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 Party, Political Action C DANIEL J MCKEE	Committee		Key# 2235
Street Address		City/Town, State and Zip Code	
Mailing Address (if different)		City/Town, State and Zip Code	
Telephone Number Daytime Telephone N	umber	Fax Number E-mail	
If Candidate Office Sought:		Party Affiliation if any:	
Lieutenant Governor		Democratic	
Reporting Period (Dates): Period Beginning:	07/01/2021	Period Ending: 09/30/2021	
SUMMARY OF ACTIVITY FOR PE	RIOD		
1. Beginning Cash Balance	\$ 716,595.55	4. Cash Disbursements, continued	
2. Cash Receipts	•	f. Other Disbursements	
a. Contributions From:			0
1. Aggregate	0		0
a. (Individuals)	0		0
b. (Political Parties)	0	5. Ending Cash Balance	\$ 800,681.58
c. (Political Action Committees)	0	C. Bruing Cush Buillio	φ σσσ,σσ1.2σ
2. Individuals	145,265.00		
3. Political Parties	0	CAMPAIGN FUND STATUS	
4. Political Action Committees	9,000.00	CAMIAIGN FUND STATUS	
5. Loan Proceeds	0,000.00	6. Report of In-Kind Contributions	3,350.00
6. Payroll Check off	0		
7. Interest Received	0	7. Cash	\$ 800,681.58
	0		\$ 800,081.38
8. State Check Off	-	8. Other Assets	0
9. Refund/Rebate	2,500.00		0
10. Party Building	0		0
11. Matching Public Funds	0		0
12. Other	0	9. Total Assets	\$ 800,681.58
13. Returned Contributions	(1,000.00)	LIABILITIES AND FUND BALANCE	
14. Returned Checks	(2,000.00)	10. Liabilities	
b. Other:		a. Accounts Payable	\$ 0
	0	b. Loans Payable	46,922.88
	0	c. Other Liabilites	,, ==
	0	C. C. M. D. M. C.	0
3. Total Cash	870,360.55		0
4. Cash Disbursements			0
a. Aggregate Expenses	0		V
b. Campaign Expenses	69,678.97	11. Total Liabilities	46,922.88
c. Repayment of Loans	0	12. Total Fund Balance	\$ 753,758.70
d. Account Payable Repayments	0	13. Total Liability / Fund Balance	800,681.58
e. Other	0		

CF-2 Rev. 3/02

Name of Person Filing Report	I HEREBY CERTIFY THAT THIS REPORT OF CAMP. CONTRIBUTIONS AND EXPENDITURES AND THE DOCUMENTS ARE TRUE AND CORRECT.	
Title of Person Filing Report	X Signature of Person	Date
Address of Person Filing This Report	SUBSCRIBED AND SWORN TO BEFORE ME THIS Day of 20 X Notary Public	·

SCHEDULE OF CONTRIBUTIONS RECEIVED

Key # 2,235	Full Name o DANIEL J M		idate or Committee		Reporting Period From: 07/01/202	l To: 09	/30/2021
Item	Transaction Type		Contribution Type		eceipt Date Deposit Date	Co	ontribution Amoun
	In-Kind		In-Kind - Individual		09/01/2021		900.00
C 1/1	6		In Kind/Other Receipts Do	escription			
food/be	everages for event		. T. C		T.	1 D.	
Prefix	First Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer Name	loyer Data	
Tienx	Thomas	F.	Ahern	Sullix	Retired		
Street A		•	Taken		Street Address		
5 Boxwe					5 Boxwood Dr		
City			State Zip		City	State	Zip
East Gre	eenwich		RI 02818-4104		East Greenwich	RI	02818
Item	Transaction Type		Contribution Type	R	eceipt Date Deposit Date	C	ontribution Amoun
Ticin.	In-Kind		In-Kind - Individual		09/08/2021		1,000.00
			In Kind/Other Receipts Do	escription			
food an	d beverage for event - 625		•	•			
	Ü	Con	tributor Information		Emp	loyer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Jennie		Huttler		Jennie Huttler - Artist		
Street A	ddress				Street Address		
17 Eliza	beth Lane				17 Elizabeth Lane		
City			State Zip		City	State	Zip
Middlet	own		RI 02842		Middletown	RI	02842
Item	Transaction Type		Contribution Type		eceipt Date Deposit Date	Co	ontribution Amount
	In-Kind		In-Kind - Individual		09/08/2021		1,000.00
			In Kind/Other Receipts Do	escription			
food an	d beverages for event	_			_		
D C	First Name		tributor Information	C . CC	-	loyer Data	
Prefix	Christine	MI	Last Name or PAC/Party Committee Name Huttler Hayes	Suffix	Employer Name Walker & Dunlop		
Street A			Hutter Hayes		Street Address		
	ock Lane				Two Charles Street		
City			State Zip		City	State	Zip
Middlete	own		RI 02842		Needham	MA	02424
Item	Transaction Type		Contribution Type	D	eceipt Date Deposit Date	C	ontribution Amount
Item	In-Kind		In-Kind - Individual		09/08/2021		450.00
			In Kind/Other Receipts Do				
beverag	ges for event		•	•			
		Con	tributor Information		Emp	loyer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Nancy		Parker Wilson		Greenvale Vineyards		
Street A					Street Address		
582 Wag	oping Road				582 Wapping Road		
City			State Zip		City	State	Zip
Portsmo	uth		RI 02871		Portsmouth	RI	02871

Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Da	te Co	ntribution Amount
	Check		Individual		08/07/2021		200.00
			In Kind/Other Receipts De	scription			
		Con	tributor Information		Er	nployer Data	
Prefix Fi	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
Ar	lene		Abajian		Retired		
Street Addı	ress				Street Address		
9 Starling W	/ay				9 Starling Way		
City			State Zip		City	State	Zip
West Warwi	ck		RI 02893		West Warwick	RI	02893
Item	Transaction Type		Contribution Type		Receipt Date Deposit Da	te Co	ntribution Amoun
	Check		Individual		08/29/2021		250.00
			In Kind/Other Receipts De	scription			
		Con	tributor Information		Fr	nployer Data	
Prefix Fi	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	nproyer Data	
	miel	J.	Abraham		HUB International		
Street Addı	ress				Street Address		
518 Riversi	de Dr				222 Milliken Blvd.		
City			State Zip		City	State	Zip
Tiverton			RI 02878		Fall River	MA	02721
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Da	te Co	ntribution Amount
	Check		Individual		08/10/2021		200.00
			In Kind/Other Receipts De	scription			
		C	tributor Information		F.	nployer Data	
Prefix Fi	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	приуег Баса	
	ter	T.	Adams		Ocean State Printers		
Street Addı	ress				Street Address		
190 Cherry	Hill Dr				545 Pawtucket Ave		
City			State Zip		City	State	Zip
Seekonk			MA 02771		Pawtucket	RI	02860
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Da	te Co	ntribution Amount
Item							5.00
item	Credit/Debit Card		Individual		09/27/2021		3.00
item	Credit/Debit Card		Individual In Kind/Other Receipts De		09/27/2021		3.00
Item	Credit/Debit Card		In Kind/Other Receipts De				3.00
			In Kind/Other Receipts De atributor Information	scription	Eı	nployer Data	5.00
Prefix Fi	rst Name	Con MI	In Kind/Other Receipts De atributor Information Last Name or PAC/Party Committee Name		E1 Employer Name		
Prefix Fii Ka	rst Name		In Kind/Other Receipts De atributor Information	scription	Enployer Name Kaydolly Medical & Marke		
Prefix Fi Ka Street Addi	rst Name Dy ress		In Kind/Other Receipts De atributor Information Last Name or PAC/Party Committee Name	scription	E1 Employer Name		
Prefix Fii Ka Street Addi 28 Padelford	rst Name Dy ress		In Kind/Other Receipts De atributor Information Last Name or PAC/Party Committee Name	scription	Employer Name Kaydolly Medical & Marke Street Address		
Prefix Fi	rst Name Dy ress		In Kind/Other Receipts De atributor Information Last Name or PAC/Party Committee Name Adesina	scription	Employer Name Kaydolly Medical & Marke Street Address 28 Padelford St	eting Transporter	
Prefix Fi Ka Street Addi 28 Padelford City	rst Name Dy ress		In Kind/Other Receipts Descributor Information Last Name or PAC/Party Committee Name Adesina State Zip	Suffix	Employer Name Kaydolly Medical & Marke Street Address 28 Padelford St City	eting Transporter State RI	Inc Zip

Individual Check 09/01/2021 100.00

In Kind/Other Receipts Description

		Cont	tributor Information			Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Com	mittee Name Suffi	x Employer Name		
	Thomas	F.	Ahern		Retired		
Street A	Address				Street Address		
5 Boxw	ood Dr				5 Boxwood Dr		
City			State	Zip	City	State	Zip
East Gre	eenwich		RI	02818-4104	East Greenwich	RI	02818

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 09/28/2021	Deposit Date	Ca	ntribution Amount 250.00
			In Kind/Other Receipts Do	scription				
		_					_	
D C E	4.35		ributor Information	C CC	le i si	Employer	· Data	
Prefix Fir		MI P.	Last Name or PAC/Party Committee Name Albert	Suffix	Employer N	ame m New England		
Street Addr		1.	Aloct		Street Addre			
133 Camden					110 Royal Li			
City	i Ku		State Zip		City	inic Di	State	Zip
Narragansett	ı		RI 02882		Providence		RI	02904
				D		Damasit Data		
Item	Transaction Type Check		Contribution Type Individual		eceipt D ate 08/10/2021	Deposit Date	Co	ntribution Amount 1,000.00
	CHECK		In Kind/Other Receipts Do		00/10/2021			1,000.00
			in Kind Other Receipts De	scription				
		Conf	ributor Information			Employer	Data	
Prefix Fir	st Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	becca		Aldea			ental Health Services		
Street Addr	ess				Street Addre	ess		
23 Overlook	Circle				305 S. Palm	St		
City			State Zip		City		State	Zip
Little Rock			AR 72207		Little Rock		AR	72205
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/28/2021			117.00
			In Kind/Other Receipts Do	scription				
		Cont	ributor Information			Employer	Data	
	st Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Da			Alexander		Trailblaze M			
Street Addr					Street Addre			
413 Central	Ave		a			ster St, Ste 200	~	-
City Pawtucket			State Zip RI 02861		City Providence		State RI	Zip 02903
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual D. L. D. L. D. L. D.		08/10/2021			100.00
			In Kind/Other Receipts Do	escription				
		Conf	ributor Information			Employer	Data	
Prefix Fir	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		Data	
Ga		R.	Alger	Sum		Attorney at Law		
Street Addr			1160		Street Addre	-		
76 Hillside F					519 Mendon			
City			State Zip		City		State	Zip
Cumberland			RI 02864		Cumberland		RI	02864
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
T.CIII	Credit/Debit Card		Individual		08/31/2021	Depusit Date	Cu	25.00
			In Kind/Other Receipts Do					
				P				
		Cont	ributor Information			Employer	Data	
Prefix Fir	st Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
D-4					ED A1 0-	C I I C		

ER Alger & Company LLC

Zip

02864

State

RI

Street Address

519 Mendon Rd

Cumberland

City

Patricia

Street Address

Cumberland

City

80 Fisher Rd, Unit 95

Alger

State

RI

Zip

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 08/10/2021	Deposit Date	Con	ntribution Amount 500.00
			In Kind/Other Receipts De	scription				
		•				ъ.	D 4	
Duefer	First Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
гтепх	Edgar	R	Alger	III	E.R. Alger &			
Street A					Street Addr			
17 King					519 Mendon			
City			State Zip		City		State	Zip
Cumber	land		RI 02864		Cumberland		RI	02864
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Cor	ntribution Amount
	Check		Individual	(09/16/2021			1,000.00
			In Kind/Other Receipts De	scription				
		C	tributor Information			F1	on Dod-	
Profix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
Tienx	Edward	IVII	Avarista	Suma	Edward Avan			
Street A	Address				Street Addr	ess		
35 Ridg	e Dr				240 Chestnu	t St		
City			State Zip		City		State	Zip
Narraga	nsett		RI 02882		Warwick		RI	02888
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Cor	ntribution Amount
	Credit/Debit Card		Individual	(07/30/2021			100.00
			In Kind/Other Receipts De	scription				
		C	1-11			F1	D-4-	
Prefix	First Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
Tienx	Tomas	IVII	Avila	Suma	Not Employe			
Street A	Address				Street Addr			
196 Old	River Rd				196 Old Riv	er Rd		
City			State Zip		City		State	Zip
Lincoln			RI 02865		Lincoln		RI	02865
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Cor	ntribution Amount
	Credit/Debit Card		Individual	(08/31/2021			100.00
			In Kind/Other Receipts De	scription				
		Cont	tributor Information			Employ	on Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		er Data	
ПСПА	Tomas	.,,,,	Avila	Suma	Not Employe			
Street A					Street Addr			
196 Old	River Rd				196 Old Riv	er Rd		
City			State Zip		City		State	Zip
Lincoln			RI 02865		Lincoln		RI	02865
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual	(09/30/2021			100.00
			In Kind/Other Receipts De	scription				
		~	7. 10.				D.	
Drofer	First Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
rienx	rn st rame	IVII	Last Hame of FAC/Farty Committee Name	Sumx	Employer N	аше		

Zip 02865

State

RI

Not Employed

Street Address

City

Lincoln

196 Old River Rd

Zip 02865

State

RI

Tomas

Street Address

City

Lincoln

196 Old River Rd

Avila

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date 09/30/2021	Deposit Date	Co	ntribution Amount 100.00
			In Kind/Other Receipts De	scription				
		_						
Prefix F	4 N	MI	tributor Information	Suffix	F N		er Data	
	omas	NII	Last Name or PAC/Party Committee Name Avila	Sumx	Employer N Not Employ			
Street Add					Street Addr			
196 Old Ri					196 Old Riv			
City			State Zip		City		State	Zip
Lincoln			RI 02865		Lincoln		RI	02865
Item	Transaction Type Check		Contribution Type Individual		eceipt Date 09/03/2021	Deposit Date	Co	ntribution Amount
	Check		In Kind/Other Receipts De		07/03/2021			1,000.00
			<u> </u>	ser-puon				
		Con	tributor Information			Employ	er Data	
Prefix F	irst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	lame		
	uzanne		Baccari		Residential l	-		
Street Add					Street Addr			
440 Ocean	Kd		S4-4- 7:		140 Wicken	den St	S4-4-	7:
City Narraganse	·tt		State Zip RI 02882		City Providence		State RI	Zip 02903
Item	Transaction Type		Contribution Type	D	eceipt Date	Deposit Date		ntribution Amount
Item	Check		Individual		09/01/2021	Deposit Date	Cu	1,000.00
			In Kind/Other Receipts De	scription				
			-	_				
		Con	tributor Information				er Data	
Prefix F		MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	ichard	P.	Baccari	П	Churchill an			
Street Add 157 Hope S					Street Addr 10 Greene S			
City			State Zip		City	•	State	Zip
Providence	1		RI 02906		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		08/10/2021	•		500.00
			In Kind/Other Receipts De	scription				
			tributor Information	~ ~~	T	Employ	er Data	
	irst Name renda	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	Ambulance LLC		
Street Add			Baginski		Street Addr			
PO Box 28					52 River Ave			
City			State Zip		City		State	Zip
Providence	<u> </u>		RI 02908		Providence		RI	02904
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		08/18/2021			250.00
			In Kind/Other Receipts De	scription				
Duefer E	ivet Name	Con	tributor Information		Employar N	Employ	er Data	
			Lock Name on DACON A CO. NO. 37					

