check	•	Contribution T Individual	lype		eceipt Date 01/21/2021	Deposit Date	Co	ntribution	Amoun 250.00
	Check			Other Receipts I		01/21/2021				250.00
				-	-					
Ducfor	First Name	Con MI	atributor Information Last Name or PAC/Party C	ammittee Name	Suffix	Employer N	Employ	er Data		
rrenx	John	R.	Pagliarini	ommittee Name	Sum	Graphene Co				
Street A			I ughum			Street Addr	-			
	nberland Rd					225 Dyer St				
City			Stat	e Zip		City		State	Zip	
Warwich	k		RI	02886		Providence		RI	02903	
Item	Transaction Type	,	Contribution T	ſype	R	eceipt Date	Deposit Date	Co	ntribution	Amoun
	Check		Individual		1	01/22/2021				1,000.00
			In Kind/C	Other Receipts I						
		Con	In Kind/C ntributor Information	Other Receipts I			Employ	er Data		
Prefix	First Name	Con MI				Employer N		er Data		
Prefix	First Name M. Teresa		ntributor Information		Description					
Prefix Street A	M. Teresa		ntributor Information Last Name or PAC/Party C		Description		ame ociation of Rhode Is		_	
Street A	M. Teresa		ntributor Information Last Name or PAC/Party C		Description	Hospital Ass	ame ociation of Rhode Is ess			
Street A 19 Mum	M. Teresa Address		ntributor Information Last Name or PAC/Party C	Committee Name	Description	Hospital Ass Street Addr	ame ociation of Rhode Is ess		Zip	
Street A 19 Mum City	M. Teresa Address aford Ave		atributor Information Last Name or PAC/Party C Paiva Weed	Committee Name	Description	Hospital Ass Street Addre 405 Promena	ame ociation of Rhode Is ess	land	<b>Zip</b> 02908	
Street A	M. Teresa Address aford Ave	МІ	ntributor Information Last Name or PAC/Party C Paiva Weed Stat	Committee Name ie Zip 02840	Description Suffix	Hospital Ass Street Addre 405 Promena City	ame ociation of Rhode Is ess	land State RI	-	Amoun
Street A 19 Mum City Newpor	M. Teresa Address Aford Ave t	МІ	ntributor Information Last Name or PAC/Party C Paiva Weed State RI Contribution T Individual	Committee Name e Zip 02840 Fype	Description Suffix R.	Hospital Ass Street Addre 405 Promena City Providence	ame ociation of Rhode Isi ess ade St, Ste C	land State RI	02908	<b>Amoun</b> 500.00
Street A 19 Mum City Newpor	M. Teresa Address aford Ave t Transaction Type	МІ	ntributor Information Last Name or PAC/Party C Paiva Weed State RI Contribution T Individual	Committee Name ie Zip 02840	Description Suffix R.	Hospital Ass Street Addre 405 Promena City Providence eccipt Date	ame ociation of Rhode Isi ess ade St, Ste C	land State RI	02908	
Street A 19 Mum City Newpor	M. Teresa Address aford Ave t Transaction Type	MI	ntributor Information Last Name or PAC/Party C Paiva Weed State RI Contribution T Individual	Committee Name e Zip 02840 Fype	Description Suffix R.	Hospital Ass Street Addre 405 Promena City Providence eccipt Date	ame ociation of Rhode Isi ess ade St, Ste C	land State RI Con	02908	
Street A 19 Mum City Newpor Item	M. Teresa Address nford Ave t Transaction Type Check First Name	MI	ntributor Information Last Name or PAC/Party C Paiva Weed Stat RI Contribution T Individual In Kind/C ntributor Information Last Name or PAC/Party C	Committee Name e Zip 02840 Type Dther Receipts I	Description Suffix R.	Hospital Ass Street Addre 405 Promena City Providence eccipt Date 03/29/2021	ame ociation of Rhode Isi ess ade St, Ste C Deposit Date Employ ame	land State RI Con	02908	
Street A 19 Mum City Newpor Item Prefix	M. Teresa Address nford Ave t Transaction Type Check First Name George	MI e Con	ntributor Information Last Name or PAC/Party C Paiva Weed Stat RI Contribution T Individual In Kind/C	Committee Name e Zip 02840 Type Dther Receipts I	Description Suffix R Description	Hospital Ass Street Addro 405 Promena City Providence ecceipt Date 03/29/2021 Employer N Sparky's Aut	ame ociation of Rhode Is ess ade St, Ste C Deposit Date Employ ame	land State RI Con	02908	
Street A 19 Mum City Newpor Item Prefix Street A	M. Teresa Address nford Ave t Transaction Type Check First Name George Address	MI e Con	ntributor Information Last Name or PAC/Party C Paiva Weed Stat RI Contribution T Individual In Kind/C ntributor Information Last Name or PAC/Party C	Committee Name e Zip 02840 Type Dther Receipts I	Description Suffix R Description	Hospital Ass Street Addro 405 Promena City Providence eccipt Date 03/29/2021 Employer N Sparky's Aut Street Addro	ame ociation of Rhode Is ess ade St, Ste C Deposit Date Employ ame to ess	land State RI Con	02908	
Street A 19 Mum City Newpor Item Prefix Street A 41 Reela	M. Teresa Address nford Ave t Transaction Type Check First Name George Address	MI e Con	ntributor Information Last Name or PAC/Party C Paiva Weed Stat RI Contribution T Individual In Kind/C ntributor Information Last Name or PAC/Party C Pakuris	Committee Name Te Zip 02840 Type Other Receipts I Committee Name	Description Suffix R Description	Hospital Ass Street Addre 405 Promena City Providence eccipt Date 03/29/2021 Employer N Sparky's Aut Street Addre 41 Reeland A	ame ociation of Rhode Is ess ade St, Ste C Deposit Date Employ ame to ess	land State RI Con	02908 ntribution	
Street A 19 Mum City Newpor Item Prefix Street A	M. Teresa Address nford Ave t Transaction Type Check First Name George Address and Ave	MI e Con	ntributor Information Last Name or PAC/Party C Paiva Weed Stat RI Contribution T Individual In Kind/C ntributor Information Last Name or PAC/Party C	Committee Name Te Zip 02840 Type Other Receipts I	Description Suffix R Description	Hospital Ass Street Addro 405 Promena City Providence eccipt Date 03/29/2021 Employer N Sparky's Aut Street Addro	ame ociation of Rhode Is ess ade St, Ste C Deposit Date Employ ame to ess	land State RI Con	02908	

Item	Transaction Type Check			Contribution Typ Individual	e		eceipt Date 03/30/2021	Deposit Date	Ca	ntribution	Amou 1,000.0
					er Receipts De						2,000.0
		Con	tributor Info	rmation				Employ	er Data		
Prefix	First Name	MI	Last Name	or PAC/Party Con	umittee Name	Suffix	Employer N	lame			
	Gina		Pakuris				Kitchen &	Countertop Center of	New Engla	nd	
Street A	ddress						Street Addr	ess			
622 She	rmantown Rd						125 Esten A	ve			
City				State	Zip		City		State	Zip	
Saunder	rstown			RI	02874-2003		Pawtucket		RI	02860	
Item	Transaction Type			Contribution Typ	e		eceipt Date	Deposit Date	Co	ntribution	Amou
	Check			Individual	D 1 / D		03/28/2021				1,000.0
				In Kind/Oth	er Receipts De	escription					
		Con	tributor Info					Employ	er Data		
Prefix	First Name	MI		e or PAC/Party Con	umittee Name	Suffix	Employer N				
	Joseph		Pakuris					Countertop Center of	New Engla	nd	
Street A							Street Addr				
	rmantown Rd			<b>C</b> ( )			125 Esten A	venue	<b>G</b> ( )		
City Saunder				State RI	Zip 02814		City Pawtucket		State RI	Zip 02860	
								D : D (			
Item	Transaction Type Check			Contribution Typ Individual	e		eceipt Date 03/29/2021	Deposit Date	Co	ntribution	Amou 500.0
	Chitth				er Receipts De		03/23/2021				
					-	-					
			tributor Info					Employ	er Data		
Prefix	First Name Patryk	MI	Last Name Paluszek	e or PAC/Party Con	imittee Name	Suffix	Employer N				
Street A	-		Paluszek				Pat's Carpen Street Addr				
52 Texas							52 Texas Av				
City				State	Zip		City	-	State	Zip	
Provider	nce			RI	02904		Providence		RI	02904	
Item	Transaction Type			Contribution Typ	e		eceipt Date	Deposit Date	Co	ntribution	Amou
	Check			Individual	D 1 ( D		02/03/2021				1,000.0
				In Kind/Oth	er Receipts De	escription					
		Con	tributor Info	rmation				Employ	er Data		
Prefix	First Name	MI		or PAC/Party Con	imittee Name	Suffix	Employer N				
	Gary	R	Pannone					pes Deveraux & Wes	st LLC		
~							Street Addr				
Street A								rse Way, Ste 301		7:	
317 Iron	Address n Horse Way Ste 301			St 1-	7:				C4-4-	Zip	
317 Iron City	n Horse Way Ste 301			State RI	<b>Zip</b>		City		State RI	02908	
317 Iron City Provider	n Horse Way Ste 301 nce			RI	02908	P	City Providence	Deposit Data	RI	02908	A
317 Iron City	n Horse Way Ste 301 nce Transaction Type			RI Contribution Typ	02908		City Providence eceipt Date	Deposit Date	RI	ntribution	
317 Iron City Provider	n Horse Way Ste 301 nce			RI Contribution Typ Individual	02908		City Providence	Deposit Date	RI	ntribution	
317 Iron City Provider	n Horse Way Ste 301 nce Transaction Type			RI Contribution Typ Individual In Kind/Oth	02908 e		City Providence eceipt Date	-	RI Co	ntribution	
317 Iron City Provider Item	n Horse Way Ste 301 nce Transaction Type Check		tributor Info	RI Contribution Typ Individual In Kind/Oth rmation	02908 e er Receipts De	escription	City Providence eccipt Date 02/15/2021	Employ	RI Co	ntribution	
317 Iron City Provider Item	n Horse Way Ste 301 nce Transaction Type	Con MI M.		RI Contribution Typ Individual In Kind/Oth	02908 e er Receipts De		City Providence eceipt Date 02/15/2021 Employer N	Employ	RI Co	ntribution	
317 Iron City Provider Item	n Horse Way Ste 301 nce Transaction Type Check First Name Susan	MI	Last Name	RI Contribution Typ Individual In Kind/Oth rmation	02908 e er Receipts De	escription	City Providence eceipt Date 02/15/2021 Employer N	Employ Name al Associates	RI Co	ntribution	
317 Iron City Provider Item Prefix Street A	n Horse Way Ste 301 nce Transaction Type Check First Name Susan	MI	Last Name	RI Contribution Typ Individual In Kind/Oth rmation	02908 e er Receipts De	escription	City Providence eceipt Date 02/15/2021 Employer N Ville Medica	Employ Name al Associates	RI Co	ntribution	
317 Iron City Provider Item Prefix	n Horse Way Ste 301 nce Transaction Type Check First Name Susan	MI	Last Name	RI Contribution Typ Individual In Kind/Oth rmation	02908 e er Receipts De	escription	City Providence eceipt Date 02/15/2021 Employer N Ville Medica Street Addr	Employ Name al Associates	RI Co	ntribution	Amour 1,000.0