Last Name or PAC/Party Committee Name

State

RI

Zip

02842

Bagwill

Prefix First Name

587 Tuckerman Ave

Street Address

Middletown

City

John

Suffix

Employer Name

Not Employed

Street Address

Middletown

City

587 Tuckerman Ave

Zip

02842

State

RI

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 09/28/2021	Deposit Date	Co	ntribution Amount 250.00
			In Kind/Other Receipts De	scription				
			- A					
Prefix Fir	4 N		r Information	Suffix	FIN	Employ	er Data	
Lis			Name or PAC/Party Committee Name	Sumx	Employer N City of Wood			
Street Addr	ress				Street Addr			
304 Prospec	et St				169 Main St			
City			State Zip		City		State	Zip
Woonsocket	t		RI 02895		Woonsocket		RI	02895
Item	Transaction Type		Contribution Type		eceipt Date 08/27/2021	Deposit Date	Co	ntribution Amount
	Check		Individual In Kind/Other Receipts De		06/2//2021			700.00
			in land other receipts be	scription				
		Contributo	r Information			Employ	er Data	
	rst Name		Name or PAC/Party Committee Name	Suffix	Employer N			
	rian	H. Barr			1	tonio Rafferty		
Street Addr					Street Addr			
4120 Mener	ndez Dr		State 7:-		316 S Bayle	n St	S4-4-	7:
City Pensacola			State Zip FL 32503		City Pensacola		State FL	Zip 32502
Item	Transaction Type		Contribution Type	D	eceipt Date	Deposit Date		ntribution Amount
Item	Credit/Debit Card		Individual		09/13/2021	Deposit Date	Cu	100.00
			In Kind/Other Receipts De	scription				
			r Information			Employ	er Data	
	rst Name eborah	MI Last	Name or PAC/Party Committee Name	Suffix	Employer N Not Employe			
Street Addı		Darui			Street Addr			
176 Island I					176 Island D			
City			State Zip		City		State	Zip
Middletown	1		RI 02842		Middletown		RI	02842
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		08/18/2021			250.00
			In Kind/Other Receipts De	scription				
		Contributo	r Information			Employ	or Data	
Prefix Fir	rst Name		Name or PAC/Party Committee Name	Suffix	Employer N		C. Data	
Da	avid	Bazar			Samuel's Re			
Street Addr	ress				Street Addr			
678 Aquidne	eck Ave				678 Aquidne	eck Ave		
City			State Zip		City		State	Zip
Middletown			RI 02842		Middletown		RI	02842
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual In Kind/Other Receipts De		08/09/2021			100.00
			in Kina Other Receipts De	scription				
							_	
		Contributor	r Information			Employ	er Data	

Last Name or PAC/Party Committee Name

State

RI

Zip 02816

Suffix

Jr.

Employer Name

Info Requested

Street Address

State Zip

City

MI

Beattie

E.

Prefix First Name

Street Address

22 Yale Dr

Coventry

City

Raymond

Item	Transaction Type Check		Contribution Type Individual		Receipt Date 08/10/2021	Deposit Date	Co	ntribution Amount 250.00
			In Kind/Other Receipts De	scription				
			tributor Information			Employe	r Data	
Prefix	First Name Estelle	MI M.	Last Name or PAC/Party Committee Name Beaudette	Suffix	Employer Na FGX Internat			
C4 4 A		IVI.	Deaudette					
Street A					Street Addre	ington Hwy 500		
	Ave		St. 4. 77			mgion riwy 500	64.4	77.
City Jamestov	***		State Zip RI 02835		City Smithfield		State RI	Zip 02917
					<u> </u>			
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		08/25/2021			200.00
			In Kind/Other Receipts De	scription				
		~	to Tantana Tan Carana di			ъ.	D. 1	
D. C	Et Mana		tributor Information	C	F 37	Employe	r Data	
Prefix	First Name Bradford	MI	Last Name or PAC/Party Committee Name Bellows	Suffix	Employer Na	ame s Funeral Home		
Start A			Dellows					
Street A	nan Ave, Unit 8103				Street Addre			
City	nan Ave, Omt 8103		State Zip		City	•	State	Zip
Rumford			RI 02916		Lincoln		RI	02865
					<u> </u>			
Item	Transaction Type Check		Contribution Type Individual		08/08/2021	Deposit Date	Co	ntribution Amount
	Check				06/06/2021			500.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employe	n Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na		Data	
TTenx	Allan	R.	Bellows	II	Bellows Fune			
Street A	ddress				Street Addre	_		
17 Musk					160 River Rd			
City			State Zip		City		State	Zip
Lincoln			RI 02865		Lincoln		RI	02865
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Co	ntribution Amount
Item	Credit/Debit Card		Individual		07/01/2021	Depusit Date	Cu	100.00
	Credit Debit Cite		In Kind/Other Receipts De		0770172021			100.00
			in inno one receips be	scription				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
	Charles	_	Belshe		1	ts Construction Inc		
Street A					Street Addre			
22 Berno	on Dr				22 Bernon Dr	r		
City			State Zip		City		State	Zip
Lincoln			RI 02865		Lincoln		RI	02865
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Cn	ntribution Amount
	Check		Individual		08/10/2021		Cu	50.00
			In Kind/Other Receipts De					
				T-101				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
	Pohert	E	Rencon	_	Amica Mutus			

Amica Mutual Insurance

State

RI

Zip

02865

Street Address

100 Amica Way

City

Lincoln

Robert

35 Lloyd Phillips Court

Street Address

City

Pawtucket

E.

Benson

State

RI

Zip

Item	Transaction Type Check		Contribution Type Individual		Receipt Date 09/02/2021	Deposit Date	Co	ntribution A	Amount 100.00
			In Kind/Other Receipts De	scription					
		C	4. T 4 T. C 4			F1	D		
Drofin	First Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer Na	Employ	er Data		
Tienz	Allen	D.	Beye	Sum	Info Requeste				
Street A	Address				Street Addre				
32 Buoy									
City			State Zip		City		State	Zip	
Jamesto	own		RI 02835		'			•	
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution A	Amount
	Credit/Debit Card		Individual		09/24/2021				250.00
			In Kind/Other Receipts De	scription					
			tributor Information			Employ	er Data		
Prefix		MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na	ame			
	Matthew		Blair		Innovex				
	Address				Street Addre				
29 Tren	nont St		0		11 Powder H	ill Kd	G		
City	_		State Zip RI 02920		City		State RI	Zip 02865	
Cransto					Lincoln				
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution A	
	Check		Individual		07/26/2021			1	,000.00
			In Kind/Other Receipts De	scription					
		Con	tributor Information			Employ	er Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na	ame			
	Leon		Boghossian		Hinkley Aller	n & Snyder LLP			
Street A	Address				Street Addre				
929 Am	mistice Blvd				100 Westmin	ster St, Ste 1500			
City			State Zip		City		State	Zip	
Pawtucl	ket		RI 02861		Providence		RI	02903	
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution A	
	Check		Individual		09/17/2021				200.00
			In Kind/Other Receipts De	scription					
		•	4 7 4 T 6 4			Е 1	D 4		
Prefix	First Name	Con MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data		
rrenx	Janet	L.	Boyajian	Sums		ame ialty Insurance			
Street A	Address	.	20յոյա <u>։</u>		Street Addre	_			
12 Roda					245 Waterma				
City	u D1		State Zip		City	11 51, 510 501	State	Zip	
Provide	ence		RI 02909		Providence		RI	02906	
Item	Transaction Type		Contribution Type	10	Receipt Date	Deposit Date		ntribution A	Amount
пеш	Credit/Debit Card		Individual		09/29/2021	Deposit Date	Cu	aci ioucivii f	250.00
			In Kind/Other Receipts De						2.00
			pto 20	7					
		Con	tributor Information			Employ	er Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na	ame			
	Edward		Brady		The Thirsty E	Beaver Pub			
					0				

Zip 02921

State

RI

Street Address

City

Cranston

288 Atwood Ave

Zip 02920

State

RI

Street Address

City

Cranston

12 Thunder Trail

Item	Transaction Type		Contribution Type	ъ	eceipt Date	Deposit Date	Cov	ntribution Amount
	Check		ndividual		09/21/2021	Deposit Date	Cui	500.00
			In Kind/Other Receipts 1	Description				
			_	-				
		Contributor Inform	ation			Employer	Data	
Prefix Fi			PAC/Party Committee Name	Suffix	Employer N			
En		Brainsky			Brainsky Le			
Street Addi					Street Addr			
229 Greenb	ner Dr				1547 Fall Ri	ver Ave		
City			State Zip		City		State	Zip
Seekonk			MA 02771		Seekonk		MA	02771
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Cor	ntribution Amount
	Check	I	ndividual		09/20/2021			100.00
			In Kind/Other Receipts 1	Description				
							. .	
D 6 E	. 37	Contributor Inform		0.00	l	Employer	Data	
Prefix Fin	rst Name	MI Last Name or Brickle	PAC/Party Committee Name	Suffix	Employer N			
		Diickie			The Brickle Street Addr	-		
8 Strawberr					234 Singleto			
City	у Бі		State Zip		City	пы	State	Zip
Barrington			RI 02806		Woonsocket		RI	02895
	an di an				<u> </u>			
Item	Transaction Type Check		Contribution Type ndividual		eceipt D ate 09/01/2021	Deposit Date	Coi	ntribution Amount 1,000.00
	CHECK		In Kind/Other Receipts 1		05/01/2021			1,000.00
			In Kind/Other Receipts	Description				
		Contributor Inform	ation			Employer	Data	
	. 37		PAC/Party Committee Name					
Prefix Fir	rst Name	MI Last Name or		Suffix	Employer N			
	rst Name erry	MI Last Name or A. Britland	Trio/Turty Committee Fame	Suffix	Employer N Eversource I	Energy		
	erry		THE THINK	Suffix				
Ke	erry ress		The state of the s	Suffix	Eversource I	ess		
Ke Street Addi	erry ress		State Zip	Suffix	Eversource I Street Addr	ess	State	Zip
Street Addi 565 Madiso	erry ress			Suffix	Eversource I Street Addr 50 Duchaine	ess Blvd	State MA	Zip 02745
Street Addi 565 Madiso City	erry ress	A. Britland	State Zip		Eversource I Street Addr 50 Duchaine City	ess Blvd	MA	_
Ke Street Addi 565 Madiso City Fall River	erry ress n St	A. Britland	State Zip MA 02720	R	Eversource I Street Addr 50 Duchaine City New Bedfor	ess Blvd	MA	02745
Ke Street Addi 565 Madiso City Fall River	ress n St Transaction Type	A. Britland	State Zip MA 02720 Contribution Type	R	Eversource I Street Addr 50 Duchaine City New Bedfor eccipt Date	ess Blvd	MA	02745 ntribution Amount
Ke Street Addi 565 Madiso City Fall River	ress n St Transaction Type	A. Britland	State Zip MA 02720 Contribution Type ndividual	R	Eversource I Street Addr 50 Duchaine City New Bedfor eccipt Date	ess Blvd	MA	02745 ntribution Amount
Ke Street Addi 565 Madiso City Fall River	ress n St Transaction Type	A. Britland	State Zip MA 02720 Contribution Type ndividual In Kind/Other Receipts I	R	Eversource I Street Addres 50 Duchaine City New Bedford eccipt Date 08/23/2021	ess Blvd d Deposit Date Employer	MA	02745 ntribution Amount
Street Addi 565 Madiso City Fall River Item	ress n St Transaction Type	A. Britland Contributor Inform MI Last Name or	State Zip MA 02720 Contribution Type ndividual In Kind/Other Receipts I	R	Employer N	ess Blvd d Deposit Date Employer	MA	02745 ntribution Amount
Street Addi 565 Madiso City Fall River Item	Transaction Type Check	A. Britland Contributor Inform	State Zip MA 02720 Contribution Type ndividual In Kind/Other Receipts I	R Description	Employer N	ess Blvd d Deposit Date Employer	MA	02745 ntribution Amount
Street Addr 565 Madiso City Fall River Item	Transaction Type Check rst Name hn ress	A. Britland Contributor Inform MI Last Name or	State Zip MA 02720 Contribution Type ndividual In Kind/Other Receipts I	R Description Suffix	Eversource I Street Addre 50 Duchaine City New Bedfore eccipt Date 08/23/2021 Employer N Engineered 7 Street Addre	Employer Textile Solutions LLC ess	MA	02745 ntribution Amount
Street Addr 565 Madiso City Fall River Item Prefix Fin Joi Street Addr 32 Division	Transaction Type Check rst Name hn ress	A. Britland Contributor Inform MI Last Name or	State Zip MA 02720 Contribution Type ndividual In Kind/Other Receipts I	R Description Suffix	Eversource I Street Addres 50 Duchaine City New Bedfore eceipt Date 08/23/2021 Employer N Engineered 7 Street Addres 174 Bellevue	Employer ame Cextile Solutions LLC	MA	02745 ntribution Amount 1,000.00
Street Addr 565 Madiso City Fall River Item Prefix Fin Joi Street Addr 32 Division City	Transaction Type Check rst Name hn ress	A. Britland Contributor Inform MI Last Name or	State Zip MA 02720 Contribution Type Individual In Kind/Other Receipts Intaition PAC/Party Committee Name State Zip	R Description Suffix	Eversource I Street Addres 50 Duchaine City New Bedfore eceipt Date 08/23/2021 Employer N Engineered 7 Street Addres 174 Bellevue City	Employer Textile Solutions LLC ess	MA Con Data	02745 ntribution Amount 1,000.00 Zip
Street Addr 565 Madiso City Fall River Item Prefix Fin Joi Street Addr 32 Division	Transaction Type Check rst Name hn ress	A. Britland Contributor Inform MI Last Name or	State Zip MA 02720 Contribution Type ndividual In Kind/Other Receipts I	R Description Suffix	Eversource I Street Addres 50 Duchaine City New Bedfore eceipt Date 08/23/2021 Employer N Engineered 7 Street Addres 174 Bellevue	Employer Textile Solutions LLC ess	MA Con Data	02745 ntribution Amount 1,000.00
Street Addr 565 Madiso City Fall River Item Prefix Fin Joi Street Addr 32 Division City	Transaction Type Check rst Name hn ress	Contributor Inform MI Last Name or W. Brooks	State Zip MA 02720 Contribution Type Individual In Kind/Other Receipts Intaition PAC/Party Committee Name State Zip	R Description Suffix Jr.	Eversource I Street Addres 50 Duchaine City New Bedfore eceipt Date 08/23/2021 Employer N Engineered 7 Street Addres 174 Bellevue City	Employer Textile Solutions LLC ess	MA Con Data State RI	02745 ntribution Amount 1,000.00 Zip
Street Address Street Address City Fall River Item Prefix Fin Joh Street Address 32 Division City Newport	Transaction Type Check rst Name hn ress St	Contributor Inform MI Last Name or W. Brooks	State Zip MA 02720 Contribution Type Individual In Kind/Other Receipts Into the PAC/Party Committee Name State Zip RI 02840 Contribution Type	R Description Suffix Jr.	Employer N Engineered 7 Street Addresses Street Street Addresses Street Street Addresses Street St	Employer Tame Extrile Solutions LLC ess e Ave, Ste 216	MA Con Data State RI	02745 ntribution Amount 1,000.00 Zip 02840 ntribution Amount
Street Address Street Address City Fall River Item Prefix Fin Joh Street Address 32 Division City Newport	Transaction Type Check rst Name hn ress St	Contributor Inform MI Last Name or W. Brooks	State Zip MA 02720 Contribution Type Individual In Kind/Other Receipts In State Zip RI 02840 Contribution Type Individual	R Description Suffix Jr.	Employer N Engineered 7 Street Addresses Street Street Addresses Street Street Addresses Street St	Employer Tame Extrile Solutions LLC ess e Ave, Ste 216	MA Con Data State RI	02745 ntribution Amount 1,000.00 Zip 02840 ntribution Amount
Street Address Street Str	Transaction Type Check rst Name hn ress St	Contributor Inform MI Last Name or W. Brooks	State Zip MA 02720 Contribution Type Individual In Kind/Other Receipts In State Zip RI 02840 Contribution Type Individual In Kind/Other Receipts In Management (In Kind/Other Receipts In Kind/Other Receipt	R Description Suffix Jr.	Employer N Engineered 7 Street Addresses Street Street Addresses Street Street Addresses Street St	Employer Tame Extrile Solutions LLC ess e Ave, Ste 216	MA Con Data State RI Con	02745 ntribution Amount 1,000.00 Zip 02840 ntribution Amount

State

RI

Zip 02916

Brown

Street Address

City

Rumford

60 Pleasant Street

Otis

CharterCARE

Street Address

City

Providence

825 Chalkstone Avenue

Zip

02908

State

RI

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date 09/28/2021	Deposit Date	Co	ntribution Amount 150.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Funlar	ou Data	
Prefix Fir	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		er Data	
	ndrew	.,,,,,	Bucci	Sum		nsurance Partners		
Street Addr	ress				Street Addr			
3 Newton St					30 Southwes			
City			State Zip		City		State	Zip
Providence			RI 02903		Westwood		MA	02090
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		08/27/2021			700.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix Fir	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		,	
Vir	rginia		Buchanan			tonio Rafferty		
Street Addr	ess				Street Addr	ess		
1618 E. La I	Rua St				315 S Bayle	n St		
City			State Zip		City		State	Zip
Pensacola			FL 32501		Pensacola		FL	32502
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		08/09/2021			100.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix Fir	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Joh	hn	E.	Buckley		Retired			
Street Addr	ress				Street Addr	ess		
One Kings F	Row				One Kings F	Row		
City			State Zip		City		State	Zip
Cumberland	[RI 02864		Cumberland		RI	02864
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/28/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix Fir	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	1 1		
Car	rl		Cafaro		Merrill Lyno	ch .		
Street Addr	ress				Street Addr	ess		
8 Stanford R	Rd				2221 Washin	ngton St		
City			State Zip		City		State	Zip
Wellesley			MA 02481		Newton		MA	02462
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/28/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Duefer Fir	est Name	MI	Last Name or PAC/Party Committee Name		Employer N		CI Data	

Last Name or PAC/Party Committee Name

State

MA

Zip

02481

Cafaro

Suffix

Employer Name

Not Employed

Street Address

8 Stanford Rd

Wellesley Hills

State

MA

Zip

02481

City

Prefix First Name

Street Address

8 Stanford Rd

Wellesley Hills

City

Jacqueline

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date Deposit Date 09/21/2021	Co	ntribution Amount 250.00
			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		
	Peter		Caine		Not Employed		
	Address łock Lane				Street Address 19 Paddock Lane		
City	IOCK Latte		State Zip		City	State	Zip
Middle	town		RI 02842		Middletown	RI	02842
				D			ntribution Amount
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date Deposit Date 09/29/2021	Co.	100.00
	Cical Debit Card		In Kind/Other Receipts De		05/25/2021		100.00
			in inner incorps be	scription			
		Con	tributor Information		Empl	oyer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Peter		Calci	Jr.	Not Employed		
Street A	Address				Street Address		
	st Greenwich Ave				260 East Greenwich Ave		
City			State Zip		City	State	Zip
West W	arwick		RI 02893		West Warwick	RI	02893
Item	Transaction Type		Contribution Type		eceipt Date Deposit Date	Co	ntribution Amount
	Check		Individual P. J. J. P.		07/29/2021		500.00
			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		
	George	D.	Cancel		Tele-Networks		
Street A	Address				Street Address		
31 Bak	ewell Ct				195 W Park St		
City			State Zip		City	State	Zip
Cransto	n		RI 02921		Providence	RI	02908
Item	Transaction Type		Contribution Type	R	eceipt Date Deposit Date	Co	ntribution Amount
	Check		Individual		08/10/2021		100.00
			In Kind/Other Receipts De	scription			
		Con	tributor Information		Fmul	over Data	
					•	dyel Data	
Prefix	First Name			Suffix	Employer Name		
Prefix	First Name John	MI R.	Last Name or PAC/Party Committee Name Capelli	Suffix	Employer Name State of Rhode Island		
		MI	Last Name or PAC/Party Committee Name	Suffix			
Street A	John	MI	Last Name or PAC/Party Committee Name	Suffix	State of Rhode Island		
Street A	John Address	MI	Last Name or PAC/Party Committee Name	Suffix	State of Rhode Island Street Address	State	Zip
Street A	John Address atham Circle	MI	Last Name or PAC/Party Committee Name Capelli	Suffix	State of Rhode Island Street Address 82 Smith St	State RI	Zip 02903
Street A 253 Ch City	John Address atham Circle	MI	Last Name or PAC/Party Committee Name Capelli State Zip		State of Rhode Island Street Address 82 Smith St City	RI	

In Kind/Other Receipts Description

Zip

02920

Suffix

Employer Name

Caprio & Caprio

One Center Place

Street Address

City

Providence

Employer Data

Zip

02903

State

RI

Contributor Information

Caprio

Prefix First Name

Street Address

City

Cranston

1055 Oaklawn Ave

Anthony

Last Name or PAC/Party Committee Name

State

RI

Item	Transaction Type Check		Contribution Type Individual		eceipt D ate 09/16/2021	Deposit Date	Ca	ntribution Amount 1,000.00
			In Kind/Other Receipts De	scription				
							_	
D 6 E			ributor Information	C 60	I	Employer	Data	
Prefix Fi	ırst Name avid	MI A.	Last Name or PAC/Party Committee Name Caprio	Suffix	Employer N	ame of Caprio & Caprio		
Street Add		A.	Сарно		Street Addre			
7 Deer Run					1 Center Place			
City	L		State Zip			. C	State	Zip
Scituate			RI 02831		City Providence		RI	02903
	70 v. 70					D 11D 1		
Item	Transaction Type		Contribution Type		eceipt Date 09/16/2021	Deposit Date	Ca	ntribution Amount 1,000.00
	Check		Individual In Kind/Other Pessints De		09/10/2021			1,000.00
			In Kind/Other Receipts De	scribiton				
		Cont	ributor Information			Employer	Data	
Prefix Fi	irst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		Data	
	hn	M.	Caprio	Jana	Self-Employer			
Street Add					Street Addre			
20 Quincy S					20 Quincy St			
City			State Zip		City		State	Zip
Providence			RI 02908		Providence		RI	02908
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
Ttem.	Check		Individual		09/21/2021	Deposit Date	Cu	100.00
			In Kind/Other Receipts De	scription				
		Cont	ributor Information			Employer	Data	
Prefix Fi	irst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
Ne	ewton	C.	Carrasco		City of Centr	ral Falls		
Street Add	ress				Street Addre	ess		
13 Pine Gro	ove St				428 Dexter S	it		
City			State Zip		City		State	Zip
Pawtucket			RI 02861		Central Falls		RI	02863
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual	(09/14/2021			250.00
			In Kind/Other Receipts De	scription				
		Cont	ributor Information			Employer	Data	
	irst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Dı	uarte	N.	Carreiro		Azores Airlin	nes America		
Street Add					Street Addre			
22 Sunview	7 Terrace				211 S. Main	St		
City			State Zip		City		State	Zip
South Dartn	mouth		MA 02748		Fall River		MA	02721
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/29/2021			1,000.00
			In Kind/Other Receipts De	scription				
						_	_	
		Cont MI	ributor Information Last Name or PAC/Party Committee Name	Suffix	Employer N	Employer	Data	
Prefix Fi								

Patrick

Street Address

3 Twin Oak Dr

City

Warwick

Casey

State

RI

Zip

02889

Trinity Group LLC

State

RI

Zip

02886

Street Address

3974 Post Road

City

Warwick

Item	Transaction Type Check		Contribution Typ Individual	e		eceipt Date 08/10/2021	Deposit Date	Ca	ntribution An	nount 00.00
			In Kind/Oth	er Receipts De	scription					
			outor Information				Employer	r Data		
Prefix Fi	rst Name onald		Last Name or PAC/Party Com Cataldi	mittee Name	Suffix	Employer N Oaklawn Ca				
			ataidi			1				
Street Addr 801 Oaklaw						Street Addr 801 Oaklaw				
City	II Ave		State	Zip		City	II Ave	State	Zip	
Cranston			RI	02920		Cranston		RI	02920	
	Turner of an Torre				D		Domesit Date			
Item	Transaction Type Check		Contribution Typ Individual	е		eceipt D ate 08/09/2021	Deposit Date	Co	ntribution An	noun t 00.00
	CHECK			er Receipts De		06/03/2021				50.00
			In Kind Oth	er Receipts De	scription					
		Contril	outor Information				Employer	r Data		
Prefix Fi	rst Name		Last Name or PAC/Party Com	mittee Name	Suffix	Employer N				
Par	ul		Chalmers			Industrial M				
Street Addı	ress					Street Addr	ess			
31 Link Stre	eet					31 Link Stre	et			
City			State	Zip		City		State	Zip	
Pawtucket			RI	02861		Pawtucket		RI	02861	
Item	Transaction Type		Contribution Typ	e	R	eceipt Date	Deposit Date	Co	ntribution An	nount
	Check		Individual		(09/21/2021			2:	50.00
			In Kind/Oth	er Receipts De	scription					
		Contrib	outor Information				Employer	r Data		
	rst Name		Last Name or PAC/Party Com	mittee Name	Suffix	Employer N				
	len	Н. С	Chatterton		Ш		nsurance, Inc.			
Street Addr	ress					Street Addr				
99 Jay St			Q	7 .		150 Main St		G		
City Rumford			State RI	Zip 02916		City Pawtucket		State RI	Zip 02860	
_						l				—
Item	Transaction Type		Contribution Typ	e		eceipt Date	Deposit Date	Co	ntribution An	
	Credit/Debit Card		Individual	D 14 D		09/29/2021			1:	50.00
			In Kind/Oth	er Receipts De	escription					
		Contril	outor Information				Employe	Data		
Prefix Fir	rst Name		Last Name or PAC/Party Com	mittee Name	Suffix	Employer N	1 1	Data		
	bert		Chin	minuce Name	Samx		efit Consultants, Inc.			
Street Addı						Street Addr	_			
200 Olney A						55 Stamp Fa				
City			State	Zip		City		State	Zip	
Cranston			RI	02921		Cranston		RI	02921	
Item	Transaction Type		Contribution Typ	e	R	eceipt Date	Deposit Date	Cn	ntribution An	nount
	Check		Individual			09/29/2021	F 2 are			50.00
			In Kind/Oth	er Receipts De	scription					
				•	•					
		Contrib	outor Information				Employer	r Data		
Prefix Fi	rst Name	MI I	ast Name or PAC/Party Com	mittee Name	Suffix	Employer N	ame			
		т с	Main din							

Town of Johnston

1385 Hartford Ave

Zip

02919

State

RI

Street Address

City

Johnston

Joseph

Street Address

City

Smithfield

10 Connors Farm Dr

L.