	Transaction Type Check		Contribution Type Individual		eceipt Date Deposit Date 01/05/2021		Amoun 1,000.00
	Chick		In Kind/Other Receipts		01/05/2021		1,000.00
		Con	tributor Information		Emj	ployer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Jackson	<b>C</b> .	Parmenter		Kelly, Souza, Rocha & Paran	nenter, PC	
Street A					Street Address		
	Water St, Unit 306		<b>6 7</b> .		128 Dorrance St, Ste 300	a	
City Provider	800		State Zip RI 02903		City Providence	State Zip RI 02903	
Item	Transaction Type Check		Contribution Type Individual		eceipt Date Deposit Date 01/10/2021		Amoun 1,000.00
	Check		In Kind/Other Receipts		01/10/2021		1,000.00
		~	-		-		
Desta	First Name	Con MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Emp Employer Name	ployer Data	
rrenx	Scott	J	Partington	Sum	Bigos & Partington		
Street A			1 atungton		Street Address		
	Hill Road, Unit 207				2176 Mendon Rd		
City			State Zip		City	State Zip	
Cumber	land		RI 02864		Cumberland	RI 02864	
Item	Transaction Type		Contribution Type	R	eceipt Date Deposit Date	Contribution	Amoun
	Check		Individual		03/29/2021		1,000.00
			In Kind/Other Receipts	Description			
		Con	tributor Information		Emj	ployer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Domenic		Passarella		RI Finest Gardens		
Street A					Street Address		
	press Dr		0		33 Greystone St	<b>6 1 1</b>	
City East Gre	eenwich		State Zip RI 02818		City Warwick	State Zip RI 02886	
							A
Item	Transaction Type		Contribution Type	R	eceipt Date Deposit Date	Contribution	Amoun
Item	Transaction Type Check		Contribution Type Individual		eceipt Date Deposit Date 02/15/2021	Contribution	500.00
Item						Contribution	
	Check	Con	Individual In Kind/Other Receipts tributor Information	Description	02/15/2021 Emj	Contribution	
	Check First Name	MI	Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name	Description	02/15/2021 Employer Name	ployer Data	
Prefix	Check First Name Jay	-	Individual In Kind/Other Receipts tributor Information	Description	02/15/2021 Emp Employer Name Partridge, Snow & Hahn, LL	ployer Data	
Prefix Street A	Check First Name Jay Address	MI	Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name	Description	02/15/2021 Employer Name Partridge, Snow & Hahn, LL Street Address	ployer Data	
Prefix Street A 195 Rol	Check First Name Jay	MI	Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name Peabody	Description	02/15/2021 Employer Name Partridge, Snow & Hahn, LL Street Address 40 Westminster St, Ste 1100	ployer Data P	
Prefix Street A 195 Rol City	Check First Name Jay Address ling Meadow Dr	MI	Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name Peabody State Zip	Description	02/15/2021 Employer Name Partridge, Snow & Hahn, LL Street Address 40 Westminster St, Ste 1100 City	ployer Data P State Zip	
Prefix Street A 195 Rol City Hollisto	Check First Name Jay Address ling Meadow Dr	MI	Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name Peabody State Zip MA 01746-2636	Description Suffix	02/15/2021 Employer Name Partridge, Snow & Hahn, LL Street Address 40 Westminster St, Ste 1100 City Providence	ployer Data P State Zip RI 02903	500.00
Prefix Street A	Check First Name Jay Address ling Meadow Dr	MI	Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name Peabody State Zip	Description Suffix R	02/15/2021 Employer Name Partridge, Snow & Hahn, LL Street Address 40 Westminster St, Ste 1100 City	ployer Data P State Zip RI 02903	500.00
Prefix Street A 195 Rol City Hollisto	Check First Name Jay Address ling Meadow Dr n Transaction Type	MI	Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name Peabody State Zip MA 01746-2636 Contribution Type	Description Suffix R	02/15/2021 Employer Name Partridge, Snow & Hahn, LL Street Address 40 Westminster St, Ste 1100 City Providence eceipt Date Deposit Date	ployer Data P State Zip RI 02903	500.00
Prefix Street A 195 Rol City Hollisto	Check First Name Jay Address ling Meadow Dr n Transaction Type	MI R.	Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name Peabody State Zip MA 01746-2636 Contribution Type Individual	Description Suffix R	02/15/2021 Employer Name Partridge, Snow & Hahn, LL Street Address 40 Westminster St, Ste 1100 City Providence eccipt Date Deposit Date 03/30/2021	ployer Data P State Zip RI 02903	500.00
Prefix Street A 195 Rol City Hollisto Item	Check First Name Jay Address ling Meadow Dr n Transaction Type	MI R.	Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name Peabody State Zip MA 01746-2636 Contribution Type Individual In Kind/Other Receipts	Description Suffix R Description	02/15/2021 Employer Name Partridge, Snow & Hahn, LL Street Address 40 Westminster St, Ste 1100 City Providence eccipt Date Deposit Date 03/30/2021	ployer Data P State Zip RI 02903 Contribution	500.00
Prefix Street A 195 Rol City Hollisto Item	Check First Name Jay Address ling Meadow Dr n Transaction Type Credit/Debit Card	MI R.	Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name Peabody State Zip MA 01746-2636 Contribution Type Individual In Kind/Other Receipts	Description Suffix R Description	02/15/2021 Employer Name Partridge, Snow & Hahn, LL Street Address 40 Westminster St, Ste 1100 City Providence eccipt Date Deposit Date 03/30/2021 Emp	ployer Data P State Zip RI 02903 Contribution	500.00
Prefix Street A 195 Rol City Hollisto Item	Check First Name Jay Address ling Meadow Dr n Transaction Type Credit/Debit Card First Name Cecelia	MI R.	Individual In Kind/Other Receipts Tributor Information Last Name or PAC/Party Committee Name Peabody State Zip MA 01746-2636 Contribution Type Individual In Kind/Other Receipts Tributor Information Last Name or PAC/Party Committee Name	Description Suffix R Description	02/15/2021 Employer Name Partridge, Snow & Hahn, LL Street Address 40 Westminster St, Ste 1100 City Providence eccipt Date Deposit Date 03/30/2021 Employer Name	ployer Data P State Zip RI 02903 Contribution	500.00
Prefix Street A 195 Rol City Hollisto Item Prefix Street A	Check First Name Jay Address ling Meadow Dr n Transaction Type Credit/Debit Card First Name Cecelia	MI R.	Individual In Kind/Other Receipts Tributor Information Last Name or PAC/Party Committee Name Peabody State Zip MA 01746-2636 Contribution Type Individual In Kind/Other Receipts Tributor Information Last Name or PAC/Party Committee Name	Description Suffix R Description	02/15/2021 Employer Name Partridge, Snow & Hahn, LL Street Address 40 Westminster St, Ste 1100 City Providence eccipt Date Deposit Date 03/30/2021 Employer Name Capitol City Group, LTD	ployer Data P State Zip RI 02903 Contribution	500.00
Prefix Street A 195 Rol City Hollisto Item Prefix Street A	Check First Name Jay Address ling Meadow Dr n Transaction Type Credit/Debit Card First Name Cecelia Address	MI R.	Individual In Kind/Other Receipts Tributor Information Last Name or PAC/Party Committee Name Peabody State Zip MA 01746-2636 Contribution Type Individual In Kind/Other Receipts Tributor Information Last Name or PAC/Party Committee Name	Description Suffix R Description	02/15/2021 Employer Name Partridge, Snow & Hahn, LL Street Address 40 Westminster St, Ste 1100 City Providence eccipt Date Deposit Date 03/30/2021 Employer Name Capitol City Group, LTD Street Address	ployer Data P State Zip RI 02903 Contribution	500.00

Item	Transaction Type Check			Contribution Typ Individual	e		eceipt Date 01/20/2021	Deposit Date	Ca	ntribution Amou 1,000.0
	Chick				er Receipts De		1,20,2021			1,000.
		Con	tributor Info	rmation				Employe	r Data	
Prefix	First Name	MI		or PAC/Party Con	nmittee Name	Suffix	Employer N			
_	Antonia		Perdikakis				Homemaker			
Street A	Address echwood Dr						Street Addr 126 Beechw			
City				State	Zip		City	000 D1	State	Zip
Cransto	n			RI	02921-3314		Cranston		RI	02921-3314
Item	Transaction Type			Contribution Typ		R	eceipt Date	Deposit Date	Co	ntribution Amou
цеш	Money Order			Individual			01/19/2021	Deposit Date	Cu	100.0
	ž			In Kind/Oth	er Receipts De					
		Con	tributor Info	rmation				Employe	r Data	
Prefix	First Name	MI		or PAC/Party Con	nmittee Name	Suffix	Employer N		i Data	
	Robin		Perez				Five Star Au			
Street A	Address						Street Addr	ess		
1348 Do	ouglas Pike						1348 Dougla	as Pike		
City				State	Zip		City		State	Zip
Smithfie	eld			RI	02917		Smithfield		RI	02917
Item	Transaction Type Check			Contribution Typ Individual	e		eceipt Date 01/27/2021	Deposit Date	Ca	ntribution Amou 1,000.0
	Check				ier Receipts De		01/2//2021			1,000.
					-	-				
	<b>T</b> I - <b>N</b>		tributor Info			~ ~ ~		Employe	r Data	
Prefix	First Name Joseph	MI A.	Last Name Peterchak	or PAC/Party Con	amittee Name	Suffix	Employer N OPPI, LLC	ame		
Street A	Address	A.	Petercitak				Street Addr	2055		
	Lincoln St						18 West 1st			
City				State	Zip		City		State	Zip
Hinsdal	e			IL	60521		Hinsdale		IL	60521
Item	Transaction Type			Contribution Typ	e		eceipt Date	Deposit Date	Co	ntribution Amou
	Check			Individual	ier Receipts De		03/30/2021			1,000.
				In Kind/Oth		escription				
					•	escription				
Prefix	First Name		tributor Info Last Name	rmation	-	-	Employer N	Employe	r Data	
Prefix	First Name Richard	Con MI R.			-	Suffix	Employer N Pezzucco Co	lame	r Data	
		MI	Last Name	rmation	-	-		Name Construction	r Data	
	Richard Address	MI	Last Name	rmation	-	-	Pezzucco Co	Vame onstruction ress	r Data	
Street A	Richard Address	MI	Last Name	rmation	-	-	Pezzucco Co Street Addr	Vame onstruction ress	r Data State	Zip
Street A 14 Surre	Richard Address ey Dr	MI	Last Name	rmation e or PAC/Party Con	amittee Name	-	Pezzucco Co Street Addr 28 Kenwood	Vame onstruction ress		<b>Zip</b> 02907
Street A 14 Surre City	Richard Address ey Dr n Transaction Type	MI	Last Name	rmation or PAC/Party Con State RI Contribution Typ	nmittee Name Zip 02919	Suffix	Pezzucco Co Street Addr 28 Kenwood City Cranston eccipt Date	Vame onstruction ress	State RI	02907 ntribution Amou
Street A 14 Surre City Johnston	Richard Address ey Dr n	MI	Last Name	rmation e or PAC/Party Con State RI Contribution Typ Individual	nmittee Name Zip 02919	Suffix	Pezzucco Co Street Addr 28 Kenwood City Cranston	Vame onstruction ress 1 St	State RI	02907
Street A 14 Surre City Johnston	Richard Address ey Dr n Transaction Type	MI R.	Last Name Pezzuco	rmation or PAC/Party Con State RI Contribution Typ Individual In Kind/Oth	nmittee Name Zip 02919	Suffix	Pezzucco Co Street Addr 28 Kenwood City Cranston eccipt Date	Vame onstruction ress 1 St Deposit Date	State RI Co	02907 ntribution Amou
Street A 14 Surre City Johnston Item	Richard Address ey Dr n Transaction Type	MI R.	Last Name Pezzuco atributor Info	rmation or PAC/Party Con State RI Contribution Typ Individual In Kind/Oth	nmittee Name Zip 02919 ne ner Receipts De	Suffix	Pezzucco Co Street Addr 28 Kenwood City Cranston eccipt Date	Vame onstruction ress 1 St Deposit Date Employe	State RI Co	02907 ntribution Amou
Street A 14 Surre City Johnston Item	Richard Address ey Dr n Transaction Type Check	MI R.	Last Name Pezzuco atributor Info	rmation or PAC/Party Con State RI Contribution Typ Individual In Kind/Oth rmation	nmittee Name Zip 02919 ne ner Receipts De	Suffix R escription	Pezzucco Co Street Addr 28 Kenwood City Cranston eceipt Date 01/25/2021	Vame onstruction ress 1 St Deposit Date Employe	State RI Co	02907 ntribution Amou
Street A 14 Surre City Johnston Item Prefix	Richard Address ey Dr n Transaction Type Check First Name	MI R. Con MI	Last Name Pezzuco ntributor Info Last Name	rmation or PAC/Party Con State RI Contribution Typ Individual In Kind/Oth rmation	nmittee Name Zip 02919 ne ner Receipts De	Suffix R escription	Pezzucco Co Street Addr 28 Kenwood City Cranston eceipt Date 01/25/2021	Vame I St Deposit Date Employed Vame I Estate Group	State RI Co	02907 ntribution Amou
Street A 14 Surre City Johnstor Item Prefix Street A	Richard Address ey Dr n Transaction Type Check First Name David	MI R. Con MI	Last Name Pezzuco ntributor Info Last Name	rmation or PAC/Party Con State RI Contribution Typ Individual In Kind/Oth rmation	nmittee Name Zip 02919 ne ner Receipts De	Suffix R escription	Pezzucco Co Street Addr 28 Kenwood City Cranston eceipt Date 01/25/2021 Employer N Picerne Real Street Addr	Vame I St Deposit Date Employed Vame I Estate Group	State RI Co r Data	02907 ntribution Amou
Street A 14 Surre City Johnstor Item Prefix Street A	Richard Address ey Dr n Transaction Type Check First Name David Address	MI R. Con MI	Last Name Pezzuco ntributor Info Last Name	rmation e or PAC/Party Con State RI Contribution Typ Individual In Kind/Oth rmation	nmittee Name Zip 02919 ne ner Receipts De	Suffix R escription	Pezzucco Co Street Addr 28 Kenwood City Cranston eceipt Date 01/25/2021 Employer N Picerne Real Street Addr	Vame Construction ress 1 St Deposit Date Employe Vame 1 Estate Group ress	State RI Co r Data	02907 ntribution Amou