Chiodo

State

RI

Zip

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 09/08/2021	Deposit Date	Con	ntribution Amount 250.00
			In Kind/Other Receipts D	escription				
		. .					- .	
D C	E' A N		ibutor Information	C . CC	I E I N	Employer	Data	
	First Name Nicholas	MI M.	Last Name or PAC/Party Committee Name Christ	Suffix	Employer N Bay Coast B			
Street Ac		IVI.	Cinisi		Street Addr			
PO Box 3					330 Swansea			
City			State Zip		City		State	Zip
Fall Rive	r		MA 02722		Swansea		MA	02777
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		08/10/2021			250.00
			In Kind/Other Receipts D	escription				
		Contr	ibutor Information			Employer	Data	
	First Name		Last Name or PAC/Party Committee Name	Suffix	Employer N		•	
	Nicholas	Α.	Cicchitelli		Northeast Ve			
Street Ac					Street Addr			
354 Wick	enden St		S4-4- 7:		1778 Atwoo	d Ave	64-4-	7:
City Providen	re		State Zip RI 02903		City Johnston		State RI	Zip 02919
				D		D		
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date 08/25/2021	Deposit Date	Coi	ntribution Amount 100.00
	Cicali Debit Cara		In Kind/Other Receipts D		00/23/2021			100.00
			in kind other keepis D	cscription				
		Contr	ibutor Information			Employer	Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Keith		Clark		ClarkSilva, l	LLC		
Street A	ldress				Street Addr	ess		
23 Adam	s Circle				475 Kilvert	St, Bldg B, Ste 125		
City			State Zip		City		State	Zip
Rehoboth	ı		MA 02769		Warwick		RI	02886
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/30/2021			1,000.00
			In Kind/Other Receipts D	escription				
		Contr	ibutor Information			Employer	Data	
Prefix	First Name		Last Name or PAC/Party Committee Name	Suffix	Employer N		Data	
	Laura		Clifford	Sullia	1	ses Home & Hospice		
Street A	ldress				Street Addr			
75 Green	wood Ave				1184 East M	ain Rd		
City			State Zip		City		State	Zip
East Prov	ridence		RI 02916		Portsmouth		RI	02871
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/02/2021			50.00
			In Kind/Other Receipts D	escription				
	First Name	Contr	ibutor Information Last Name or PAC/Party Committee Name	Suffix	Employer N	Employer	Data	

RI Turnpike & Bridge Authority

State

RI

Zip

02835

Street Address

1 East Shore Rd

City

Jamestown

Mary Ellen

Street Address

12 Spanker St

Jamestown

City

Coleman

State

RI

Zip

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt D ate 09/13/2021	Deposit Date	Con	ntribution Amoun 250.00
			In Kind/Other Receipts De	scription				
	FI . 37		tributor Information	0 65	I	Employ	er Data	
	First Name William	MI	Last Name or PAC/Party Committee Name Combies	Suffix	Employer N World Insura			
Street Ad			Comorcis		Street Addre			
82 Martin					631 Main St			
City			State Zip		City		State	Zip
Warwick			RI 02886		East Greenw	ich	RI	02818
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amou
	Check		Individual		09/27/2021			250.0
			In Kind/Other Receipts De	scription				
							_	
Prefix 1	First Name		tributor Information	Suffix	Employer N	Employ	er Data	
	rirst Name Scott	MI W.	Last Name or PAC/Party Committee Name Cooke	Sumx	Barton Insura			
Street Ad		**.	Cooke		Street Addre	-		
	hwood Dr				PO Box 3600			
City			State Zip		City		State	Zip
East Gree	nwich		RI 02818		Cranston		RI	02910
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amou
	Check		Individual		09/21/2021			200.0
			In Kind/Other Receipts De	scription				
			tributor Information			Employ	er Data	
	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	John	H.	Copley	Jr.		f Design Group		
Street Ad	ldress borough St, Apt 6				Street Addre	ess ce Sq, Ste 1315		
City	oorough St, Apt o		State Zip		City	e sq, sie 1313	State	Zip
Boston			MA 02115		Boston		MA	02109
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amou
	Check		Individual		09/02/2021	Deposit Date		1,000.0
			In Kind/Other Receipts De	scription				-
		Con	tributor Information			Employ	er Data	
	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	David	R.	Costa			rance Company		
Street Ad					Street Addre			
	e Dam Rd		6 7.		1054 Reserve	oir Ave	C	7:-
City North Sci	tuate		State Zip RI 02857		City Cranston		State RI	Zip 02910
					I	D 1/2		
Item	Transaction Type Check		Contribution Type Individual		eceipt Date 08/10/2021	Deposit Date	Co	ntribution Amou 200.0
	CHECK		marian		00/10/2021			∠00.0

		Con	tributor Information		E	mployer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	John	M.	Cotta		Cotta & Associates		
Street A	Address				Street Address		
18 Albe	ert St				166 Bank St		
City			State Zip		City	State	Zip
Pawtuc	ket		RI 02861		Attleboro	MA	02703

Item	Transaction Type Check	Contribution Type Individual	Receipt Date Deposit Date	Contribution Amount
	Check	In Kind/Other Receipts		300.00
		•	•	
		Contributor Information	Employe	r Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name		
.	Andrew	SeabonCotton	Blackstone Leasing and Managem	ent
Street A			Street Address 415 Atwells Ave	
	uan Ave	84-4- 7'-		St. 4. 7'-
City Rumfor	1	State Zip RI 02916	City Providence	State Zip RI 02909
Item	Transaction Type Credit/Debit Card	Contribution Type Individual	Receipt Date Deposit Date 09/13/2021	Contribution Amount 250.00
	Credit Debit Card	In Kind/Other Receipts		250.00
		in this other receipts	Description	
		Contributor Information	Employe	r Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	
	Michael	Cullen	Retired	
Street A			Street Address	
19 Bays	ide Ave		19 Bayside Ave	
City		State Zip	City	State Zip
Newpor	t	RI 02840	Newport	RI 02840
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Cash	Individual In Kind/Other Receipts	09/02/2021 Description	20.00
		III Killa Other Receipts	Description	
		Contributor Information	Employe	r Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	
	Helder	Cunha	Cunha Construction, Llc	
Street A	ddress		Street Address	
134 Dos	ı Ave		134 Don Ave	
City		State Zip	City	State Zip
Rumfor	i	RI 02916	Rumford	RI 02916
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Check	Individual	09/28/2021	250.00
		In Kind/Other Receipts	Description	
		Contributor Information	F	D-4-
Prefix	First Name	Contributor Information MI Last Name or PAC/Party Committee Name	Suffix Employer Name	r Data
Tienx	Steven	P. D'Agostino	City of Woonsocket	
Street A		1. Digosmo	Street Address	
1 Taber			169 Main St	
City		State Zip	City	State Zip
•	mithfield	RI 02896	Woonsocket	RI 02895
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Check	Individual	09/16/2021	250.00
		In Kind/Other Receipts	Description	
		Contributor Information	Employer	r Data

Prefix First Name

Street Address

New Bedford

City

15 Freedom Blvd.

Carlos

ΜI

A.

DaCunha

Last Name or PAC/Party Committee Name

State

MA

Zip

02744

Suffix

Employer Name

Street Address

286 Oliver St

Fall River

City

St. Anne's Credit Union

State

MA

Zip

Item	Transaction Type Check		Contribution Type Individual	F	Receipt Date 09/21/2021	Deposit Date	Co	ntribution Amount
			In Kind/Other Receipts De	scription				
							.	
D 6	T2' 4 31		tributor Information	0.00	T 1 N		yer Data	
Prefix	First Name Anna	MI K.	Last Name or PAC/Party Committee Name DaSilva	Suffix	Employer N Town of Ban			
Street A	Address				Street Addr	_		
50 Rice	Ave				283 County	Rd		
City			State Zip		City		State	Zip
East Pro	ovidence		RI 02914		Barrington		RI	02806
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual In Kind/Other Receipts De		09/20/2021			100.00
			in Kind Other Receipts De	er ibuon				
		Con	tributor Information			Emplo	yer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Robert	L.	Davis		InSite Engin	eering Services		
	Address				Street Addr			
	eron Way				501 Great Ro	d		
City	al.		State Zip MA 02769		City	E-14	State	Zip 02896
Rehobo					North Smith		RI	
Item	Transaction Type Credit/Debit Card		Contribution Type Individual	Ь	09/15/2021	Deposit Date	Co	ntribution Amount 1,000.00
	Cledit/Debit Card		In Kind/Other Receipts De	scrintion	09/13/2021			1,000.00
			in mino other receipts De	scription				
		Con	tributor Information			Emplo	yer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Tom		DeCotis		DeCotis Spe	cialty Insurance		
	Address				Street Addr			
69 Plea	sant St					an St, Ste 501	. .	
City Hingha	m		State Zip MA 02043		City Providence		State RI	Zip 02906
					<u> </u>	D 11D 1		
Item	Transaction Type Check		Contribution Type Individual	ь	09/05/2021	Deposit Date	Co	ntribution Amount 1.000.00
	CHCK		In Kind/Other Receipts De	scription				1,000.00
				- P				
		Con	tributor Information			Emplo	yer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Deborah	A.	Deion		Homemakes			
	Address				Street Addr			
	nsula Rd		St. 4		29 Peninsula	ı Kd	6 4 ·	7:-
City South k	Kingstown		State Zip RI 02879		City South Kings	town	State RI	Zip 02879
				_				
Item	Transaction Type Check		Contribution Type Individual	F	09/05/2021	Deposit Date	Co	ntribution Amount 1,000.00
			In Kind/Other Receipts De	scription				

Employer Data

Zip

02816

State

RI

Contributor Information

John Deion

Last Name or PAC/Party Committee Name

State

RI

Zip

02879

Suffix

Ш

Employer Name

Street Address

City

Coventry

MTM Development

2091 Nooseneck Hill Rd

Prefix First Name

Street Address

29 Peninsula Rd

South Kingstown

City

Henry

Item	Transaction Type Check		Contribution Type Individual		eceipt D ate 08/10/2021	Deposit Date	Cor	ntribution Amount 250.00
	CHECK		In Kind/Other Receipts De		06/10/2021			230.00
			in time other receipts be	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Kenneth	E.	Demers			ing Companies		
Street A 88 Hoo	Address				Street Addr			
City	d Ave		State Zip			nsett Park Dr	State	Zip
Rumfor	rd.		RI 02916-1530		City Pawtucket		RI	02861
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Cor	ntribution Amount
	Check		Individual		09/17/2021			250.00
			In Kind/Other Receipts De	scription				
D 4	77		tributor Information	~ ***	I	Employ	er Data	
Prefix	First Name Louis	MI A.	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame of Louis A. DeQuat	4	
Street	Address	A.	DeQuattro		Street Addr	_	шо	
	Lakeview Drive				375 Angell F			
City			State Zip		City		State	Zip
•	Providence		RI 02904		North Provid	lence	RI	02904
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Con	ntribution Amount
	Check		Individual		09/21/2021			250.00
			In Kind/Other Receipts De	scription				
D C	T2' 4 34		tributor Information	C CC	le i v	Employ	er Data	
Prefix	First Name Dino	MI M.	Last Name or PAC/Party Committee Name DeThomas	Suffix	Employer N Global Partn			
Street	Address	141.	Dellionas		Street Addr			
	llman Ave				1	treet, Suite 500		
City			State Zip		City		State	Zip
Warren			RI 02889		Waltham		MA	02451
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Cor	ntribution Amount
	Credit/Debit Card		Individual		09/15/2021			100.00
			In Kind/Other Receipts De	scription				
							.	
Prefix	First Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
ттепх	Jocelyn	MII	Dewey	Sumx		cialty Insurance		
Street A	Address				Street Addr	-		
38 Ken					245 Waterma			
City			State Zip		City		State	Zip
East Pro	ovidence		RI 02914		Providence		RI	02906
Item	Transaction Type Check		Contribution Type Individual		eceipt Date 08/10/2021	Deposit Date	Con	ntribution Amount 250.00
	CHOCK		In Kind/Other Receipts De		00/10/2021			250.00
			In Innovince Accepts De	Seription				

Employer Data

Zip

02903

State

RI

Contributor Information

Diorio

Last Name or PAC/Party Committee Name

State

RI

Zip

02864

Suffix

Employer Name

Street Address

City

Providence

144 Westminster St

Joseph M. Diorio Law Ofdfice

ΜI

M.

Prefix First Name

Street Address

9 Sunnyside Dr

Cumberland

City

Joseph

Item	Transaction Type Check		Contribution Type Individual		eceipt Date Deposit Date 09/21/2021	Contribu	tion Amount 250.00
			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		
	Michele		Doherty		Coldwell Banker Coastal Hom	es	
	Address servation Way				Street Address 50 South County Commons W	ov. Hoit E 4E	
	servation way		State Zip		City		
City Wakefi	eld		State Zip RI 02879-8218		South Kingstown	State Zip RI 028'	79
Item				D			tion Amount
item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date Deposit Date 07/21/2021	Contribu	100.00
	Cicul Deon Card		In Kind/Other Receipts De		01/21/2021		100.00
			in innu outer receipts 20	scription			
		Con	tributor Information		Empl	oyer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Robert		Donald		Retired		
Street A	Address				Street Address		
45 Hast	tings Ave				45 Hastings Ave		
City			State Zip		City	State Zip	
Pawtuc	ket		RI 02861		Pawtucket	RI 028	61
Item	Transaction Type		Contribution Type		eceipt Date Deposit Date	Contribu	tion Amount
	Check		Individual		09/13/2021		1,000.00
			In Kind/Other Receipts De	scription			
		Con	tributor Information		Emple	over Data	
Prefix	First Name		tributor Information Last Name or PAC/Party Committee Name	Suffix		oyer Data	
Prefix	First Name Aivan	Con	tributor Information Last Name or PAC/Party Committee Name Durfee	Suffix	Employer Name Student	oyer Data	
			Last Name or PAC/Party Committee Name	Suffix	Employer Name	oyer Data	
Street A	Aivan		Last Name or PAC/Party Committee Name	Suffix	Employer Name Student	oyer Data	
Street A	Aivan Address		Last Name or PAC/Party Committee Name Durfee State Zip	Suffix	Employer Name Student Street Address	State Zip	
Street A	Aivan Address nnybrook Farm Road		Last Name or PAC/Party Committee Name Durfee	Suffix	Employer Name Student Street Address 221 Sunnybrook Farm Road	-	82
Street A 221 Sur City	Aivan Address nnybrook Farm Road		Last Name or PAC/Party Committee Name Durfee State Zip		Employer Name Student Street Address 221 Sunnybrook Farm Road City	State Zip RI 028	82 tion Amount
Street A 221 Sur City Narraga	Aivan Address nnybrook Farm Road ansett		Last Name or PAC/Party Committee Name Durfee State Zip RI 02882 Contribution Type Individual	R	Employer Name Student Street Address 221 Sunnybrook Farm Road City Narragansett	State Zip RI 028	
Street A 221 Sur City Narraga	Aivan Address nnybrook Farm Road ansett Transaction Type		Last Name or PAC/Party Committee Name Durfee State Zip RI 02882 Contribution Type	R	Employer Name Student Street Address 221 Sunnybrook Farm Road City Narragansett eccipt Date Deposit Date	State Zip RI 028	tion Amount
Street A 221 Sur City Narraga	Aivan Address nnybrook Farm Road ansett Transaction Type	MI	Last Name or PAC/Party Committee Name Durfee State Zip RI 02882 Contribution Type Individual In Kind/Other Receipts December 2015	R	Employer Name Student Street Address 221 Sunnybrook Farm Road City Narragansett eccipt Date 09/13/2021 Deposit Date	State Zip RI 0283 Contribu	tion Amount
Street A 221 Sur City Narraga Item	Aivan Address nnybrook Farm Road ansett Transaction Type Check	MI	Last Name or PAC/Party Committee Name Durfee State Zip RI 02882 Contribution Type Individual In Kind/Other Receipts Detection	Rescription	Employer Name Student Street Address 221 Sunnybrook Farm Road City Narragansett eccipt Date 09/13/2021 Employer Name Student Street Address Deposit Date Deposit Date	State Zip RI 028	tion Amount
Street A 221 Sur City Narraga Item	Aivan Address nnybrook Farm Road ansett Transaction Type Check First Name	MI Con MI	Last Name or PAC/Party Committee Name Durfee State Zip RI 02882 Contribution Type Individual In Kind/Other Receipts Detributor Information Last Name or PAC/Party Committee Name	R	Employer Name Student Street Address 221 Sunnybrook Farm Road City Narragansett eccipt Date Deposit Date 09/13/2021 Employer Name	State Zip RI 0283 Contribu	tion Amount
Street A 221 Sur City Narrage Item	Aivan Address nnybrook Farm Road ansett Transaction Type Check First Name Angela	MI	Last Name or PAC/Party Committee Name Durfee State Zip RI 02882 Contribution Type Individual In Kind/Other Receipts Detection	Rescription	Employer Name Student Street Address 221 Sunnybrook Farm Road City Narragansett eccipt Date 09/13/2021 Employer Name Student Street Address Deposit Date Deposit Date	State Zip RI 0283 Contribu	tion Amount
Street A 221 Sur City Narrage Item Prefix Street A	Aivan Address nnybrook Farm Road ansett Transaction Type Check First Name	MI Con MI	Last Name or PAC/Party Committee Name Durfee State Zip RI 02882 Contribution Type Individual In Kind/Other Receipts Detributor Information Last Name or PAC/Party Committee Name	Rescription	Employer Name Student Street Address 221 Sunnybrook Farm Road City Narragansett eccipt Date Deposit Date 09/13/2021 Employer Name Retired	State Zip RI 0283 Contribu	tion Amount
Street A 221 Sur City Narrage Item Prefix Street A	Aivan Address nnybrook Farm Road ansett Transaction Type Check First Name Angela Address	MI Con MI	Last Name or PAC/Party Committee Name Durfee State Zip RI 02882 Contribution Type Individual In Kind/Other Receipts Detributor Information Last Name or PAC/Party Committee Name	Rescription	Employer Name Student Street Address 221 Sunnybrook Farm Road City Narragansett eccipt Date Deposit Date 09/13/2021 Employer Name Retired Street Address	State Zip RI 0283 Contribu	tion Amount
Street A 221 Sur City Narraga Item Prefix Street A 221 Sur	Aivan Address nnybrook Farm Road ansett Transaction Type Check First Name Angela Address nnybrook Farm	MI Con MI	Last Name or PAC/Party Committee Name Durfee State Zip RI 02882 Contribution Type Individual In Kind/Other Receipts Detributor Information Last Name or PAC/Party Committee Name Durfee	Rescription	Employer Name Student Street Address 221 Sunnybrook Farm Road City Narragansett eccipt Date 09/13/2021 Employer Name Retired Street Address 221 Sunnybrook Farm	State Zip RI 028 Contribu	1,000.00
Street A 221 Sur City Narraga Item Prefix Street A 221 Sur City	Aivan Address nnybrook Farm Road ansett Transaction Type Check First Name Angela Address nnybrook Farm	MI Con MI	Last Name or PAC/Party Committee Name Durfee State Zip RI 02882 Contribution Type Individual In Kind/Other Receipts Detributor Information Last Name or PAC/Party Committee Name Durfee State Zip	R escription Suffix	Employer Name Student Street Address 221 Sunnybrook Farm Road City Narragansett eccipt Date 09/13/2021 Employer Name Retired Street Address 221 Sunnybrook Farm City	State Zip RI 028 Contribu oyer Data State Zip RI 028	1,000.00

In Kind/Other Receipts Description

Zip

02882

Suffix

Employer Name

Credit Suisse

Street Address

1 Federal Street

City

Boston

Employer Data

Zip

02210

State

MA

Contributor Information

Durfee

V.

Prefix First Name

Street Address

Narragansett

City

Antonina

221 Sunnybrook Farm Rd

Last Name or PAC/Party Committee Name

State

RI

Item	Transaction Type Check		Contribution Type Individual		Receipt Date 09/13/2021	Deposit Date	Co	ntribution Amount
			In Kind/Other Receipts De	scription				-
			tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
	Kevin	R.	Durfee		George's of G			
Street A					Street Addre			
	mybrook Farm Rd				250 Sand Hill	l Cove Rd		
City			State Zip		City		State	Zip
Narraga			RI 02882		Narragansett		RI	02882
Item	Transaction Type		Contribution Type		leceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/30/2021			500.00
			In Kind/Other Receipts De	scription				
		_					_	
	711 . 27		tributor Information		·	Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
.	James	P.	Durkin		Durkin Cotta			
Street A					Street Addre			
375 Oce	ean Ku		St. 4. 77		815 Point Jud	utn Koad	64.4	a.
City Narraga	nsett		State Zip RI 02882		City Narragansett		State RI	Zip 02882
Item	Transaction Type		Contribution Type		leceipt Date	Deposit Date	Con	ntribution Amount
	Check		Individual		09/15/2021			200.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	or Data	
Profix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na		ei Data	
Tiena	Patricia	E.	Dwyer	Suma	Info Requeste			
Street A	ddress				Street Addre			
	tory Rd, Apt 508							
City			State Zip		City		State	Zip
Quincy			MA 02171					
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
Ticin.	Credit/Debit Card		Individual		09/06/2021	Deposit Date	Cu	500.00
			In Kind/Other Receipts De					
				Jerry Parent				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na		-	
	Daniel	P.	Egan			f Independent Colle	ges & Univ	versities of RI
Street A	Address				Street Addre	ss		
30 Lisa	Lane				50 Park Row	West, Ste 100		
City			State Zip		City		State	Zip
Bristol			RI 02809		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Cor	ntribution Amount
	Check		Individual		09/08/2021			200.00
			In Kind/Other Receipts De	scription				
			-					
		Con	tributor Information			Employ	er D ata	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na	ame		
	Stanhan	D	Frickson		I The Wessen A	Inart Madical Scho	-1 -£D	T Toringanidae

The Warren Alpert Medical School of Brown University

Zip

02903

State

RI

Street Address

City

Providence

222 Richmond St

Stephen

Street Address

145 Bay Ridge

Middletown

City

P.

Erickson

State

RI

Zip

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 08/10/2021	Deposit Date	Co	ntribution Amount 100.00
			In Kind/Other Receipts De	scription				
							_	
			tributor Information	~ ~~	I	Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
~	Lee	Α,	Esckilsen			Vales University		
	Address				Street Addre			
	sdell Ave				8 Abbott Pari	k Pl		
City			State Zip		City		State	Zip
Pawtuc	ket		RI 02860		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amoun
	Credit/Debit Card		Individual		08/31/2021			25.00
			In Kind/Other Receipts De	scription				
			tributor Information			Employ	er Data	
Prefix		MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Thomas		Fahey		Not Employe	ed		
Street A	Address				Street Addre	ess		
824 S. (Green Tee Rd				824 S. Green	Tee Rd		
City			State Zip		City		State	Zip
Hampst	ead		NC 28443		Hampstead		NC	28443
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amoun
	Check		Individual		09/16/2021			1,000.00
			In Kind/Other Receipts De	scription				
			_	_				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	John	P	Ferreira		Ferreira Con	struction		
Street A	Address				Street Addre	ess		
95 Cam	eron Way				95 Cameron	Way		
City			State Zip		City		State	Zip
Rehobo	th		MA 02769-2202		Rehoboth		MA	02769-2127
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amoun
	Check		Individual		09/20/2021	Deposit Date		200.00
			In Kind/Other Receipts De					
			•	•				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Joseph	C.	Ferreira		Info Request			
Street A	Address				Street Addre			
City			State Zip		City		State	Zip
City			5.mc 2.p		City		State	L.P
Itorr	Tunti T		Contribution Ton-	ъ	eceipt Date	Donosit Data	C-	ntribution Amoun
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date 09/29/2021	Deposit Date	Co	1,000.00
	Credit/Deon Card				0712712021			1,000.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	or Data	
						EIDUIOV	er Dala	
Drof-	First Name			Ctc.	Employee N			
Prefix	First Name Steven	MI	Last Name or PAC/Party Committee Name Filippi	Suffix	Employer N Ballard's Res	ame		

Zip 02865

State

RI

Street Address

City Lincoln

10 Presidential Way

Street Address

42 Water St

City Block Island **Zip** 02807

State

RI

Item	Transaction Type Check		Contribution Type Individual	F	Receipt Date 09/17/2021	Deposit Date	Ca	ntribution Amount 250.00
			In Kind/Other Receipts D	escription				
			_	_				
			tributor Information			Employ	er Data	
Prefix	First Name Bruce	MI J.	Last Name or PAC/Party Committee Name Fisher-Messier	Suffix	Employer N	ame essier Insurance		
Street A		J.	r islici-iviessici		Street Addr			
	Robin Rd, Unit 311				1401 Newpo			
City			State Zip		City		State	Zip
Lincoln	ı		RI 02865		Pawtucket		RI	02861
Item	Transaction Type		Contribution Type	F	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/15/2021			1,000.00
			In Kind/Other Receipts D	escription				
		Con	tributor Information			Employ	ar Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		er Data	
	Stella	M.	Fitzsimmons		Lila Delman			
Street A	Address				Street Addr	ess		
7 Talia	Ct				41 Ocean Ro	1		
City			State Zip		City		State	Zip
Narraga	ensett		RI 02882		Narraganset	<u> </u>	RI	02882
Item	Transaction Type		Contribution Type	F	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual D. L. D. L. D. D. L. D. D. L. D. D. L. D.	•	08/10/2021			1,000.00
			In Kind/Other Receipts D	escription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Jessica		Flake Dearnley		Flake & Cor			
	Address				Street Addr			
	rer Market Ave, Ste 600		S4-4- 7:			larket Ave, Ste 600	84-4-	7:
City Little R	ock		State Zip AR 72201		City Little Rock		State AR	Zip 72201
Item	Transaction Type		Contribution Type	T.	Receipt Date	Deposit Date		ntribution Amount
Item	Check		Individual	r	09/29/2021	Deposit Date	Cu	200.00
			In Kind/Other Receipts D	escription				
			tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
64 4	John	E.	Fleming	Jr.	State of Rho			
3 Hillvi	Address ew Dr				Street Addr 82 Smith St	ess		
City	21		State Zip		City		State	Zip
	rovidence		RI 02904		Providence		RI	02903
Item	Transaction Type		Contribution Type	F	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		07/27/2021			250.00
			In Kind/Other Receipts D	escription				

Employer Data

Zip

02818

State

RI

Contributor Information

Flynn

A.

Prefix First Name

Street Address

110 Pheasant Dr

East Greenwich

City

Robert

Last Name or PAC/Party Committee Name

State

RI

Zip

02818

Suffix

Employer Name

Street Address

110 Pheasant Dr

East Greenwich

United Brokers Group, LLC

Item	Transaction Type Check	Contribution Type Individual	Receipt Date 09/21/2021	Deposit Date	Ca	ntribution Amount 50.00
		In Kind/Other Receipts De	ription			
		Contributor Information		Employe	r Data	
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Na			
_	J.Thomas	Foley	Capco Plastic			
Street A			Street Addre			
11 Reser	voir Ave		297 Dexter St	treet	_	
City		State Zip	City		State	Zip
Rumford		RI 02916	Providence		RI	
Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Co	ntribution Amount
	Check	Individual	08/10/2021			250.00
		In Kind/Other Receipts De	ription			
		6			.	
		Contributor Information		Employe	r Data	
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Na	ame		
	Mark	J. Force	Retired			
Street A			Street Addre			
5 Sanctu	ary Lane	S	5 Sanctuary L	ane	G	77
City		State Zip	City		State	Zip
Seekonk		MA 02771	Seekonk		MA	02771
Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card	Individual	09/08/2021			50.00
		In Kind/Other Receipts De	ription			
		Contributor Information		Employe	r Data	
Prefix	First Name Gillian	MI Last Name or PAC/Party Committee Name Fox	Suffix Employer Na Newport Mus			
G4 4 4		FOX	_			
Street A			Street Addres PO Box 3303			
	шауц эт	St. t. 7:-		'	64-4-	7:
City Newport		State Zip RI 02840	City Newport		State RI	Zip 02840
Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Co	ntribution Amount
	Check	Individual P. L. D. L. D. D. L. D. D. L. D. D. L. D.	07/20/2021			1,000.00
		In Kind/Other Receipts De	ription			
		Contributor Information		Familian	Data	
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Na	Employe	T Data	
rienx	Terence	Fracassa	I	ine f Terence Fracassa		
Street A		11000350	Street Addre			
	ngton Road		117 Metro Ce			
City	15,011	State Zip	City	and Divo.	State	Zip
Narragan	sett	RI 02882	Warwick		RI	02886
	Transaction Type		Receipt Date	Demosit Dete		
Item	Check	Contribution Type Individual	09/23/2021	Deposit Date	Co	ntribution Amount 500.00
	CHCK	In Kind/Other Receipts De				500.00
		III KIIIW Other Receipts De	ripaon			
		Contributor Information		Employe	r Data	
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Na		1 Data	
LICHA	Tom	Francis	Info Requeste			

Info Requested

Street Address

State Zip

City

Tom

Street Address

City

Francis

State Zip

Item	Transaction Type Check		Contribution Type Individual		Receipt D ate 09/21/2021	Deposit Date	Con	ntribution Amount 250.00
	CHECK		In Kind/Other Receipts De		03/21/2021			230.00
			•	•				
		Con	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	lame		
~	Donna	L.	Frank		Retired			
	Address achey Lane				Street Addr			
	ichey Lane		State 7in		265 Hinchey	Lane	State	7:
City Somers	et		State Zip MA 02726		City Somerset		State MA	Zip 02726
Item	Transaction Type		Contribution Type	P	eceipt Date	Deposit Date		ntribution Amount
Ittin	Check		Individual		09/02/2021	Deposit Date	Cu	1,000.00
			In Kind/Other Receipts De					,
			•	-				
		Con	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Steven	F.	Freedman	M.D.		Throat Medicine &	Surgery Gro	oup
Street A	Address				Street Addr			
	rest Dr		S4-4- 7:		850 Aquidne	eck Ave	84-4-	7:
City Portsmo	outh		State Zip RI 02871		City Middletown		State RI	Zip 02842
Item	Transaction Type		Contribution Type	D	eceipt Date	Deposit Date		ntribution Amount
Hem	Check		Individual		09/08/2021	Deposit Date	Cu	500.00
			In Kind/Other Receipts De	scription				
		Con	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
C	James	P.	Gaffney			ation Society of New	port County	7
	Address wick Rd				Street Addr 424 Bellevu			
City	wick Rd		State Zip		City	CAVC	State	Zip
Cransto	n		RI 02905		Newport		RI	02840
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
Titlii.	Check		Individual		09/27/2021	Deposit Date	Cu	250.00
			In Kind/Other Receipts De	scription				
			-	-				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	William	P.	Gasbarro		Retired			
	Address				Street Addr 18 Marywoo			
City	ywood Lane		State Zip		City	od Lane	State	7in
Cumber	rland		State Zip RI 02864		Cumberland		State RI	Zip 02864
Item	Transaction Type		Contribution Type	ъ	eceipt Date	Deposit Date		ntribution Amount
Hem	Check		Individual		08/10/2021	Deposit Date	Col	500.00
			In Kind/Other Receipts De					
			•	•				
		Con	tributor Information			Employ	er Data	

ΜI

Gendron

S.