	Transaction Type Check	e	Contribution Type Individual		eceipt Date D 01/27/2021	eposit Date	Co	ntribution Amoun 1,000.0
	Check		In Kind/Other Receipts De		01/27/2021			1,000.0
		Con	tributor Information			Employ	yer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		-	
	Ronald	<b>R</b> .S.	Picerne		Picerne Investme	nt Corp.		
Street A					Street Address			
6737 N.	60th St				75 Lambert Lind	l Highway		
City	77.11		State Zip AZ 85253		City Warwick		State RI	Zip 02886
Paradise	-							
Item	Transaction Type	e	Contribution Type		-	eposit Date	Ca	ntribution Amou
	Check		Individual In Kind/Other Receipts D		03/26/2021			500.0
			-	•				
	711 - X7		tributor Information	G . 67			yer Data	
Prefix	First Name Scott	мі	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
St		Α.	Pollion		PPP Plastering Street Address			
Street A 94 Sterl:					94 Sterling St			
City	ing 5t		State Zip		City		State	Zip
Pawtuck	ket		RI 02860		Pawtucket		RI	02860
Item	Transaction Type	e	Contribution Type	R		eposit Date		ntribution Amou
	Check		Individual		03/16/2021	1		1,000.0
			In Kind/Other Receipts D	escription				
		Con	tributor Information			Employ	yer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		yer Data	
	Jennifer	J.	Procaccianti		Procaccianti Gro	up		
Street A	Address				Street Address			
11 Mitcl	hell Ct				1140 Reservoir A	ve		
			State Zip				State	Zip
City			State Zip		City		State	-
City Warwicl	k		RI 02889		City Cranston		RI	02920
•	Transaction Type	e	RI 02889 Contribution Type		Cranston eccipt Date D	eposit Date	RI	02920 ntribution Amou
Warwic		e	RI 02889 Contribution Type Individual		Cranston	eposit Date	RI	02920 ntribution Amou
Warwic	Transaction Type	e	RI 02889 Contribution Type		Cranston eccipt Date D	eposit Date	RI	02920 ntribution Amou
Warwich Item	Transaction Type Check	Con	RI 02889 Contribution Type Individual In Kind/Other Receipts Do tributor Information	escription	Cranston eceipt Date D 02/02/2021	Employ	RI	02920 ntribution Amou
Warwich Item	Transaction Type Check First Name	Con MI	RI 02889 Contribution Type Individual In Kind/Other Receipts Do tributor Information Last Name or PAC/Party Committee Name		Cranston eccipt Date D 02/02/2021 Employer Name	Emplo	RI Co yer Data	02920 ntribution Amoun 1,000.0
Warwick Item Prefix	Transaction Type Check First Name Jennifer	Con MI	RI 02889 Contribution Type Individual In Kind/Other Receipts Do tributor Information	escription	Cranston eccipt Date D 02/02/2021 Employer Name Law Offices of Je	Emplo	RI Co yer Data	02920 ntribution Amoun 1,000.0
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Prefix	First Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
	Christopher	W.	Reilly		The Bradford Group	
Street A					Street Address	
	onage Way		<b>2 1 2</b>		205 Governor St	St. 1. 77
City Attlebor	20		State Zip MA 02703-6263		City Providence	State Zip RI 02906
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. iena	Ronald	J.	Resmini	Junix	Ronald Resmini Law Offic	ces
Street A					Street Address	
	Main St, Ste 400				155 S. Main St, Ste 400	
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Provider	nce		RI 02903		Providence	RI 02903
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	asant St		State Zip RI 02916			State Zip RI 02903
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	Alana	N.	Riley		Carbon Creat	tes		
Street A					Street Addre			
	terman Ave				180 Waterma	in Ave		
City	.1		State Zip		City		State	Zip
	rovidence		RI 02911		North Provid	ence	RI	02911
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amo
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Street A					Street Addre			
	rendon Avenue		State 7:-		900 G St. NV	N	State	7:-
City Palm Be	ach		State Zip FL 33480		City Washington		State DC	Zip 20001
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	Joseph	J	Rodio		Jr.	Rodio & Urs	illo Ltd		
Street A	Address					Street Addre	ess		
202 S. N						86 Weybosse	t St		
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Sharon			MA	02067		Providence		RI	02903
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	Christian	L.	Rodriguez			Info Request	ed		
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		<b>J</b> .	Romeo			-			
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69 Ham	uilton Farm Rd			-		-			Zip
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City			State	Zip		City		State	Zip	
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	Michael	G.	Royster			Clean Strike	24, Inc.			
Street A	ddress					Street Addre	ess			
1193 Ma	ain St					1193 Main S	t			
City			State	Zip		City		State	Zip	
West Wa	arwick		RI	02893		West Warwic	k	RI	02893	
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		Соп	tributor Information		E	mployer Data
Prefix	First Name James	MI K.	Last Name or PAC/Party Com Salome	mittee Name Suffix	Employer Name Vanco Industries	
	Address dcliff Drive				Street Address 1005 Douglas Pike	
City Saunder	rstown		State RI	Zip	City Smithfield	State Zip RI 02917
Item	Transaction Type Check	•	Contribution Type Individual	• 1	Receipt Date Deposit Da 02/09/2021	ate Contribution Amo 250
			In Kind/Othe	er Receipts Description	L	
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Street A	First Name Alicia Address	MI J.	Last Name or PAC/Party Com Samolis	mittee Name Suffix	Partridge, Snow & Hahn, I Street Address	LLP
City	Water St, Unit 324		State RI	Zip	40 Westminster t, #1100 City	State Zip
Provide Item	Transaction Type	,	Contribution Type	02903	Providence Receipt Date Deposit Da	
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Prefix	First Name	Con MI	tributor Information Last Name or PAC/Party Com	mittee Name Suffix	E Employer Name	mployer Data
	Christopher		Santilli		Green Hill Builders, Inc.	
	Address oston Neck Rd				Street Address 1004 Boston Neck Rd	
1001.00			St. 1		City	State Zip
City Narraga	insett		State RI	Zip 02882	Narragansett	RI 02882
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City Narraga	Transaction Type		RI Contribution Type Individual	02882	Narragansett Receipt Date Deposit Da 03/16/2021	RI 02882 ate Contribution Amo
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Prefix	First Name Thomas	MI A.	Last Nam Santilli	e or PAC/Party Con	umittee Name	Suffix	Employer N Green Hill B			
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	Address ney Lane						Street Addre 1004 Boston			
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City Hope Va	alley			State RI	<b>Zip</b> 02832		City Narragansett		State RI	<b>Zip</b> 02882
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	First Name Peter	MI	Last Nam	In Kind/Oth ormation	-	escription Suffix	Employer N	ame uilders	er Data	
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Street A						Street Addr			
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	shington St, #8-375						gton St, #8-375		
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South A	ttleboro		MA	02703-8406		South Attleb	oro	MA	02703-8406
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~	Karl	F	Sherry		Jr.	Hayes & She	-		
Street A						Street Addr	ess		
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	Cynthia	Α.	Smalley				Homemaker				
Street A							Street Addr	ess			
117 Gal	e Dr						117 Gale Dr				
City				State	Zip		City		State	Zip	
Wakefie	ld			RI	02879		Wakefield		RI	02879	
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~	Daniel	J.	Smalley					utions Group			
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City Wakefie	ld			State RI	Zip 02879		City Cumberland		State RI	<b>Zip</b> 02864	
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Street A	Address				Street Addre	ess		
94 Mon	roe Dr				16 Huron Dr			
City			State	Zip	City		State	Zip
Hollisto	n		MA	01746	Natick		MA	01760
Item	Transaction Type	e	Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amoun
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	David	B.	Sousa		Tiverton Cas	ino Hotel		
Street A	Address				Street Addre	ess		
83 Ledd	ly Rd				777 Tiverton	Casino Hotel Blvd.		
City			State	Zip	City		State	Zip
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	Sergio	E.	Sousa		Twin River C	asino		
Street A	Address				Street Addre	ess		
10 Chris	stine Dr				100 Twin Riv	ver Rd		
			State	Zip	City		State	Zip
City			State	•	City		State	
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City	Transaction Type	•	RI Contribution Type	02806	Lincoln Receipt Date	Deposit Date	RI	ntribution Amoun
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City Barring Item Prefix Street A 230 Riv City Tivertor Item	Transaction Type Check First Name Randall Address rerside Dr n Transaction Type Credit/Debit Card	Con MI L.	RI         Contribution Type         Individual         In Kind/Other         tributor Information         Last Name or PAC/Party Comm         Souza         State         RI         Contribution Type         Individual         In Kind/Other         In Kind/Other         tributor Information	02806 r Receipts Description nittee Name Suffix Zip 02878-4320 r Receipts Description	Lincoln Receipt Date 01/05/2021 n Employer N KS&P Law Street Addre 128 Dorrance City Providence Receipt Date 03/08/2021 n	Employe ame e St, #300 Deposit Date Employe	RI Cor r Data State RI Cor	ntribution Amoun 1,000.00 Zip 02903 ntribution Amoun
City Barring Item Prefix Street A 230 Riv City Tivertor Item	Transaction Type Check First Name Randall Address terside Dr n Transaction Type Credit/Debit Card	Con MI L.	RI         Contribution Type         Individual         In Kind/Other         tributor Information         Last Name or PAC/Party Comm         Souza         State         RI         Contribution Type         Individual         In Kind/Other         tributor Information         Last Name or PAC/Party Comm         Last Name or PAC/Party Comm	02806 r Receipts Description nittee Name Suffix Zip 02878-4320 r Receipts Description	Lincoln Receipt Date 01/05/2021 n Employer N KS&P Law Street Addre 128 Dorrance City Providence Receipt Date 03/08/2021 n Employer N	Employe ame ess e St, #300 Deposit Date Employe ame	RI Cor r Data State RI Cor	ntribution Amoun 1,000.04 Zip 02903 ntribution Amoun
City Barringt Item Prefix Street A 230 Riv City Tivertor Item Prefix	Transaction Type Check         First Name Randall         Address         rerside Dr         n         Transaction Type Credit/Debit Card         First Name Katherine	Con MI L.	RI         Contribution Type         Individual         In Kind/Other         tributor Information         Last Name or PAC/Party Comm         Souza         State         RI         Contribution Type         Individual         In Kind/Other         In Kind/Other         tributor Information	02806 r Receipts Description nittee Name Suffix Zip 02878-4320 r Receipts Description	Lincoln Receipt Date 01/05/2021 n CEmployer N KS&P Law Street Addre 128 Dorrance City Providence Receipt Date 03/08/2021 n CEmployer N Waterfront C	Employe ame ess e St, #300 Deposit Date Employe ame concerts	RI Cor r Data State RI Cor	ntribution Amoun 1,000.00 Zip 02903 ntribution Amoun
City Barringt Item Prefix Street A 230 Riv City Tivertor Item Prefix Street A	Transaction Type Check         First Name Randall         Address         rerside Dr         n         Transaction Type Credit/Debit Card         First Name Katherine         Katherine         Address	Con MI L.	RI         Contribution Type         Individual         In Kind/Other         tributor Information         Last Name or PAC/Party Comm         Souza         State         RI         Contribution Type         Individual         In Kind/Other         tributor Information         Last Name or PAC/Party Comm         Last Name or PAC/Party Comm	02806 r Receipts Description nittee Name Suffix Zip 02878-4320 r Receipts Description	Lincoln Receipt Date 01/05/2021 n CEmployer N KS&P Law Street Addre 128 Dorrance City Providence Receipt Date 03/08/2021 n CEmployer N Waterfront C Street Addre	Employe ame ess e St, #300 Deposit Date Employe ame concerts ess	RI Cor r Data State RI Cor	ntribution Amoun 1,000.04 Zip 02903 ntribution Amoun
City Barring Item Prefix Street A 230 Riv City Tivertor Item Prefix Street A 104 Mis	Transaction Type Check         First Name Randall         Address         rerside Dr         n         Transaction Type Credit/Debit Card         First Name Katherine	Con MI L.	RI         Contribution Type         Individual         In Kind/Other         tributor Information         Last Name or PAC/Party Comm         Souza         State         RI         Contribution Type         Individual         In Kind/Other         tributor Information         In Kind/Other         tributor Information         Last Name or PAC/Party Comm         Spaziano	o2806 r Receipts Description nittee Name Suffix Zip 02878-4320 r Receipts Description nittee Name Suffix	Lincoln Receipt Date 01/05/2021 n  Employer N KS&P Law Street Addre 128 Dorrance City Providence Receipt Date 03/08/2021 n  Employer N Waterfront C Street Addre 555 Waterfro	Employe ame ess e St, #300 Deposit Date Employe ame concerts ess	RI Cor r Data State RI Cor r Data	ntribution Amoun 1,000.04 Zip 02903 ntribution Amoun 500.00
City Barringt Item Prefix Street A 230 Riv City Tivertor Item Prefix Street A	Transaction Type Check         First Name         Randall         Address         rerside Dr         n         Transaction Type Credit/Debit Card         First Name         Katherine         Address         ssouri Drive	Con MI L.	RI         Contribution Type         Individual         In Kind/Other         tributor Information         Last Name or PAC/Party Comm         Souza         State         RI         Contribution Type         Individual         In Kind/Other         tributor Information         In Kind/Other         tributor Information         Last Name or PAC/Party Comm         Spaziano         State	02806 r Receipts Description nittee Name Suffix Zip 02878-4320 r Receipts Description	Lincoln Receipt Date 01/05/2021 n CEmployer N KS&P Law Street Addre 128 Dorrance City Providence Receipt Date 03/08/2021 n CEmployer N Waterfront C Street Addre	Employe ame ess e St, #300 Deposit Date Employe ame concerts ess	RI Cor r Data State RI Cor	ntribution Amoun 1,000.00 Zip 02903 ntribution Amoun