Last Name or PAC/Party Committee Name

State

RI

Zip

02818

Suffix

Employer Name

IGT / GTECH

Street Address

Providence

City

10 Memorial Blvd

State

RI

Zip

02903

Prefix First Name

Street Address

East Greenwich

50 Rock Way

City

Joseph

Prefix Fi			08/14/2021	1,000.00
De		In Kind/Other Receipts De	scription	
De		Contributor Information	T	
De	irst Nama	Contributor Information MI Last Name or PAC/Party Committee Name	Suffix Employer Name	ıployer Data
Street A.J.J.	ennis	G. Gerstmeyer	State of Rhode Island	
otreet Addi	ress	-	Street Address	
19 T Parker	r Rd		82 Smith St	
City		State Zip	City	State Zip
Foster		RI 02825	Providence	RI 02903
Item	Transaction Type	Contribution Type	Receipt Date Deposit Dat	e Contribution Amount
	Check	Individual	08/16/2021	1,000.00
		In Kind/Other Receipts De	scription	
		Contributor Information	Fn	ıployer Data
Prefix Fir	irst Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	iprojer Data
	dron	J. Gilbert	Consolidated Construction	Inc.
Street Addı	ress		Street Address	
PO Box 241	1667		2024 Arkansas Valley Drive	•
City		State Zip	City	State Zip
Little Rock	:	AR 72223-0012	Little Rock	AR
Item	Transaction Type	Contribution Type	Receipt Date Deposit Dat	
	Credit/Debit Card	Individual	09/28/2021	1,000.00
		In Kind/Other Receipts De	scription	
		Contributor Information	Fn	ıployer Data
Prefix Fir	irst Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	ipioyei Data
	rancis	Giuliano	The Okonite Company	
Street Adda	ress		Street Address	
7 Lost Tree	: Ln		P O Box 340	
City		State Zip	City	State Zip
Ramsey		NJ 07446	Ramsey	NJ 07446
Item	Transaction Type	Contribution Type	Receipt Date Deposit Dat	
	Credit/Debit Card	Individual	09/30/2021	1,000.00
		In Kind/Other Receipts De	scription	
		Contributor Information	Fn	ployer Data
Prefix Fir	irst Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	ipioyei Data
	achel	Giuliano	Retired	
Street Addı	ress		Street Address	
7 Lost Tree	Lane		7 Lost Tree Lane	
City		State Zip	City	State Zip
Ramsey		NJ 07446	Ramsey	NJ 07446
Item	Transaction Type	Contribution Type	Receipt Date Deposit Dat	
	Check	Individual	07/28/2021	100.00
		In Kind/Other Receipts De	scription	

MI

A.

Glasson

Last Name or PAC/Party Committee Name

State

RI

Zip 02906

Suffix

Employer Name John A. Glasson, Esq.

Street Address

116 Orange St

Providence

State

RI

Zip

02903

City

Prefix First Name

Street Address

57 Third St

Providence

City

John

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 09/18/2021	Deposit Date	Ca	ntribution Amount 250.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	n Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	Employe	er Data	
псиа	Kimberly	Α.	Godfrin	Suma		VA Medical Center		
Street A	Address				Street Addr	ess		
47 Hom	necrest Ave				830 Chalksto	one Ave		
City			State Zip		City		State	Zip
North S	mithfield		RI 02896		Providence		RI	02908
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date 07/05/2021	Deposit Date	Co	ntribution Amount 100.00
			In Kind/Other Receipts De					
			-	•				
		Con	tributor Information			Employe	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Brian	M.	Goldman		Big Blue Bu			
Street A					Street Addr 161 O'Conn			
City	ngton Circle		State Zip		City	en st	State	7 in
Cumber	-land		State Zip RI 02864		Providence		RI	Zip 02905
Item	Transaction Type		Contribution Type	D	eceipt Date	Deposit Date		ntribution Amount
item	Check		Individual		09/02/2021	Deposit Date	Cu	100.00
			In Kind/Other Receipts De	scription				
			tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
C44 A	Andrew	В.	Gough		Williams &			
Street A					Street Addr 170 Mayfiel			
City			State Zip		City	31110	State	Zip
East Gre	eenwich		RI 02818		Cranston		RI	02920
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/02/2021	2 · p · s · s · s · s · s · s · s · s · s		100.00
			In Kind/Other Receipts De	scription				
			tributor Information			Employe	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Street A	Patarick	A.	Gough		Siegel & Ga Street Addr			
	138th St, Apt 5H				195 Broadw			
City	130m 5t, 11pt 511		State Zip		City	u), 111/	State	Zip
New Yo	rk		NY 10030		New York		NY	10007
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		08/25/2021			500.00
			In Kind/Other Receipts De	scription				
		C	tributor Information			Employe	D 4	

ΜI

A.

Green

Prefix First Name

153 Brayton Point Rd

Street Address

City

Westport

Joseph

Last Name or PAC/Party Committee Name

State

MA

Zip

02790

Suffix

Employer Name

Office Solutions

Street Address

City

Mansfield

792 So. Main St, Ste 205

Zip

02048

State

MA

Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/29/2021			150.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na	me		
	Warren	M.	Green		Retired			
Street A	Address				Street Addres	ss		
189 Bu	rgess Ave				189 Burgess A	lve		
City			State Zip		City		State	Zip
East Pro	ovidence		RI 02914		East Providen	ce	RI	02914
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/28/2021			500.00
			In Kind/Other Receipts De	scription				
			tributor Information			Employ	er Data	
Prefix		MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
~	Jefferson		Guimond		Patrick Lynch	-		
	Address				Street Addres			
4 Stanh	ope Dr		St-t- 7:-		1 Park Row, S	ote)	64-4-	7:
City Barring	ton		State Zip RI 02806		City Providence		State RI	Zip 02903
					<u> </u>			
Item	Transaction Type Check		Contribution Type Individual		Receipt D ate 08/20/2021	Deposit Date	Co	ntribution Amount 100.00
	CHeck				08/20/2021			100.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
	George	S.	Haddad		Cranston Scho			
Street A	Address				Street Addres	ss		
161 Gre	eenbrier Dr				845 Park Ave			
City			State Zip		City		State	Zip
Seekon	k		MA 02771		Cranston		RI	02910
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Con	ntribution Amount
	Credit/Debit Card		Individual		09/28/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
_	Brett		Halloran		The Okonite (
	Address				Street Addres			
	Schaik Lane		6 7.		102 Hilltop R	a	G	7:-
City	œ		State Zip NJ 07481		City Ramsey		State NJ	Zip 07446
Wyckof						.		
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt Date 09/28/2021	Deposit Date	Con	ntribution Amount 1,000.00
	Cicuiv Deoit Card		In Kind/Other Receipts De		07/20/2021			1,000.00
			In Kind Other Receipts De	cription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
					ا تما	~		

State

NJ

Zip

07481

Halloran

Street Address

PO Box 340 City

Ramsey

The Okonite Company

State

NJ

Zip

07446

36 Van Schalk Lane

Street Address

City

Wyckoff

Debra

Item	Transaction Type Check		Contribution Type Individual		Receipt Date Deposit Date 08/26/2021			Contribution Amount 100.00	
	CHECK		In Kind/Other Receipts De						100.00
		Con	tributor Information			Employe	er Data		
Prefix I	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na	ime			
S	Salloy		Halpin			ne Homeowners Ass	ociation, In	c.	
Street Ad	treet Address				Street Addre	ss			
35 Elizabe	eth Lane				35 Elizabeth l	Lane			
City			State Zip		City		State	Zip	
Middletov	vn		RI 02842		Middletown		RI	02842	
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution A	mount
	Credit/Debit Card		Individual		09/26/2021			4	500.00
			In Kind/Other Receipts De	scription					
		Con	tributor Information			Employe	er Data		

	Credit/Debit Card		individual		09/20/2021		300.00
			In Kind/Other Receipts D	escription	ı		
		Con	tributor Information		Emplo	yer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Cristie		Hanaway		HILB Insurance Group NE		
Street	Address				Street Address		
225 Oa	k Tree Ave				225 Oak Tree Ave		
City			State Zip		City	State	Zip
Warwie	ck		RI 02886		Warwick	RI	02886
Item	Transaction Type		Contribution Type	1	Receipt Date Deposit Date	Co	ntribution Amoun
	Check		Individual		09/11/2021		250.00

In Kind/Other Receipts Description

		Con	tributor Information		Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	David		Hanna		Retired		
Street A 10 Ham	Address mond St				Street Address 10 Hammond St		
City			State Zip		City	State	Zip
Rumfor	d		RI 02916		Rumford	RI	02916
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	C	ontribution Amount
	Credit/Debit Card		Individual		09/27/2021		25.00

In Kind/Other Receipts Description

		Con	tributor Information		Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Katherine		Harbison		Self-employed Designer		
Street A	Address				Street Address		
3 Thore	au Dr				3 Thoreau Dr		
City			State Zip		City	State	Zip
Chelms	ford		MA 01824		Chelmsford	MA	01824
Item	Transaction Type		Contribution Type	F	Receipt Date Deposit Date	C	ontribution Amount
	Credit/Debit Card		Individual		09/02/2021		1,000.00

In Kind/Other Receipts Description

		Employer Data							
Prefix First	Name	MI	Last Name or PAC/Par	rty Com	mittee Name	Suffix	Employer Name		
Reed			Hastings				Netflix		
Street Address							Street Address		
849C Almar A	re, Apt 523						100 Winchester Circle		
City				State	Zip		City	State	Zip
Santa Cruz				CA	95060		Los Gatos	CA	95032

Item	Transaction Type Credit/Debit Card	Contribution Type Individual	Receipt Date Depo	osit Date Contribution Amount 1,000.00
		In Kind/Other Receipts De	scription	
		Contributor Information		Employer Data
	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	1.
	Lee	Hatcher	Self-Employed Real	itor
Street Ac			Street Address	
310 Louis	siana St	a	310 Louisiana St	
City	1.	State Zip AR 72201	City	State Zip AR 72201
Little Roo			Little Rock	
Item	Transaction Type	Contribution Type		osit Date Contribution Amount
	Check	Individual	09/15/2021	1,000.00
		In Kind/Other Receipts De	scription	
		Contributor Information		Employer Data
	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	
	Brandon	Hawkins	Info Requested	
Street Ad			Street Address	
	lebridge Rd	a		a
City		State Zip	City	State Zip
Wakefield	1	RI 02879		
Item	Transaction Type	Contribution Type		osit Date Contribution Amount
	Check	Individual	08/10/2021	250.00
		In Kind/Other Receipts De	scription	
		Contributor Information		Employer Data
	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	
	Thomas	M. Henderson	Henderson Electric,	Inc.
Street Ad			Street Address	
26 Woodl	oine Ln.		92 Pleasant St	
City		State Zip	City	State Zip
Exeter		RI 02822	Pawtucket	RI 02860
Item	Transaction Type	Contribution Type		osit Date Contribution Amount
	Check	Individual	09/09/2021	500.00
		In Kind/Other Receipts De	scription	
D 6	FI . 37	Contributor Information	G 601 TP 1 37	Employer Data
	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name Churchill and Banks	_
	William	E. Herendeen		š
Street Ad			Street Address 10 Greene Street	
750 Quak	er Lane	S4-4- 7:		S4-4- 7:
City Warwick		State Zip RI 02818	City Providence	State Zip RI 02903
	_		L	
Item	Transaction Type	Contribution Type		osit Date Contribution Amount
	Credit/Debit Card	Individual	08/07/2021	250.00
		In Kind/Other Receipts De	scription	
				F 1 B
D ~	E. A.N.	Contributor Information	0.00 27 3	Employer Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	

Hogan Associates

129 Bellevue Ave

State

RI

Zip

02840

Street Address

City

Newport

Leslie

Street Address

City

Newport

128 Prospect Hill St

Hogan

State

RI

Zip

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt D ate 08/25/2021	Deposit Date	Contribution Amount		
In Kind/Other Receipts Description									
Contributor Information						Employe	r Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame			

		Con	tributor Information		Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
	Leslie		Hogan		Hogan Associates				
Street A	Address				Street Address				
128 Pro	spect Hill St				129 Bellevue Ave				
City			State Zip		City	State	Zip		
Newpor	t		RI 02840		Newport	RI	02840		
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	Co	ntribution Amount		
	Check		Individual		09/01/2021		1,000.00		

In Kind/Other Receipts Description

	Contributor Information Employer I						
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Andrew	P.	Horan		Gensler		
Street A	Address				Street Address		
85 High	St				1 Beacon St, Fl 3		
City			State Zip		City	State	Zip
Newbur	yport		MA 01950		Boston	MA	02108
Item	Transaction Type		Contribution Type		Receipt Date Deposit Date	Co	ntribution Amount
	Check		Individual		09/01/2021		1,000.00

In Kind/Other Receipts Description

		Con	tributor Information	Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Karen	N.	Horan		Keegan Werlin LLP			
Street A	ddress				Street Address			
85 High	St				99 High St, Ste 2900			
City			State Zip		City	State	Zip	
Newbur	yport		MA 01950		Boston	MA	02110	
Item	Transaction Type		Contribution Type	F	Receipt Date Deposit Date	Co	ntribution Amount	
	Check		Individual		09/02/2021		250.00	

In Kind/Other Receipts Description

	Contributor Information Employer I							
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Robert		Horvath		Hovrath & Tremblay			
Street A	Address				Street Address			
97R Bea	acon St				600 Market St, #686			
City			State Zip		City	State	Zip	
Marblel	nead		MA 01945		Lynnfield	MA	01940	
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	C	ontribution Amount	
	Check		Individual		09/02/2021		500.00	

In Kind/Other Receipts Description

	Contributor Information						Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party C	Comn	nittee Name	Suffix	Employer Name			
	Peter	D.	Humphrey				Homer Millwork			
Street A	Street Address						Street Address			
1255 Gr	rand Army Hwy						1255 B Grand Army Hwy			
City			Stat	ite	Zip		City	State	Zip	
Somerse	et		MA	A	02726		Somerset	MA	02726	

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 09/02/2021	Deposit Date	Ca	ntribution Amount 125.00
			In Kind/Other Receipts D	scription				
			ibutor Information	~ ~~	I	Employe	r Data	
	First Name Richard	MI S.	Last Name or PAC/Party Committee Name Humphrey	Suffix	Employer N	ame of Richard S. Humpl	rat.	
Street Ad		э.	Trumpiney		Street Addr		пеу	
3852 Mai					3852 Main F			
City			State Zip		City		State	Zip
Tiverton			RI 02878		Tiverton		RI	02878
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		08/24/2021	Deposit Date		1,000.00
			In Kind/Other Receipts D	scription				
			_	_				
		Contr	ibutor Information			Employe	er Data	
	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
:	Stephen	В.	Humphries		Info Request	ted		
Street Ad					Street Addr	ess		
12 River l	Ridge Rd							
City			State Zip		City		State	Zip
Little Roo	:k		AR 72227					
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		07/21/2021			100.00
			In Kind/Other Receipts De	escription				
		C 4	7 . 7			ъ. 1	D 4	
D C 1	First Name		ibutor Information	CCC	F N	Employe	r Data	
	rirst Name Brian	MI M.	Last Name or PAC/Party Committee Name Hunter	Suffix	Employer N Hunter Insur			
Street Ad		141.	Time		Street Addr	-		
9 Pine Gr					389 Old Riv			
City			State Zip		City		State	Zip
Cumberla	ınd		RI 02865		Manville		RI	02838
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
1011	Credit/Debit Card		Individual		09/16/2021	Deposit Date	-	250.00
			In Kind/Other Receipts D					
			•	•				
		Contr	ibutor Information			Employe	r Data	
Prefix	First Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
]	Brian	M.	Hunter		Hunter Insur	rance, Inc.		
Street Ad	ldress				Street Addr	ess		
9 Pine Gr	ove Ave				389 Old Riv	er Rd		
City			State Zip		City		State	Zip
Cumberla	nd		RI 02865		Manville		RI	02838
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/08/2021			1,000.00
			In Kind/Other Receipts De	escription				
		_					_	
		Contr	ibutor Information			Employe	r Data	
D 6	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			

Pillsbury Winthrop Shaw & Pittman

Zip

10019

State

NY

Street Address

City

New York

31W W 52nd St, F1 29

Huttler

State

RI

Zip

02842

B.