Item	Transaction Type Check			Contribution Typ Individual	e		eceipt Date 03/31/2021	Deposit Date	Ca	ntribution Amou 1,000.
					er Receipts De					2,000.
		Соп	tributor Info	ormation				Employ	yer Data	
Prefix	First Name Theo	МІ		e or PAC/Party Con	umittee Name	Suffix	Employer N Info Reques			
Street A	Address		Spyridis				Street Add			
City				State	Zip		City		State	Zip
,										
Item	Transaction Type Check			Contribution Typ Individual	e		eceipt Date 03/31/2021	Deposit Date	Co	ntribution Amor 1,000.
				In Kind/Oth	er Receipts De	escription				
		Соп	tributor Info	ormation				Employ	ver Data	
Prefix	First Name	MI		e or PAC/Party Con	umittee Name	Suffix	Employer N	Name		
	Nicholas	S.	Squeo				Cullion Con	crete Corp.		
	Address						Street Add			
-	pkins Hill Rd						875 Phenix	Ave		
City				State	Zip		City		State	Zip
West Gr	reenwich			RI	02817		Cranston		RI	02921
Item	Transaction Type Check			Contribution Typ Individual	e		eceipt Date 01/23/2021	Deposit Date	Co	ntribution Amor 500.
				In Kind/Oth	er Receipts De	escription				
		Соп	tributor Info	ormation				Employ	yer Data	
Prefix	First Name Edwin	MI A.	Last Nam Stapans	e or PAC/Party Con	umittee Name	Suffix	Employer N Retired	Name		
Street A 7343 Sn	Address now Dr		1				Street Addr 7343 Snow			
City Englew	ood			State FL	<b>Zip</b> 34224		City Englewood		State FL	<b>Zip</b> 34224
Item	Transaction Type			Contribution Typ	e		eceipt Date	Deposit Date	Co	ntribution Amou
	Check			Individual In Kind/Oth	er Receipts De		01/25/2021			500.
					a nacipis bi	scription				
		Con MI	tributor Info	ormation e or PAC/Party Con	mittee Name	Suffix	Employer N	Employ	yer Data	
Prefix	First Name		Lastivan	con micharty con	inneee reame	Suma	Employer			
Prefix	First Name Robert	L	Stolzman				Adler Pollo	ck & Sneenan		
			Stolzman				Adler Polloo Street Addr			
	Robert Address		Stolzman				Street Addı			
Street A	Robert Address		Stolzman	State	Zip		Street Addı	ess	State	Zip
Street A 183 Geo	Robert Address orge St		Stolzman	State RI	<b>Zip</b> 02906		Street Addr One Citizen	ess	State RI	<b>Zip</b> 02903
Street A 183 Geo City	Robert Address orge St nce Transaction Type	I.	Stolzman	RI Contribution Typ	02906		Street Addı One Citizen City Providence eceipt Date	ess	RI	02903 ntribution Amor
Street A 183 Geo City Provide:	Robert Address orge St nce	I.	Stolzman	RI Contribution Typ Individual	02906 e		Street Addu One Citizen City Providence	ress s Plaza, Fl 8	RI	02903
Street A 183 Geo City Provide:	Robert Address orge St nce Transaction Type	I.	Stolzman	RI Contribution Typ Individual	02906		Street Addı One Citizen City Providence eceipt Date	ress s Plaza, Fl 8	RI	02903 ntribution Amor
Street A 183 Geo City Provides Item	Robert Address orge St nce Transaction Type Check	I.	tributor Info	RI Contribution Typ Individual In Kind/Oth	02906 e er Receipts De	escription	Street Addr One Citizen City Providence eceipt Date 01/11/2021	ress s Plaza, Fl 8 Deposit Date Employ	RI	02903 ntribution Amor
Street A 183 Geo City Provides Item	Robert Address orge St nce Transaction Type	I.	tributor Info	RI Contribution Typ Individual In Kind/Oth	02906 e er Receipts De		Street Addr One Citizen City Providence eceipt Date 01/11/2021	ress s Plaza, Fl 8 Deposit Date Employ Name	RI Co	02903 ntribution Amor
Street A 183 Geo City Provide Item Prefix	Robert Address orge St nce Transaction Type Check First Name	I. Con MI	tributor Info Last Nam	RI Contribution Typ Individual In Kind/Oth	02906 e er Receipts De	escription	Street Addr One Citizen City Providence eceipt Date 01/11/2021	ress s Plaza, Fl 8 Deposit Date <u>Employ</u> Name roup LLC	RI Co	02903 ntribution Amor
Street A 183 Geo City Provide Item Prefix	Robert Address orge St nce Transaction Type Check First Name Jordan Address	I. Con MI	tributor Info Last Nam	RI Contribution Typ Individual In Kind/Oth	02906 e er Receipts De	escription	Street Addr One Citizen City Providence eceipt Date 01/11/2021 Employer N Peregrine G	ress s Plaza, Fl 8 Deposit Date Employ Name roup LLC ress	RI Co	02903 ntribution Amor
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	Transaction Type Credit/Debit Card		Contribution Individual	lype		eceipt Date 03/15/2021	Deposit Date	Co	ntribution Amour 500.0
			In Kind/0	Other Receipts I	Description				
		Con	ntributor Information				Employ	er Data	
Prefix	First Name Michael	MI	Last Name or PAC/Party ( Stratton	Committee Name	Suffix	Employer Na Brownstein F	ame Iyatt Farber Schreck		
Street A						Street Addre	-		
	owning Street						et, Suite 2200		
City	-		Stat	te Zip		City		State	Zip
Denver			CO	80218		Denver		СО	80202
Item	Transaction Type		Contribution	Гуре	R	eceipt Date	Deposit Date	Co	ntribution Amoun
	Check		Individual		(	03/31/2021	_		1,000.0
			In Kind/0	Other Receipts I	Description				
		Con	tributor Information				Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party (	Committee Name	Suffix	Employer N	ame		
	Paul	V.	Sullivan			Rodio & Urs	illo, Ltd.		
Street A	ddress					Street Addre	ess		
25 Hem	lock Lane					33 Broad St,	Ste 302		
City			Stat	-		City		State	Zip
Mansfie			MA			Providence		RI	02903
Item	Transaction Type Check		Contribution Individual	Гуре		eceipt Date 03/15/2021	Deposit Date	Co	ntribution Amou 1,000.0
				Other Receipts I					-,
								-	
Prefix	First Name	Con MI	ntributor Information Last Name or PAC/Party (	Committee Name	Suffix	Employer N	Employ	er Data	
	Akshay	K.	Talwar			Briarcliffe			
	11								
Street A	daress					Street Addre	ess		
	Pocasset Road					Street Addre 49 Old Pocas			
			Stat	te Zip				State	Zip
49 Old I	Pocasset Road		Sta RI	te Zip 02919		49 Old Pocas		State RI	Zip 02919
49 Old I City	Pocasset Road n Transaction Type		RI Contribution	02919		49 Old Pocas City Johnston eceipt Date		RI	02919 ntribution Amour
49 Old I City Johnstor	Pocasset Road n	_	RI Contribution 7 Individual	02919	(	49 Old Pocas City Johnston	sset Road	RI	02919 ntribution Amou
49 Old I City Johnstor	Pocasset Road n Transaction Type		RI Contribution 7 Individual In Kind/0	02919 Туре	(	49 Old Pocas City Johnston eceipt Date	sset Road Deposit Date	RI	02919 ntribution Amou
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49 Old I City Johnston Item	Pocasset Road n Transaction Type	Con MI A.	RI Contribution 7 Individual In Kind/0	02919 Type Other Receipts I	(	49 Old Pocas City Johnston eceipt Date	sset Road Deposit Date Employa	RI	02919 ntribution Amou
49 Old I City Johnston Item	Pocasset Road n Transaction Type Check First Name John	MI	RI Contribution 7 Individual In Kind/0 ntributor Information Last Name or PAC/Party 0	02919 Type Other Receipts I	( Description	49 Old Pocas City Johnston eccipt Date 01/25/2021 Employer Na	Deposit Date Employe ame k & Sheehan	RI	02919 ntribution Amou
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49 Old I City Johnston Item Prefix Street A	Pocasset Road n Transaction Type Check First Name John uddress	MI	RI Contribution 7 Individual In Kind/0 ntributor Information Last Name or PAC/Party 0	02919 Type Other Receipts I	( Description	49 Old Pocas City Johnston eccipt Date 01/25/2021 Employer Na Adler Polloch Street Addre	Deposit Date Deposit Date Employ ame k & Sheehan	RI	02919 ntribution Amou
49 Old I City Johnston Item Prefix Street A 35 Shee	Pocasset Road n Transaction Type Check First Name John uddress p Farm Dr	MI	RI Contribution 7 Individual In Kind/O ntributor Information Last Name or PAC/Party O Tarantino	02919 Type Other Receipts E Committee Name	( Description	49 Old Pocas City Johnston eccipt Date D1/25/2021 Employer N: Adler Pollocl Street Addre One Citizens	Deposit Date Deposit Date Employ ame k & Sheehan	RI Cor	02919 ntribution Amoun 1,000.0
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49 Old I City Johnston Item Prefix Street A 35 Shee City East Gree Item	Pocasset Road  Transaction Type Check  First Name John Address p Farm Dr eenwich  Check  First Name	MI A. Con MI	RI         Contribution T         Individual         In Kind/G         atributor Information         Last Name or PAC/Party G         Tarantino         Stat         RI         Contribution T         Individual         Individual         Individual         Individual         Individual         Intributor Information         Last Name or PAC/Party G         atributor Information         Last Name or PAC/Party G	02919 Type Other Receipts I Committee Name te Zip 02818 Type Other Receipts I	Description Suffix Re Description	49 Old Pocas City Johnston eccipt Date 01/25/2021 Employer N: Adler Pollock Street Addre One Citizens City Providence eccipt Date 03/29/2021	sset Road Deposit Date Employ ame & & Sheehan ess Plaza, Fl 8 Deposit Date Employ ame	RI Cor er Data State RI Cor	02919 ntribution Amoun 1,000.0 Zip 02903 ntribution Amoun
49 Old I City Johnston Item Prefix Street A 35 Shee City East Gree Item Prefix	Pocasset Road  Transaction Type Check  First Name John Check  First Name Check  First Name Check	MI A.	RI         Contribution T         Individual         In Kind/G         ntributor Information         Last Name or PAC/Party G         Tarantino         Stat         RI         Contribution T         Individual         Individual         Individual         Individual         Individual         Individual         In Kind/G         ntributor Information	02919 Type Other Receipts I Committee Name te Zip 02818 Type Other Receipts I	Oescription Suffix Ra Oescription	49 Old Pocas City Johnston eccipt Date 01/25/2021 Employer N: Adler Pollock Street Addre One Citizens City Providence eccipt Date 03/29/2021 Employer N: Info Request	Deposit Date Employ ame k & Sheehan ess Plaza, F1 8 Deposit Date Employ ame ed	RI Cor er Data State RI Cor	02919 ntribution Amoun 1,000.0 Zip 02903 ntribution Amoun
49 Old I City Johnston Item Prefix Street A 35 Shee City East Gro Item Prefix Street A	Pocasset Road  Transaction Type Check  First Name John Address p Farm Dr eenwich  First Name Check  First Name Charles Address	MI A. Con MI	RI         Contribution T         Individual         In Kind/G         atributor Information         Last Name or PAC/Party G         Tarantino         Stat         RI         Contribution T         Individual         Individual         Individual         Individual         Individual         Intributor Information         Last Name or PAC/Party G         atributor Information         Last Name or PAC/Party G	02919 Type Other Receipts I Committee Name te Zip 02818 Type Other Receipts I	Description Suffix Re Description	49 Old Pocas City Johnston eccipt Date 01/25/2021 Employer N: Adler Pollock Street Addre One Citizens City Providence eccipt Date 03/29/2021	Deposit Date Employ ame k & Sheehan ess Plaza, F1 8 Deposit Date Employ ame ed	RI Cor er Data State RI Cor	02919 ntribution Amoun 1,000.0 Zip 02903 ntribution Amoun
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Item	Transaction Type Check		Contribution Type Individual		eceipt Date Deposit Da 01/26/2021	ate Co	ntribution Amoun 250.00
	Check		In Kind/Other Receipts D		51/20/2021		230.00
		Con	tributor Information		E	mployer Data	
Prefix	First Name Ann	MI	Last Name or PAC/Party Committee Name Tikoian	Suffix	Employer Name Retired		
Street A 6 Elmhu	Address urst Dr				Street Address 6 Elmhurst Dr		
City Greenvi	ille		State Zip RI 02828		City Greenville	State RI	Zip 02828
Item	Transaction Type Check		Contribution Type Individual		eceipt Date Deposit Da	ate Co	ntribution Amoun 750.0
			In Kind/Other Receipts D	escription			
		Con	tributor Information		E	mployer Data	
Prefix	First Name David	MI P.	Last Name or PAC/Party Committee Name Tikoian	Suffix	Employer Name Retired		
Street A 114 Aus	Address				Street Address 114 Austin Ave		
City Greenvi			State Zip RI 02828		City Greenville	State RI	Zip 02828
Item	Transaction Type		Contribution Type		eceipt Date Deposit Da		ntribution Amoun
	Credit/Debit Card		Individual In Kind/Other Receipts D		01/12/2021		1,000.00
				cscription			
Prefix	First Name	Con MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	E Employer Name	mployer Data	
	Whitney	R	Tilson		Empire Financial Research	h	
	Address fth Avenue, Apt. 4C				Street Address 601 Lexington Avenue, 20	th Floor	
City New Yo	ork		State Zip NY 10029		City New York	State NY	<b>Zip</b> 10022
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date Deposit Da	ate Co	ntribution Amour 1,000.0
			In Kind/Other Receipts D				
		Con	tributor Information		E	mployer Data	
	First Name		L (N DIOD ( C 10 N		E I N		
Prefix	David	MI	Last Name or PAC/Party Committee Name Ting	Suffix	Employer Name MEI		
Street A	David	МІ		Suffix			
Street A 303 Col City	David Address	МІ	Ting State Zip	Suffix	MEI Street Address 506 Park Drive City	State MA	Zip 02215
Street A 303 Col	David Address lumbus Avenue, Unit 505 Transaction Type	МІ	Ting       State     Zip       MA     02116   Contribution Type	R	MEI Street Address 506 Park Drive City Boston eccipt Date Deposit Date	MA	02215 ntribution Amoun
Street A 303 Col City Boston	David Address lumbus Avenue, Unit 505	МІ	Ting State Zip MA 02116	R	MEI Street Address 506 Park Drive City Boston	MA	02215 ntribution Amour
Street A 303 Col City Boston	David Address lumbus Avenue, Unit 505 Transaction Type		Ting State Zip MA 02116 Contribution Type Individual	R	MEI Street Address 506 Park Drive City Boston eccipt Date Deposit Da D1/11/2021	MA	02215 ntribution Amour
Street A 303 Col City Boston Item	David Address lumbus Avenue, Unit 505 Transaction Type		Ting       State     Zip       MA     02116   Contribution Type Individual In Kind/Other Receipts December 2010	R	MEI Street Address 506 Park Drive City Boston eccipt Date Deposit Da D1/11/2021	MA ate Co	02215 ntribution Amour
Street A 303 Col City Boston Item Prefix Street A	David Address lumbus Avenue, Unit 505 Transaction Type Money Order First Name David Address	Con	Ting       State     Zip MA       02116       Contribution Type Individual       Individual       In Kind/Other Receipts Description       tributor Information       Last Name or PAC/Party Committee Name	R escription	MEI Street Address 506 Park Drive City Boston eccipt Date Deposit Da D1/11/2021 Employer Name	MA ate Co	02215 ntribution Amoun
Street A 303 Col City Boston Item Prefix Street A	David Address lumbus Avenue, Unit 505 Transaction Type Money Order First Name David	Con	Ting       State     Zip MA       02116       Contribution Type Individual       Individual       In Kind/Other Receipts Description       tributor Information       Last Name or PAC/Party Committee Name	R escription	MEI Street Address 506 Park Drive City Boston eceipt Date Deposit Da D1/11/2021 Employer Name Civic Builders Street Address	MA ate Co	-

Item	Check		Contribution Type Individual	R	Receipt Date D 03/31/2021	eposit Date	Ca	ntribution Amour 1,000.0
	Chick		In Kind/Other Receipt	s Description				1,000.0
		Con	tributor Information			Employ	er Data	
Prefix	First Name David	MI R.	Last Name or PAC/Party Committee Nam Ursillo	e Suffix	Employer Name Rodio & Ursillo I			
Street A					Street Address			
	d St, Ste 302		<b>2</b>		33 Broad St, Ste	302	<b>G</b> ( )	
City Provider	nce		State Zip RI 02903		City Providence		State RI	Zip 02903
Item	Transaction Type		Contribution Type	R	Receipt Date D	eposit Date	Co	ntribution Amou
	Credit/Debit Card		Individual		03/31/2021			1,000.0
			In Kind/Other Receipt	s Description				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Nam	e Suffix	Employer Name			
	Christopher		Vitale		Capitol City Grou	up, Inc		
Street A	ddress				Street Address			
10 Acac	ia Rd				260 W Exchange	St Suite 100		
City			State Zip		City		State	Zip
Bristol			RI 02809		Providence		RI	02903
Item	Transaction Type Check		Contribution Type Individual		Receipt Date D 01/22/2021	eposit Date	Co	ntribution Amour 200.0
	Chick		In Kind/Other Receipts					200.0
			-	•				
Prefix	First Name		tributor Information	0.00	T I N	Employ	er Data	
гтепх	Kimberly	МІ	Last Name or PAC/Party Committee Nam Ward	e Suffix	Employer Name Twin River Casin			
Street A	ddress				Street Address			
Succia								
	er River Rd				100 Twin River F	Rd		
			State Zip			Rd	State	Zip
11 Palm	er River Rd		State Zip MA 02771		100 Twin River F	λđ	State RI	<b>Zip</b> 02865
11 Palm City	er River Rd c Transaction Type		MA 02771 Contribution Type		100 Twin River F City Lincoln Receipt Date D	Rd eposit Date	RI	02865 ntribution Amour
11 Palm City Seekonk	er River Rd	_	MA 02771 Contribution Type Individual		100 Twin River F City Lincoln Receipt Date D 01/22/2021		RI	02865 ntribution Amou
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11 Palm City Seekonk Item	er River Rd Transaction Type Check First Name	МІ	MA 02771 Contribution Type Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Nam	s Description	100 Twin River F City Lincoln Receipt Date D 01/22/2021	eposit Date Employ	RI Co rer Data	02865 ntribution Amou
11 Palm City Seekonk Item Prefix	rransaction Type Check First Name Richard		MA 02771 Contribution Type Individual In Kind/Other Receipte	s Description	100 Twin River F City Lincoln Receipt Date D 01/22/2021 Employer Name Wasserman Hom	eposit Date Employ	RI Co rer Data	02865 ntribution Amour
11 Palm City Seekonk Item Prefix Street A	rransaction Type Check First Name Richard	МІ	MA 02771 Contribution Type Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Nam	s Description	100 Twin River F City Lincoln Receipt Date D 01/22/2021 Employer Name Wasserman Hom Street Address	eposit Date Employ	RI Co rer Data	02865 ntribution Amour
11 Palm City Seekonk Item Prefix Street A 20 Wood	rransaction Type Check First Name Richard	МІ	MA 02771 Contribution Type Individual In Kind/Other Receipte tributor Information Last Name or PAC/Party Committee Nam Wasserman	s Description	100 Twin River F City Lincoln Receipt Date D 01/22/2021 Employer Name Wasserman Hom Street Address PO Box 6187	eposit Date Employ	RI Co rer Data	02865 ntribution Amoun 1,000.0
11 Palm City Seekonk Item Prefix Street A	rransaction Type Check First Name Richard uddress dland Terrace	МІ	MA 02771 Contribution Type Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Nam	s Description	100 Twin River F City Lincoln Receipt Date D 01/22/2021 Employer Name Wasserman Hom Street Address	eposit Date Employ	RI Co rer Data	02865 ntribution Amour
11 Palm City Seekonk Item Prefix Street A 20 Wood City	rransaction Type Check First Name Richard didress dland Terrace nce	МІ	MA 02771 Contribution Type Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name Wasserman State Zip RI 02906 Contribution Type	s Description .e Suffix	100 Twin River F City Lincoln Receipt Date D 01/22/2021 Employer Name Wasserman Hom Street Address PO Box 6187 City Providence Receipt Date D	eposit Date Employ	RI Co rer Data State RI	02865 ntribution Amoun 1,000.0 Zip 02940 ntribution Amoun
11 Palm City Seekonk Item Prefix Street A 20 Wood City Provider	rransaction Type Check First Name Richard uddress dland Terrace	МІ	MA 02771 Contribution Type Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name Wasserman State Zip RI 02906 Contribution Type Individual	s Description le Suffix R	100 Twin River F City Lincoln Receipt Date D 01/22/2021 Employer Name Wasserman Hom Street Address PO Box 6187 City Providence Receipt Date D 03/03/2021	eposit Date Employ es & Properties	RI Co rer Data State RI	02865 ntribution Amoun 1,000.0 Zip 02940 ntribution Amoun
11 Palm City Seekonk Item Prefix Street A 20 Wood City Provider	rransaction Type Check First Name Richard didress dland Terrace nce	МІ	MA 02771 Contribution Type Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Name Wasserman State Zip RI 02906 Contribution Type	s Description le Suffix R	100 Twin River F City Lincoln Receipt Date D 01/22/2021 Employer Name Wasserman Hom Street Address PO Box 6187 City Providence Receipt Date D 03/03/2021	eposit Date Employ es & Properties eposit Date	RI Co rer Data State RI Co	02865 ntribution Amoun 1,000.0 Zip 02940 ntribution Amoun
11 Palm City Seekonk Item Prefix Street A 20 Wood City Provider Item	rransaction Type Check First Name Richard dddress dland Terrace nce Transaction Type Check	MI N.	MA 02771 Contribution Type Individual In Kind/Other Receipte tributor Information Last Name or PAC/Party Committee Nam Wasserman State Zip RI 02906 Contribution Type Individual In Kind/Other Receipte tributor Information	s Description e Suffix F s Description	100 Twin River F City Lincoln Receipt Date D 01/22/2021 Employer Name Wasserman Hom Street Address PO Box 6187 City Providence Receipt Date D 03/03/2021	eposit Date Employ es & Properties eposit Date Employ	RI Co rer Data State RI Co	02865 ntribution Amoun 1,000.0 Zip 02940 ntribution Amoun
11 Palm City Seekonk Item Prefix Street A 20 Wood City Provider Item	rransaction Type Check First Name Richard diddress dland Terrace nce Transaction Type Check	MI N. Con MI	MA 02771 Contribution Type Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Nam Wasserman State Zip RI 02906 Contribution Type Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Nam	s Description e Suffix F s Description	100 Twin River F         City         Lincoln         Receipt Date       D         01/22/2021         Employer Name         Wasserman Hom         Street Address         PO Box 6187         City         Providence         Receipt Date       D         03/03/2021	eposit Date Employ es & Properties eposit Date Employ	RI Co rer Data State RI Co	02865 ntribution Amoun 1,000.0 Zip 02940 ntribution Amoun
11 Palm City Seekonk Item Prefix Street A 20 Wood City Provider Item Prefix	rransaction Type Check First Name Richard diddress dland Terrace Transaction Type Check	MI N.	MA 02771 Contribution Type Individual In Kind/Other Receipte tributor Information Last Name or PAC/Party Committee Nam Wasserman State Zip RI 02906 Contribution Type Individual In Kind/Other Receipte tributor Information	s Description e Suffix F s Description	100 Twin River F         City         Lincoln         Receipt Date       D         01/22/2021         Employer Name         Wasserman Hom         Street Address         PO Box 6187         City         Providence         Receipt Date       D         03/03/2021         Employer Name         Waterson Termin	eposit Date Employ es & Properties eposit Date Employ	RI Co rer Data State RI Co	02865 ntribution Amoun 1,000.0 Zip 02940 ntribution Amoun
11 Palm City Seekonk Item Prefix Street A 20 Wood City Provider Item Prefix Street A	rransaction Type Check First Name Richard diddress dland Terrace Transaction Type Check	MI N. Con MI	MA 02771 Contribution Type Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Nam Wasserman State Zip RI 02906 Contribution Type Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Nam	s Description e Suffix F s Description	100 Twin River F         City         Lincoln         Receipt Date       D         01/22/2021         Employer Name         Wasserman Hom         Street Address         PO Box 6187         City         Providence         Receipt Date       D         03/03/2021	eposit Date Employ es & Properties eposit Date Employ	RI Co rer Data State RI Co	02865 ntribution Amoun 1,000.0 Zip 02940 ntribution Amoun
11 Palm City Seekonk Item Prefix Street A 20 Wood City Provider Item Prefix Street A	rransaction Type Check First Name Richard didress dland Terrace Transaction Type Check First Name Bruce	MI N. Con MI	MA 02771 Contribution Type Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Nam Wasserman State Zip RI 02906 Contribution Type Individual In Kind/Other Receipts tributor Information Last Name or PAC/Party Committee Nam	s Description e Suffix F s Description	100 Twin River F         City         Lincoln         Receipt Date       D         01/22/2021         Employer Name         Wasserman Hom         Street Address         PO Box 6187         City         Providence         Receipt Date       D         03/03/2021         Employer Name         Waterson Termin         Street Address	eposit Date Employ es & Properties eposit Date Employ	RI Co rer Data State RI Co	02865 ntribution Amoun 1,000.00