Stephen

Street Address

17 Elizabeth Ln

Middletown

City

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date 07/01/2021	Deposit Date	Cor	ntribution Am 5	ount 50.00
			In Kind/Other Receipts De	scription					
- a	TI		ributor Information	~ ~~	l	Employ	er Data		
Prefix	First Name Lorraine	MI	Last Name or PAC/Party Committee Name Hynes	Suffix	Employer N Not Employe				
Street A			Trylics		Street Addr				
	Wrentham Rd				399 W. Wren				
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 Am	ount
	Check		Individual		09/01/2021			25	0.00
			In Kind/Other Receipts De	scription					
		~				- -	D .		
D C.	First Name		ributor Information	CCC	E	Employ	er Data		
Prefix	Stephen	MI S.	Last Name or PAC/Party Committee Name Iannazzi	Suffix	Employer N Cox Commu				
Street A	-	5.	Tamazzi		Street Addr				
	n Avenue				1224 North 1				
City			State Zip		City		State	Zip	
North Pr	ovidence		RI 02904		Providence		RI	02904	
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Cor	ntribution Am	
	Check		Individual		08/10/2021			20	00.00
			In Kind/Other Receipts De	scription					
		Cont	ributor Information			Employ	er Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		CI Data		
	Gary	G.	Ingram		JP Morgan				
Street A	ddress				Street Addr	ess			
45 Savo	y St				10 Dorrance	Street, Suite 700			
City			State Zip		City		State	Zip	
Provider	ice		RI 02906		Providence		RI	02903	
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Cor	ntribution Am	
	Check		Individual In Kind/Other Receipts De		09/29/2021			10	00.00
			In Kind/Other Receipts De	scription					
		Cont	ributor Information			Employ	er Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N				
	Patrick	G.	Integlia		All Seasons	Heating & Air			
Street A	ddress				Street Addr	ess			
165 Win	sor Ave				6 Bowen St				
City			State Zip		City		State	Zip	
Johnston			RI 02919		Johnston		RI	02919	
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Am	
	Credit/Debit Card		Individual		09/25/2021			15	0.00
			In Kind/Other Receipts De	scription					
		Conf	ributor Information			Employ	er Data		

Last Name or PAC/Party Committee Name

State

RI

Zip 02920

Iozzi

Suffix

Employer Name

Street Address

State

RI

Zip

02920

Innovex

76 Burr St

Cranston

City

Prefix First Name

Street Address

776 Burr St

City

Cranston

John

Item	Transaction Type Check	Contribution Type Individual		Receipt Date Deposit Date 09/21/2021	Contribution Amount 250.00
	CHECK	In Kind/Other Re		09/21/2021	250.00
			cerpto 2 coerrption		
		Contributor Information		Emplo	yer Data
Prefix	First Name	MI Last Name or PAC/Party Committee	Name Suffix	Employer Name	
	William	V. Irons		Irons & Associates	
Street A	Address			Street Address	
51 Jay S	St			11 S. Angel St	
City		State Zip		City	State Zip
Rumfor	d	RI 0291	6	Providence	RI 02906
Item	Transaction Type	Contribution Type	R	Receipt Date Deposit Date	Contribution Amount
	Check	Individual		09/15/2021	1,000.00
		In Kind/Other Re	ceipts Description		
				_	-
D ~	TY 4 N	Contributor Information	N		yer Data
Prefix	First Name	MI Last Name or PAC/Party Committee	Name Suffix	Employer Name	. 110
Claus at 4	John	Jacavone		Jacavone Management Corpora Street Address	HOII LLC
Street A	laaress kridge Dr			275 Scituate Ave, Unit 10	
City	kridge Di	State Zip			State Zip
Exeter		RI 0282	2	City Johnston	RI 02919
Item	Transaction Type Check	Contribution Type Individual		Receipt Date Deposit Date 08/10/2021	Contribution Amount 200.00
	CHCCK	In Kind/Other Re		06/10/2021	200.00
		III Killa Other Re	ceipis Description		
		Contributor Information		Emplo	yer Data
Prefix	First Name	MI Last Name or PAC/Party Committee	Name Suffix	Employer Name	, c. 2
	John	E. Jackson		National Grid	
Street A	ddress			Street Address	
3 Wyon	ning Dr			1595 Mendon Rd	
City		State Zip		City	State Zip
Cumber	land		4-6005	Cumberland	RI 02864
Item	Transaction Type	Contribution Type	R	Receipt Date Deposit Date	Contribution Amount
	Money Order	Individual		09/22/2021	500.00
		In Kind/Other Re	ceipts Description		
		Contributor Information		Emplo	yer Data
Prefix	First Name	MI Last Name or PAC/Party Committee	Name Suffix	Employer Name	
	Eva	Jimenez		Fogarty Center	
Street A				Street Address	
	dman St			220 Woonasquatucket Ave	
City		State Zip	a	City	State Zip
Provide		RI 0290		North Providence	RI 02911
Item	Transaction Type	Contribution Type		Receipt Date Deposit Date	Contribution Amount
	Credit/Debit Card	Individual		09/13/2021	100.00
		In Kind/Other Re	ceipts Description		
		6 43 4 16 2		.	D 4
D C	Einst Name	Contributor Information	N C CC		yer Data
	First Name	MI Last Name or PAC/Party Committee	Name Suffix	Employer Name	

DeCotis Speciality Insurance

State

RI

Zip

02906

Street Address

City

Providence

245 Waterman St

Brian

Street Address

407 Main St

City

Oxford

Johnson

State

MA

Zip

	Transaction Type Check		Contribution Type Individual		eceipt D ate 09/14/2021	Deposit Date	Con	ntribution Amour 500.0
			In Kind/Other Receipts De	scription				
		_					_	
D 6	T2 4 31		tributor Information	C . CC	le 1 3	Employe	r Data	
Prenx	First Name Paul	MI	Last Name or PAC/Party Committee Name Joncas	Suffix	Employer N Meganet	ame		
Street A			Johns		Street Addr	955		
11 Sandr					315 Pleasant			
City	•		State Zip		City		State	Zip
Westport	t		MA 02790		Fall River		MA	02721
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Con	ntribution Amour
	Check		Individual Post Post Post Post Post Post Post Post		09/29/2021			250.0
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Timothy	F.	Kane		Law Office of	of Timothy F. Kane		
Street A	ddress				Street Addr	ess		
6 Locust	Circle				627 Putnam	Pike		
City			State Zip		City		State	Zip
Greenvil			RI 02828		Greenville		RI	02828
Item	Transaction Type Check		Contribution Type Individual		eceipt Date 09/15/2021	Deposit Date	Co	ntribution Amour 500.0
	Check		In Kind/Other Receipts De		09/13/2021			300.0
			In tune other receipts be	scription				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Alyssa	A.	Karam		First Bristol	-		
Street A					Street Addr PO Box 251			
	quaket Rd		State Zip			o	64-4-	7:
City Tiverton			State Zip RI 02878		City Fall River		State MA	Zip 02722
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date		ntribution Amour
Item	Check		Individual		09/16/2021	Deposit Date	Cu	500.0
			In Kind/Other Receipts De	scription				
			tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Street A	James	M.	Karam		First Bristol Street Addr	_		
1216 Dri					10 N. Main			
City			State Zip		City	,	State	Zip
Westport	:		MA 02790		Fall River		MA	02720
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amour
	Check		Individual		09/17/2021	<u>. </u>		1,000.0
			In Kind/Other Receipts De	scription				
			tributor Information			Employe		

Prefix First Name

Street Address

PO Box 2516

City

Fall River

James

MI

Karam

J.

Last Name or PAC/Party Committee Name

State

MA

Zip

02722

Suffix

Employer Name

Street Address

PO Box 2516 City

Fall River

First Bristol Corporation

State

MA

Zip

Item	Transaction 7 Check	Гуре	Contribution Type Individual		eceipt Date 09/17/2021	Deposit Date	Co	ntribution Amoun 500.00
			In Kind/Other Receipts De	scription				
							D .	
D C	E' A N		tributor Information	C CC	I E I N		er Data	
Prenx	First Name Jeffrey	MI T.	Last Name or PAC/Party Committee Name Karam	Suffix	Employer N First Bristol			
Street A		1.	Kalan		Street Addr	-		
4 Stone					PO Box 251			
City	gaic Ku		State Zip		City	0	State	Zip
Warren			RI		Fall River		MA	02722
_					·	D 11D 1		
Item	Transaction 7	lype	Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amoun
	Check		Individual		09/02/2021			250.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Robert	S.	Karam		Karam Finar	ncial		
Street A	ddress				Street Addr	ess		
456 Roc	k St				456 Rock St			
City			State Zip		City		State	Zip
Fall Riv	er		MA 02720		Fall River		MA	02720
Item	Transaction 7	Type	Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amoun
	Check	-JF-	Individual		08/10/2021			250.00
			In Kind/Other Receipts De	scription				
			•	•				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Felicia	A.	Keegan		Info Request	ted		
Street A	Address				Street Addr	ess		
791 Pin	e St							
City			State Zip		City		State	Zip
Seekonl			MA 02771					
Item	Transaction 7	Гуре	Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amoun
	Check		Individual		09/01/2021			1,000.00
			In Kind/Other Receipts De	scription				
D 6	TH		tributor Information	0.00	I	Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Robert	J.	Keegan		Keegan Wer			
Street A					Street Addr			
29 Ridg	e Rd				99 High St,	Ste 2900		
City			State Zip		City		State	Zip
Concord	1		MA 01742		Boston		MA	02110
Item	Transaction 7		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amoun
	Credit/Debit C	Card	Individual		08/31/2021			5.00
			In Kind/Other Receipts De	scription				
		_				_	_	
			tributor Information		I	Employ	er Data	
Prefix		MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Regina		Keifer		Not Employ	ea		

State

CT

Street Address

10 Fort Hill Rd

City

Groton

Street Address

10 Fort Hill Rd

Zip 06340

State

CT

City

Groton

_								
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		deceipt D ate 09/13/2021	Deposit Date	Co	ntribution Amount 100.00
	Credit Debit Card		In Kind/Other Receipts De		09/13/2021			100.00
			In thing other receipts De	scription				
		Con	tributor Information			Employ	yer Data	
Prefix I	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	lame		
F	Peter		Kenahan		DeCotis Inst	urance		
Street Add					Street Addr			
87 Norsen	nan Dr				245 Waterma	an St		
City Portsmout	1.		State Zip RI 02871		City Providence		State RI	Zip 02903
Item	Transaction Type Credit/Debit Card		Contribution Type		08/25/2021	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual In Kind/Other Receipts De		08/23/2021			250.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Emplo	yer Data	
Prefix I	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
J	oseph		Kerr		ASC Engine	ered Solutions		
Street Add					Street Addr	ress		
87 Mayflo	wer Dr				160 Frenchte	own Rd		
City			State Zip		City		State	Zip
Seekonk			MA 02771		North Kings	town	RI	02852
Item	Transaction Type		Contribution Type		leceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/01/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Emplo	yer Data	
Prefix I	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		,	
	ohn	F.	Killian		3h1p Proper			
Street Add	dress				Street Addr	ress		
44 Neel R	d				44 Neel Rd			
City			State Zip		City		State	Zip
Harwich P	ort		MA 02646		Harwich Por	rt	MA	02646
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/01/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Emplo	yer Data	
Profix I	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		yer Data	
	Laura	E.	Killian	Julia	Retired			
Street Add	dress				Street Addr	ess		
44 Neel R	d				44 Neel Rd			
City			State Zip		City		State	Zip
Harwich P	Port	_	MA 02646		Harwich Por	t	MA	02646
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/01/2021			1,000.00
			In Kind/Other Receipts De	scription				

Employer Data

Zip

02110

State

MA

Contributor Information

Kimball

Last Name or PAC/Party Committee Name

State

MA

Zip

01742

Suffix

Employer Name

Street Address

City

Boston

Keegan Werlin LLP

99 High St, Ste 2900

MI

M.