	Transaction Type Check	1		Contribution Typ Individual	e		eceipt Date 03/03/2021	Deposit Date	Co	ntribution Amou 1,000.0
				In Kind/Oth	er Receipts De					
		Сов	tributor Info					Employ	er Data	
Prefix	First Name Carol	MI J.	Last Name Waterson	or PAC/Party Com	umittee Name	Suffix	Employer N Waterson Ter	ame minal Services		
	Address npoint Dr						Street Addr 35 Terminal			
City North Si	mithfield			State RI	<b>Zip</b> 02896		City Providence		State RI	<b>Zip</b> 02903
Item	Transaction Type Check	ŀ.		Contribution Type Individual	e		eceipt Date 03/12/2021	Deposit Date	Ca	ntribution Amou 1,000.0
				In Kind/Oth	er Receipts De	scription				
		Сов	tributor Info					Employ	er Data	
Prefix	First Name	MI		or PAC/Party Com	umittee Name	Suffix	Employer N			
	Christopher	J.	Waterson					minal Services		
Street A							Street Addr			
33 Susa	m Dr						25 Terminal	Rd		
City				State	Zip		City		State	Zip
Cumber	rland			RI	02864		Providence		RI	02905
Item	Transaction Type Check	)		Contribution Typ Individual	e		eceipt Date 01/22/2021	Deposit Date	Co	ntribution Amou 1,000.0
				In Kind/Oth	er Receipts De	scription				
		Сов	tributor Info	rmation				Employ	er Data	
Prefix	First Name Raymond	MI S.	Last Name White	or PAC/Party Com	umittee Name	Suffix	Employer N Thomas C. S	ame later Compassion Ce	enter	
Street A 27 Rave							Street Addro 1 Corliss St	-		
City Cranstor	n			State RI	<b>Zip</b> 02921-3557		City Providence		State RI	<b>Zip</b> 02904
Item	Transaction Type	1		Contribution Typ	e		eceipt Date 03/30/2021	Deposit Date	Co	ntribution Amou
	Check			Individual	er Receints De		05/50/2021			1,000.0
				In Kind/Oth	er Receipts De	scription				
		Con	tributor Info		ei Keepis De	scription		Fmnlov	ar Data	
Prefix	First Name	MI			-	scription Suffix	Employer N	Employ	er Data	
Prefix	First Name Joshua			rmation	-	-	Employer N Bay Crane N	ame	er Data	
Street A	Joshua Address	MI	Last Name	rmation	-	-	Bay Crane N Street Addre	ame fortheast ess	er Data	
Street A 34 Crest	Joshua Address	MI	Last Name	rmation • or PAC/Party Com	umittee Name	-	Bay Crane N Street Addre 115 Lydia Ar	ame fortheast ess		
Street A 34 Crest City	Joshua Address at Circle	MI	Last Name	rmation or PAC/Party Com State	umittee Name Zip	-	Bay Crane N Street Addre 115 Lydia Ar City	ame fortheast ess	State	Zip
Street A 34 Crest	Joshua Address at Circle	MI	Last Name	rmation • or PAC/Party Com	umittee Name	-	Bay Crane N Street Addre 115 Lydia Ar	ame fortheast ess		<b>Zip</b> 02917
Street A 34 Crest City	Joshua Address tt Circle eld Transaction Type	MI R.	Last Name	rmation or PAC/Party Com State RI Contribution Typ	umittee Name Zip 02917	Suffix	Bay Crane N Street Addre 115 Lydia Ar City Smithfield eccipt Date	ame fortheast ess	State RI	-
Street A 34 Crest City Smithfie	Joshua Address st Circle eld	MI R.	Last Name	rmation or PAC/Party Com State RI Contribution Typ Individual	umittee Name Zip 02917	Suffix	Bay Crane N Street Addro 115 Lydia Ar City Smithfield	ame fortheast ess m Rd	State RI	02917 ntribution Amou
Street A 34 Crest City Smithfie	Joshua Address tt Circle eld Transaction Type	MI R.	Last Name	rmation or PAC/Party Com State RI Contribution Typ Individual In Kind/Oth	umittee Name Zip 02917 e	Suffix	Bay Crane N Street Addre 115 Lydia Ar City Smithfield eccipt Date	ame fortheast ess m Rd	State RI Co	02917 ntribution Amou
Street A 34 Crest City Smithfie Item	Joshua Address tt Circle eld Transaction Type Check First Name	MI R. S Con MI	Last Name Wilbur tributor Info Last Name	rmation or PAC/Party Com State RI Contribution Typ Individual In Kind/Oth	umittee Name Zip 02917 e er Receipts De	Suffix	Bay Crane N Street Addre 115 Lydia Ar City Smithfield eccipt Date D1/22/2021	ame fortheast ess m Rd Deposit Date Employ	State RI Co	02917 ntribution Amou
Street A 34 Crest City Smithfie Item	Joshua Address tt Circle eld Transaction Type Check	MI R.	Last Name Wilbur distributor Info	rmation or PAC/Party Com State RI Contribution Typ Individual In Kind/Oth rmation	umittee Name Zip 02917 e er Receipts De	Suffix R scription	Bay Crane N Street Addm 115 Lydia Ar City Smithfield eccipt Date 01/22/2021	ame fortheast ess m Rd Deposit Date Employ	State RI Co	02917 ntribution Amou
Street A 34 Crest City Smithfie Item Prefix Street A	Joshua Address tt Circle eld Transaction Type Check First Name	MI R. S Con MI	Last Name Wilbur tributor Info Last Name	rmation or PAC/Party Com State RI Contribution Typ Individual In Kind/Oth rmation	umittee Name Zip 02917 e er Receipts De	Suffix R scription	Bay Crane N Street Addre 115 Lydia Ar City Smithfield eccipt Date D1/22/2021	ame fortheast ess m Rd Deposit Date Employ ame ess	State RI Co	02917 ntribution Amou
Street A 34 Crest City Smithfie Item Prefix Street A	Joshua Address tt Circle eld Transaction Type Check First Name Henry Address	MI R. S Con MI	Last Name Wilbur tributor Info Last Name	rmation or PAC/Party Com State RI Contribution Typ Individual In Kind/Oth rmation	umittee Name Zip 02917 e er Receipts De	Suffix R scription	Bay Crane N Street Addre 115 Lydia Ar City Smithfield ecceipt Date 01/22/2021 Employer N Retired Street Addre	ame fortheast ess m Rd Deposit Date Employ ame ess	State RI Co	02917 ntribution Amou

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 03/16/2021	Deposit Date	Ca	ntribution Amo 1,000
	Chick			Receipts Description	03/10/2021			1,000
		Сог	tributor Information			Employ	er Data	
Prefix	First Name Yet Sau	МІ	Last Name or PAC/Party Comm Yung	ittee Name Suffix	Employer Na Info Request			
Street A 277 Joh	Address n Potter Rd				Street Addre	SS		
City West Gr	reenwich			<b>Zip</b> 02817	City		State	Zip
Item	Transaction Type Check		Contribution Type Individual		eceipt Date 03/30/2021	Deposit Date	Co	ntribution Amo 1,000
				Receipts Description				
		Сог	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Comm	ittee Name Suffix	Employer N	ame		
	George	Α.	Zainyeh		Athena Solut	ions		
Street A	Address				Street Addre	SS		
433 Sea	side Drive				1080 Main St	treet		
City				Zip	City		State	Zip
Jamesto	own		RI (	02835	Pawtucket		RI	02860
Item	Transaction Type Check		Contribution Type Individual		eceipt Date 03/28/2021	Deposit Date	Co	ntribution Amo 500
			In Kind/Other	Receipts Description				
		Сол	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Comm	ittee Name Suffix	Employer N			
	Raymond	Α.	Zinno		Ray Zinno C			
Street A 42 Shor	Address Dr				Street Addre 42 Shore Dr	SS		
City Johnstor	_			<b>Zip</b> 02919	City Johnston		State RI	Zip 02919
Item	n Transaction Type		Contribution Type		eceipt Date	Deposit Date		ntribution Am
	Check		PAC	(	02/09/2021	-		1,000
			In Kind/Other	Receipts Description				
		Сол	tributor Information			Employ	er Data	
Prefix	First Name	Con MI	tributor Information Last Name or PAC/Party Comm ATTORNEYS PARTRIDGE SNO		Employer Na		er Data	
Street A	Address	MI	Last Name or PAC/Party Comm		Employer N Street Addre	ame	er Data	
Street A 40 WES		MI	Last Name or PAC/Party Comm ATTORNEYS PARTRIDGE SNO	W & HAHN (PS8	Street Addre	ame		Zin
Street A	Address STMINSTER STREET SUITE	MI	Last Name or PAC/Party Comm ATTORNEYS PARTRIDGE SNO State			ame	er Data State	Zip
Street A 40 WES City PROVII	Address STMINSTER STREET SUITE DENCE Transaction Type	MI	Last Name or PAC/Party Comm ATTORNEYS PARTRIDGE SNO State RI ( Contribution Type	W & HAHN (PS8 Zip 02903 R	Street Addre City eceipt Date	ame	State	ntribution Ame
Street A 40 WES City	Address STMINSTER STREET SUITE DENCE	MI	Last Name or PAC/Party Comm ATTORNEYS PARTRIDGE SNO State RI Contribution Type PAC	W & HAHN (PS8 Zip 02903 R	Street Addre	ame	State	-
Street A 40 WES City PROVII	Address STMINSTER STREET SUITE DENCE Transaction Type	<b>MI</b> 1100	Last Name or PAC/Party Comm ATTORNEYS PARTRIDGE SNO State 2 RI 0 Contribution Type PAC In Kind/Other	W & HAHN (PS& Zip 02903 R	Street Addre City eceipt Date	ame ss Deposit Date	State Co	ntribution Ame
Street A 40 WES City PROVII Item	Address STMINSTER STREET SUITE DENCE Transaction Type	<b>MI</b> 1100	Last Name or PAC/Party Comm ATTORNEYS PARTRIDGE SNO State RI Contribution Type PAC	W & HAHN (PS& Zip 02903 R • Receipts Description	Street Addre City eceipt Date	ame ss Deposit Date Employe	State Co	ntribution Ame
Street A 40 WES City PROVII Item	Address STMINSTER STREET SUITE DENCE Transaction Type Check	МІ 1100 Сол	Last Name or PAC/Party Comm ATTORNEYS PARTRIDGE SNO State 2 RI ( Contribution Type PAC In Kind/Other tributor Information	W & HAHN (PS& Zip 02903 R • Receipts Description uittee Name Suffix	Street Addre City eccipt Date 03/03/2021	ame ss Deposit Date Employe	State Co	ntribution Ame
Street A 40 WES City PROVII Item Prefix Street A	Address STMINSTER STREET SUITE DENCE Transaction Type Check First Name	МІ 1100 Соп МІ	Last Name or PAC/Party Comm ATTORNEYS PARTRIDGE SNO State 2 RI ( Contribution Type PAC In Kind/Other tributor Information Last Name or PAC/Party Comm	W & HAHN (PS& Zip 02903 R • Receipts Description uittee Name Suffix	Street Addre City eccipt Date 03/03/2021	ame ess Deposit Date Employe ame	State Co	ntribution Ame
Street A 40 WES City PROVII Item Prefix Street A	Address STMINSTER STREET SUITE DENCE Transaction Type Check First Name	МІ 1100 Соп МІ	Last Name or PAC/Party Comm ATTORNEYS PARTRIDGE SNO State Z RI ( Contribution Type PAC In Kind/Other tributor Information Last Name or PAC/Party Comm FEDEX CORPORATION RHODI	W & HAHN (PS& Zip 02903 R • Receipts Description uittee Name Suffix	Street Addre City eccipt Date 03/03/2021 Employer Na	ame ess Deposit Date Employe ame	State Co	ntribution Ame

Item	<b>Transaction Type</b> Ch <del>e</del> ck		Contribution Type PAC		eceipt Date 02/03/2021	Deposit Date	Co	ntribution	<b>Amoun</b> 500.00
			In Kind/Other Receipts Desc	ription					
		C	the test for an a first			El.	Dete		
Prefix	First Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer Na	Employ	er Data		
			PANNONE LOPES DEVEREAUX & O'GARA LL		Linpidyer in				
Street A	ddress				Street Addre	ss			
1301 AT	WOOD AVE								
City			State Zip		City		State	Zip	
JOHNST			RI 02919						
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	atribution	
	Check		PAC In Kind/Other Receipts Descr		03/09/2021				500.0
			in Knu/Other Receipts Desci	ription					
		Con	tributor Information			Employ	er Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na	ame			
			REALTORS PAC OF RI						
Street A					Street Addre	SS			
	FNALL STREET		St. 4 7.		<b>C</b> '4		<b>6</b> 4 4	<b>a</b> .	
City WARWI	ICK		State Zip RI 02888		City		State	Zip	
Item	Transaction Type		Contribution Type	D	eceipt Date	Deposit Date	Co	ntribution	A
Item	Check		PAC		02/09/2021	Deposit Date	Cu	uniounon	500.00
			In Kind/Other Receipts Desc	ription					
			tributor Information			Employ	er Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name RHODE ISLAND PARTNERSHIP FOR HOME CA	Suffix	Employer Na	ame			
Street A	ddross		KHODE ISLAND FARMERSHIF FOR HOME CA	н	Street Addre	ee			
	LISS STREET, UNIT 6603				Succertaine	33			
City			State Zip		City		State	Zip	
PROVID	DENCE		RI 02904						
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution	Amour
	Check		PAC		02/23/2021				125.00
			In Kind/Other Receipts Desc	ription					
		Con	tributor Information			Employ	or Data		
	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na		ei Data		
Prefix			-						
Prefix	rn st ivanie		RI NAGE/IBPO PAC (National Assoc of Gov Empl	K					
Prefix Street A			RI NAGE/IBPO PAC (National Assoc of Gov Empl	ĸ	Street Addre	SS			
Street A				1(	Street Addre	SS			
Street A	address SENGER DRIVE		RI NAGE/IBPO PAC (National Assoc of Gov Empl State Zip RI 02888	14	Street Addre City	ss	State	Zip	

CF-3

Rev. 3/02

## SCHEDULE OF EXPENDITURES

Key #	Full Nan	ne of Candidate or	r Committee		Reportin	g Period			
2,235		J MCKEE	- Committee		From:	01/01/2021	To:	03/31/	/2021
-									
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type			Expen	iditure A	
156	01/07/2021		Campaign Expenditure	Consultant & Profes	sional Servi	ces			\$150.00
Purpose of	f Expenditure								
			Pav	ee Information					
Prefix	First Name		м	LastName or Vendor Name					Suffix
				Campaign Deputy					
Street Add	lress			City			State	Zip	
PO Box 81	41			Louisville			KY	40257	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type			Frmen	uditure A	mount
DM	01/12/2021	rayment Date	Campaign Expenditure	Bank Fees			Exper	iditure A	\$25.25
			Campaign Experionate	Dalik Pees					φ23.23
r urpose of	f Expenditure								
			Pay	ee Information					
Prefix	First Name		мі	LastName or Vendor Name					Suffix
				Campaign Deputy					
Street Add	lress			City			State	Zip	
PO Box 81				Louisville			KY	40257	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type			Expen	diture A	mount
DM	01/13/2021		Campaign Expenditure	Bank Fees					\$13.05
Purpose of	f Expenditure								
			n	<b>T</b> 0 (1					
				ee Information					
Prefix	First Name		МІ	LastName or Vendor Name					Suffix
	-			Campaign Deputy			-		
Street Add				City			State	Zip	
PO Box 81	.41			Louisville			KY	40257	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type			Expen	diture A	mount
DM	01/22/2021		Campaign Expenditure	Bank Fees					\$33.50
Purpose of	f Expenditure								
			D	T. C (1					
n c	<b>T</b> <sup>1</sup> ( <b>N</b>		•	ee Information					0.00
Prefix	First Name		MI	LastName or Vendor Name					Suffix
				Campaign Deputy			<b>a</b>	~	
Street Add				City Louisville			State	Zip	
PO Box 81	.41			Louisville			KY	40257	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type			Expen	diture A	mount
DM	01/25/2021		Campaign Expenditure	Bank Fees					\$33 50
Purpose of	f Expenditure								
			Pau	ee Information					
Prefix	First Name		MI	LastName or Vendor Name					Suffix
TTenx	rn st tvame		IVII	Campaign Deputy					Junix
Street Add	Iracc			City			State	7 in	
PO Box 81				Louisville			State KY	Zip 40257	
1 O DOX 81	11			Louisville			14.1	+0237	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
DM	02/05/2021		Campaign Expenditure	Bank Fees	-	\$100.50
Purpose of	Expenditure					
				ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
Street Addı				Campaign Deputy City	State	Zip
PO Box 814				Louisville	KY	40257
TO BOILDI				Louisvine		10257
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
DM	02/08/2021		Campaign Expenditure	Bank Fees		\$33.50
Purpose of	Expenditure					
			-			
			-	ee Information		0.00
Prefix	First Name		MI	LastName or Vendor Name Campaign Deputy		Suffix
C4					C4-4-	7:
Street Add PO Box 814				City Louisville	State KY	Zip 40257
I O DOX 814	1			Louisviic	KI	40257
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
DM	02/24/2021		Campaign Expenditure	Bank Fees	-	\$33.50
Purpose of	Expenditure					
			Pay	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Campaign Deputy		
Street Add				City	State	Zip
PO Box 814	41			Louisville	KY	40257
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
166	03/02/2021	1 4,11020 2000	Campaign Expenditure	Consultant & Professional Services	Zape	\$150.00
Purpose of	Expenditure					
-	-					
			Pay	ee Information		
Prefix	First Name		МІ	LastName or Vendor Name		Suffix
				Campaign Deputy		
Street Add				City	State	Zip
PO Box 814	41			Louisville	KY	40257
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Frme	nditure Amount
DM	03/05/2021	I ayment Date	Campaign Expenditure	Bank Fees	Expe	\$33 50
	Expenditure		e angaign 2ngenomme			<b>4</b> 55 5 <b>0</b>
			Pay	ee Information		
Prefix	First Name		МІ	LastName or Vendor Name		Suffix
				Campaign Deputy		
Street Add	ress			City	State	Zip
PO Box 814	41			Louisville	KY	40257
Ch. L.	E	Deers (D)	Dishama (T	F	-	1.4
Check # DM	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
-	03/08/2021		Campaign Expenditure	Bank Fees		\$33.50
r urpose of	Expenditure					
			Pav	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
			1744	Campaign Deputy		- unita
	PAGE			City	State	Zip
Street Add						
Street Add PO Box 814				Louisville	KY	40257

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Exper	diture Amount
DM	03/09/2021	-	Campaign Expenditure	Bank Fees	_	\$67.00
Purpose of	Expenditure					
			_			
				ree Information		~ ~~
Prefix	First Name		MI	LastName or Vendor Name		Suffix
Street Addı				Campaign Deputy	State	7:
PO Box 814				City Louisville	KY	Zip 40257
TO BOILOT				Louisvine		10257
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Exper	diture Amount
DM	03/10/2021		Campaign Expenditure	Bank Fees		\$50.50
Purpose of	Expenditure					
			_			
_			-	ee Information		
Prefix	First Name		МІ	LastName or Vendor Name		Suffix
a				Campaign Deputy	<b>0</b>	<b>a</b> .
Street Add PO Box 814				City Louisville	State KY	Zip 40257
FO BOX 814	+1			Louisville	KI	40237
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Exper	diture Amount
DM	03/11/2021		Campaign Expenditure	Bank Fees		\$20.80
Purpose of	Expenditure					
			Pay	ee Information		
Prefix	First Name		МІ	LastName or Vendor Name		Suffix
				Campaign Deputy		
Street Add				City	State	Zip
PO Box 814	41			Louisville	KY	40257
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Ernor	diture Amount
DM	03/12/2021	I ayment Date	Campaign Expenditure	Bank Fees	Exper	\$67.00
Purpose of	Expenditure					
			Pay	ee Information		
Prefix	First Name		МІ	LastName or Vendor Name		Suffix
				Campaign Deputy		
Street Add	ress			City	State	Zip
PO Box 814	41			Louisville	KY	40257
<b>61 1 1</b>		-			-	•••
Check # DM	Expenditure Date 03/17/2021	Payment Date	Disbursement Type Campaign Expenditure	Expenditure Type Bank Fees	Exper	diture Amount \$17 00
·	Expenditure		Campaign Expenditure	Dairk Tees		\$17.00
r urpose or	Expenditure					
			Pav	ee Information		
Prefix	First Name		мі	LastName or Vendor Name		Suffix
				Campaign Deputy		
Street Add	ress			City	State	Zip
PO Box 814	41			Louisville	KY	40257
	_	_		_		
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Exper	diture Amount
DM	03/19/2021		Campaign Expenditure	Bank Fees		\$33.50
Purpose of	Expenditure					
			D	as Information		
Prefix	First Name		•	ree Information		Suffix
Trefix	First waine		MI	LastName or Vendor Name Campaign Deputy		Sullix
				Campaign Deputy City	State	Zip
Street 1 11						6 HT
Street Add PO Box 814				Louisville	KY	40257

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
DM	03/19/2021	1 1,1101 2 110	Campaign Expenditure	Bank Fees	Lape	\$33.50
Purpose of	Expenditure					
	•					
			Pay	ee Information		
Prefix	First Name		МІ	LastName or Vendor Name		Suffix
				Campaign Deputy		
Street Addr	ress			City	State	Zip
PO Box 814	1			Louisville	KY	40257
<b>C1</b> 1 //		D (D)	D:1 (70	<b>T V T</b>	г	114 A 4
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
DM	03/29/2021		Campaign Expenditure	Bank Fees		\$3.80
Purpose of	Expenditure					
			Day	as Information		
D C	First Name		-	ee Information		Suffix
Prefix	First Name		MI	LastName or Vendor Name Campaign Deputy		Suffix
					<b>C</b> ( )	7
Street Addr				City	State	Zip
PO Box 814	1			Louisville	KY	40257
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Exne	nditure Amount
DM	03/31/2021	i ujincit Ditte	Campaign Expenditure	Bank Fees	Lape	\$100.50
	Expenditure		eunpuign Enpenditure			••••••
I ul pose of	Expenditure					
			Pav	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
пенх	rn st ivanie			Campaign Deputy		Sum
Street Addr	2055			City	State	Zip
PO Box 814				Louisville	KY	40257
FO DOX 814	n			Louisville	KI	40257
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
DM	01/12/2021		Campaign Expenditure	Bank Fees		\$180.75
Purpose of	Expenditure					
			Pay	ee Information		
Prefix	First Name		МІ	LastName or Vendor Name		Suffix
				Democracy Engine		
Street Addr	ress			City	State	Zip
2125 14th S	treet, NW Suite 101 We	est		Washington	DC	20009
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
158			Campaign Expenditure	Consultant & Professional Services		\$750 00
	02/02/2021		Campaign Experiment	Constituit de l'Ioressional Services		
Purpose of	02/02/2021 Expenditure		Campaign Experioriture			
Purpose of						
	Expenditure		Pay	ee Information		
Purpose of Prefix				ee Information LastName or Vendor Name		Suffix
	Expenditure		Pay	ee Information		Suffix
Prefix Street Addr	Expenditure First Name ress		Pay	ee Information LastName or Vendor Name	State	Suffix Zip
Prefix	Expenditure First Name ress		Pay	ee Information LastName or Vendor Name Galvin & Associates	State RI	
Prefix Street Addu 320 Newpor	Expenditure First Name ress rt Ave	Provent Data	Pay MI	ee Information LastName or Vendor Name Galvin & Associates City Rumford	RI	<b>Zip</b> 02916
Prefix Street Addu 320 Newpor	Expenditure First Name ress rt Ave Expenditure Date	Payment Date	Pay MI Disbursement Type	ee Information LastName or Vendor Name Galvin & Associates City Rumford Expenditure Type	RI	Zip 02916 nditure Amount
Prefix Street Addu 320 Newpor Check # 165	Expenditure First Name ress et Ave Expenditure Date 03/02/2021	Payment Date	Pay MI	ee Information LastName or Vendor Name Galvin & Associates City Rumford	RI	<b>Zip</b> 02916
Prefix Street Addu 320 Newpor Check # 165	Expenditure First Name ress rt Ave Expenditure Date	Payment Date	Pay MI Disbursement Type	ee Information LastName or Vendor Name Galvin & Associates City Rumford Expenditure Type	RI	Zip 02916 nditure Amount
Prefix Street Addu 320 Newpor Check # 165	Expenditure First Name ress et Ave Expenditure Date 03/02/2021	Payment Date	Pay MI Disbursement Type Campaign Expenditure	ee Information LastName or Vendor Name Galvin & Associates City Rumford Expenditure Type Consultant & Professional Services	RI	Zip 02916 nditure Amount
Prefix Street Addr 320 Newpor Check # 165 Purpose of	Expenditure First Name ress rt Ave Expenditure Date 03/02/2021 Expenditure	Payment Date	Pay MI Disbursement Type Campaign Expenditure Pay	ee Information LastName or Vendor Name Galvin & Associates City Rumford Expenditure Type Consultant & Professional Services ee Information	RI	Zip 02916 nditure Amount \$750.00
Prefix Street Addu 320 Newpor Check # 165	Expenditure First Name ress et Ave Expenditure Date 03/02/2021	Payment Date	Pay MI Disbursement Type Campaign Expenditure	ee Information LastName or Vendor Name Galvin & Associates City Rumford Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name	RI	Zip 02916 nditure Amount
Prefix Street Addr 320 Newpor Check # 165 Purpose of Prefix	Expenditure First Name ress rt Ave Expenditure Date 03/02/2021 Expenditure First Name	Payment Date	Pay MI Disbursement Type Campaign Expenditure Pay	ee Information LastName or Vendor Name Galvin & Associates City Rumford Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Galvin & Associates	RI	Zip 02916 nditure Amount \$750.00 Suffix
Prefix Street Addr 320 Newpor Check # 165 Purpose of	Expenditure  First Name  ress ress Expenditure Date 03/02/2021 Expenditure  First Name ress	Payment Date	Pay MI Disbursement Type Campaign Expenditure Pay	ee Information LastName or Vendor Name Galvin & Associates City Rumford Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name	RI	Zip 02916 nditure Amount \$750.00

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
155	01/04/2021		Campaign Expenditure	Consultant & Professional Services	-	\$750.00
Purpose of	Expenditure					
	<b>T</b> . <b>. . .</b>			ree Information		0.07
Prefix	First Name		MI	LastName or Vendor Name Galvin & Associates		Suffix
Street Add	Poss			City	State	Zip
320 Newpo				Rumford	RI	02916
520 1101100				Tumoro	14	02510
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
157	01/20/2021		Campaign Expenditure	Consultant & Professional Services		\$212.85
Purpose of	Expenditure					
			_			
_			•	ree Information		
Prefix	First Name		МІ	LastName or Vendor Name		Suffix
~				Michael Trainor Consulting	<b>a</b>	~
Street Add				City	State	Zip
349 Warren	Ave			East Providence	RI	02914
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
164	02/02/2021	, sacar part	Campaign Expenditure	Fundraising Expenses	Lape	\$146.00
	Expenditure			<b>.</b>		
			Pay	ree Information		
Prefix	First Name		МІ	LastName or Vendor Name		Suffix
				Postmaster		
Street Add	ress			City	State	Zip
2055 Diamo	ond Hill Road			Cumberland	RI	02864
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
162	02/02/2021		Campaign Expenditure	Fundraising Expenses		\$80.25
Purpose of	Expenditure					
			Dee			
D	Einet Name		ray MI	ree Information		S 65-
Prefix	First Name		MI	LastName or Vendor Name Regine Printing		Suffix
Street Add	2000				State	7:
208 Laurel				City Providence	State RI	Zip 02909
200 Laurer	IIII Ave			Flovidence	KI	02909
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
163	02/02/2021	-	Campaign Expenditure	Advertising	_	\$150 00
Purpose of	Expenditure					
			Pay	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				The Rhode Island Echo		
Street Add	ress			City	State	Zip
498 Broadw	way			Providence	RI	02903
Charle #	Emperality D	Deserve D (	Dishamana T	F	F	
Check # 161	Expenditure Date 02/02/2021	Payment Date	Disbursement Type Refund of Contribution	Expenditure Type Other	Expe	nditure Amount \$500.00
			Actuale of Contribution	Ullel		\$300.00
	Expenditure					
Teruna or ov	ver mint contribution		Deer	ree Information		
Prefix	First Name		Pay MI	LastName or Vendor Name		Suffix
rienx	Colin		P.	LastName or Vendor Name Kane		Sullix
	Com		Р.			
Street A J J	2000			City	St-t-	Zin
Street Add	ress ord Point Road			City North Kingstown	State RI	Zip 02852

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expen	diture Amount
159	02/02/2021		Refund of Contribution	Other		\$100.00
Purpose of	Expenditure					
refund of ov	ver limt contribution					
			Pay	ee Information		
Prefix	First Name		МІ	LastName or Vendor Name		Suffix
	John		J.	Lund		
Street Add	ress			City	State	Zip
10 Canal St				Cumberland	RI	02864
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expen	diture Amount
<b>Check</b> # 160	Expenditure Date 02/02/2021	Payment Date	Disbursement Type Refund of Contribution	Expenditure Type Other	Expen	diture Amount \$500.00
160	-	Payment Date			Expen	
160 Purpose of	02/02/2021	Payment Date			Expen	
160 Purpose of	02/02/2021 Expenditure	Payment Date	Refund of Contribution		Expen	
160 Purpose of	02/02/2021 Expenditure	Payment Date	Refund of Contribution	Other	Expen	
160 Purpose of refund of ov	02/02/2021 Expenditure ver limit contribution	Payment Date	Refund of Contribution	Other ee Information	Expen	\$500.00
160 Purpose of refund of ov	02/02/2021 Expenditure /er limit contribution First Name Rita	Payment Date	Refund of Contribution	Other ee Information LastName or Vendor Name	Expens	\$500.00

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