Prefix First Name

Street Address

29 Ridge Rd

City

Concord

Cheryl

Item	Transaction Type		Contribution Type	D	eceipt Date	Deposit Date	Co	ntribution Amount
Hem	Check		Individual		08/09/2021	Deposit Date	Cu	500.00
			In Kind/Other Receipts De					
			•	•				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			_
	Lowell		Kinch		1	e Home Park		
Street A					Street Addr			
	Barn Road		Q		548 Kenyon	Ave	6	
City North A	ttlahoro		State Zip MA 02870		City Pawtucket		State RI	Zip 02861
Item	Transaction Type		Contribution Type		eceipt D ate 09/17/2021	Deposit Date	Co	ntribution Amount
	Check		Individual In Kind/Other Receipts De		09/17/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Jonathan		Kittredge		PrimaCARE			
Street A	ddress				Street Addr	ess		
6 Brick	Pond Dr				901 S. Main	St, Bldg 1		
City			State Zip		City		State	Zip
Barring	on		RI 02806		Fall River		MA	02724
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		08/10/2021			100.00
			In Kind/Other Receipts De	scription				
							_	
D 6	T2 . 37		tributor Information	0.65	I		er Data	
Prefix	First Name Carl	MI P.	Last Name or PAC/Party Committee Name LaBranche	Suffix	Employer N Providence (
Street A		P.	Labiancie		Street Addr	_		
	ar Rd, Unit 76				1	gham Square		
City	rtu, omi ro		State Zip		City	shum square	State	Zip
Cumber	land		RI 02864		Providence		RI	02918
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
110111	Check		Individual		09/28/2021	Deposit Date		250.00
			In Kind/Other Receipts De	scription				
			•	-				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			_
	Jeanne	M.	LaChance		Thundermist			
Street A					Street Addr			
5 Timble	er Lane				450 Clinton	St	-	
City			State Zip		City		State	Zip
Exeter			RI 02822		Woonsocket		RI	02895
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual P. 14 P.		08/27/2021			700.00
			In Kind/Other Receipts De	scrintion				

Suffix

Jr.

Employer Name

Street Address

City

Pensacola

Levin Papantonio Rafferty

316 S. Baylen St, Ste 600

Employer Data

Zip

32502

State

FL

Contributor Information

Lamb

C.

Prefix First Name

Street Address

City

Pensacola

Archie

316 S. Baylen St, Ste 600

Last Name or PAC/Party Committee Name

State

FL

Zip

32502

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/23/2021		3.00

In Kind/Other Receipts Description

		Con	tributor Information		Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Sandra		Lambert		Not Employed		
Street A	ddress				Street Address		
27 Cent	re St				27 Centre St		
City			State Zip		City	State	Zip
Mansfie	ld Center		CT 06250		Mansfield Center	CT	06250
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/28/2021		150.00

		Con	tributor Information		Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Joseph		Lancellotti		RI Chiropractic Pain Control Cli	nic	
Street A	Address				Street Address		
37 Ashl	and Rd				1524 Atwood Ave, Ste 210A		
City			State Zip		City	State	Zip
North S	cituate		RI 02857		Johnston	RI	02919
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		08/21/2021		1,000.00

In Kind/Other Receipts Description

		Con	tributor Information		Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
	Sandra		Landers		Homemaker				
Street A	Address				Street Address				
120 Hic	kory Creek Circle				120 Hickory Creek Circle				
City			State Zip		City	State	Zip		
Little R	ock		AR 72212		Little Rock	AR	72212		
Item	Transaction Type		Contribution Type	I	Receipt Date Deposit Date	Co	ntribution Amount		
	Credit/Debit Card		Individual		08/27/2021		1,000.00		

In Kind/Other Receipts Description

		Con	tributor Information		Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	John		Laramee		Laramee Wignall		
Street A	Address				Street Address		
111 Har	rison Ave, A4				334 Strawberry Field Rd		
City			State Zip		City	State	Zip
Newpor	t		RI 02840		Warwick	RI	02886
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		08/27/2021		1,000.00

In Kind/Other Receipts Description

		Con	tributor Information				Employer Data			
Prefix	First Name	Last Name or PAC/Pa	Employer Name							
	Suzanna		Laramee				Laramee Wignall			
Street A	Address						Street Address			
111 Har	rison Ave, A4						333 Strawberry Field Rd			
City				State	Zip		City	State	Zip	
Newpor	Newport RI 0284				02840		Warwick	RI	02886	

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date 08/31/2021	Deposit Date	Co	ntribution Amount 100.00
			In Kind/Other Receipts De	scription				
							.	
Due for 1	First Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
	Bonnie	IVII	Large	Sumx	Diamond Hi			
Street Ad					Street Addr			
	tt Run Valley Rd				1	Run Valley Rd		
City			State Zip		City		State	Zip
Cumberla	nd		RI 02864		Cumberland		RI	02864
Item	Transaction Type Check		Contribution Type Individual		eceipt D ate 08/10/2021	Deposit Date	Co	ntribution Amount
	CHECK		In Kind/Other Receipts De		08/10/2021			1,000.00
			<u> </u>	ser-puon				
		Con	tributor Information			Employ	er Data	
Prefix 1	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Ronald		Lariviere		Stateside Inc			
Street Ad					Street Addr			
43 Berm I	Dr		S4-4- 7:		651 Cottage	St	84-4-	7:
City Cumberla	nd		State Zip RI 02864		City Pawtucket		State RI	Zip 02861
Item	Transaction Type		Contribution Type	D	eceipt Date	Deposit Date		ntribution Amount
Item	Check		Individual		08/10/2021	Deposit Date	Cu	100.00
			In Kind/Other Receipts De	scription				
			_	_				
		Con	tributor Information			Employ	er Data	
	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Margaret	M.	Lawton		Town of Cu			
Street Ad 500 Mend	lon Rd, Unit 202				Street Addr 45 Broad St			
City	on ru, om bob		State Zip		City		State	Zip
Cumberla	nd		RI 02864		Cumberland		RI	02864
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/28/2021			150.00
			In Kind/Other Receipts De	scription				
D 6 1	E* . XI		tributor Information	0.00	I	Employ	er Data	
	First Name An	MI	Last Name or PAC/Party Committee Name Le	Suffix	Employer N Citizens Bar			
Street Ad			Le		Street Addr			
	ıx Blvd., #303				One Citizens			
City	•		State Zip		City		State	Zip
Cumberla	nd		RI 02864		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/16/2021			500.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	

State

RI

Zip 02801

MI

D.

LeBlanc

Prefix First Name

Street Address

PO Box 337

Adamsville

City

Richard

Suffix

Employer Name

Info Requested

Street Address

State Zip

City

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 09/29/2021	Deposit Date	Co	ntribution Amount 250.00
			In Kind/Other Receipts De	scription				
		Contr	ibutor Information			Funlavan	Data	
Profix	First Name		Last Name or PAC/Party Committee Name	Suffix	Employer N	Employer	Data	
110111	Timothy		Lenihan	Suma	Pancho O'M			
Street A	ddress				Street Addr			
46 East	Shore Road				140 Point Ju	dith Road		
City			State Zip		City		State	Zip
Narraga	nsett		RI 02882		Narraganset	t	RI	02882
Item	Transaction Type Check		Contribution Type Individual		eceipt Date 09/29/2021	Deposit Date	Co	ntribution Amount
			In Kind/Other Receipts De					
			•	•				
		Contr	ibutor Information			Employer	Data	
Prefix	First Name		Last Name or PAC/Party Committee Name	Suffix	Employer N			
	George	F	Lenihan	Jr.	Pancho O'M			
Street A	ddress Shore Road				Street Addr 140 Point Ju			
City	Shore Road		State Zip		City	din Koad	State	Zip
Narraga	nsett		Ri 02882		Narraganset	ı	RI	02882
Item	Transaction Type		Contribution Type	D	eceipt Date	Deposit Date		ntribution Amount
Ttem.	Credit/Debit Card		Individual		09/23/2021	Deposit Date	Cu	100.00
			In Kind/Other Receipts De	scription				
			ibutor Information			Employer	Data	
Prefix	First Name Carl		Last Name or PAC/Party Committee Name Levin	Suffix	Employer N	Jame ider & Levin LLP		
Street A			Levin		Street Addr			
	water Rd				I	enter Blvd., Ste 150A		
City			State Zip		City	,	State	Zip
Narraga	nsett		RI 02882		Warwick		RI	02886
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/21/2021	-		250.00
			In Kind/Other Receipts De	scription				
D 6	T2 . 31		ibutor Information	C 65	I	Employer	Data	
Prefix	First Name Michael		Last Name or PAC/Party Committee Name Levinson	Suffix	Employer N Brainsky Le			
Street A			Levinson		Street Addr			
27 Linde					1547 Fall Ri			
City			State Zip		City		State	Zip
Rehobot	th		MA 02769		Seekonk		MA	02771
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/01/2021			250.00
			In Kind/Other Receipts De	scription				
		Contr	ibutor Information			Employer	Data	

State

RI

Zip

02865

Loiselle

Prefix First Name

419 Albion Rd, Unit 9

Street Address

City

Lincoln

Robert

Suffix

Employer Name

Loiselle Insurance

State

RI

Zip

02860

Street Address

279 Dexter St

Pawtucket

City

Item	Transaction Type Check		Contribution Type Individual		deceipt Date 09/21/2021	Deposit Date	Ca	ntribution Amount 100.00
			In Kind/Other Receipts De	scription				
		C	- Total - Tofal - Compared - Comp			F	D. 4-	
Prefix Fir	est Namo	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
	nry	F.	Lombardi	Jr.	St. George's			
Street Addr					Street Addr			
9 Orville Rd					372 Purgato			
City			State Zip		City		State	Zip
Middletown	ı		RI 02842		Middletown	ı	RI	02842
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		07/19/2021			500.00
			In Kind/Other Receipts De	scription				
		•				F 1	D /	
Prefix Fir	rst Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
	onard	IVII	Lopes	Sumx	The Victor C			
Street Addr			Lopes		Street Addr	•		
96 Columbia						ow, 5th Floor		
City			State Zip		City	-	State	Zip
Jamestown			RI 02835		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/14/2021			250.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix Fir	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		CI Data	
	ward	T.	Lopes	Jr.	Sepol Indust			
Street Addr	ess				Street Addr	ress		
43 Hamilton	n Dr				PO Box 254			
City			State Zip		City		State	Zip
Portsmouth			RI 02871		Portsmouth		RI	
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		08/15/2021			100.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	or Data	
Prefix Fir	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		ei Data	
Jan	nes		Lund		Not Employ			
Street Addr	ress				Street Addr	ess		
10 E. Lee St	reet				10 E. Lee St	reet		
City			State Zip		City		State	Zip
Baltimore			MD 21202		Baltimore		MD	21202
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		08/02/2021			250.00
			In Kind/Other Receipts De	scription				
		Com	tributor Information			F1	on Dota	
		Con	tributor Information			Employ	er Data	

MI

J.

Lund

Last Name or PAC/Party Committee Name

State

RI

Zip 02864

Suffix

Employer Name

Street Address

10 Canal St

Cumberland

City

Lundco Painting LLC

State

RI

Zip

02864

Prefix First Name

Street Address

10 Canal St

Cumberland

City

John

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 08/30/2021	Deposit Date	Co	ntribution Amount 250.00
			In Kind/Other Receipts De	scription				
		C	tributor Information			F	D.4-	
Profix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	ег Бата	
Tienx	Edward	R.	Lynch	Sumx	Retired	vanie		
Street A	Address				Street Addr	ess		
123 Dos	ı Ave				123 Don Ave	e		
City			State Zip		City		State	Zip
Rumfor	d		RI 02916		Rumford		RI	02916
Item	Transaction Type Check		Contribution Type Individual		eceipt Date 09/01/2021	Deposit Date	Co	ntribution Amount 250.00
	Circu		In Kind/Other Receipts De		03/01/2021			250.00
			.	•				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Kevin	M.	Lynch		Town of Bri			
Street A	ddress dow Lark Dr				Street Addr 10 Court St	ess		
City	low Lark Di		State Zip		City		State	Zip
Cransto	n		RI 02921		Bristol		RI	02809
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/07/2021			25.00
			In Kind/Other Receipts De	scription				
						т. 1	D (
Prefix	First Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
Tienx	Tracy	WII	Lyons	Sumx	DeCotis Spe			
Street A	Address		•		Street Addr	-		
85 Pion	eer Dr				35 Braintree	Hill Office Park		
City			State Zip		City		State	Zip
Longme	eadow		MA 01106		Braintree		MA	02184
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/29/2021			200.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Christopher		Maher		Cambiar Ed	ucation		
Street A	Address				Street Addr	ress		
290 Eat	on St				4653 Carme	l Mountain Road, Su	ite 308-97	
City			State Zip		City		State	Zip
Provide			RI 02908		San Diego		CA	
Item	Transaction Type Check		Contribution Type Individual		eceipt Date 09/28/2021	Deposit Date	Co	ntribution Amount 1,000.00
	CHECK		In Kind/Other Receipts De		07/20/2021			1,000.00
			ii kiidotiici keteipis De	ocrapiton.				
		Con	tributor Information			Employ	er Data	
				0.00				

ΜI

C.

Manni

Prefix First Name

40 Country View Dr

Street Address

City

Cranston

John

Last Name or PAC/Party Committee Name

State

RI

Zip

02921

Suffix

Employer Name

Street Address

City

Johnston

1405 Plainfield Pike

Law Office of John C. Manni

Zip

02919

State

RI

Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/16/2021			100.00
			In Kind/Other Receipts De	scription				
		_					_	
D 6	TH 4 37		ributor Information	0.65	I	Employ	er Data	
Prefix	First Name Garry	MI	Last Name or PAC/Party Committee Name Mansfield	Suffix	Employer N Mansfield In			
Street	Address		Maisicia		Street Addre			
	leau Passage				115 High St	-55		
City			State Zip		City		State	Zip
Westerl	y		RI 02891		Westerly		RI	02891
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/28/2021	•		250.00
			In Kind/Other Receipts De	scription				
		Cont	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
a	Matthew		Manzi		Innovex			
	Address				Street Addre			
	rden City Dr		State 7:-		11 Powder H	III Ka	54-4-	7:
City Cransto	n		State Zip RI 02920		City Lincoln		State RI	Zip 02865
					I	D '/D /		
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		deceipt Date 09/23/2021	Deposit Date	Co	ntribution Amount 300.00
	Credit Deoit clas		In Kind/Other Receipts De		07/23/2021			300.00
			22 22 20 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ser-puon				
		Cont	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Peter		Marino		Neighborhoo	d Health Plan		
	Address				Street Addre			
36 Harv	vich Road				910 Douglas	Pike		
City			State Zip		City		State	Zip
Provide	nce		RI 02906		Smithfield		RI	02917
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/17/2021			500.00
			In Kind/Other Receipts De	scription				
		Cont	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Diana	M.	Marshall			f Rhode Island		
Street A	Address				Street Addre	ess		
121 Wh	itford St				35 Campus A	Ave		
City			State Zip		City		State	Zip
Wakefie	eld		RI 02879		Kingston		RI	02881
Item	Transaction Type Check		Contribution Type Individual		Receipt Date 09/14/2021	Deposit Date	Con	ntribution Amount 1,000.00
			In Kind/Other Receipts De	scription				
		Cont	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		

State

RI

Zip

02906

Marshall

Street Address

City

Providence

760 Elmgrove Ave

Lianne

Street Address

City

Pawtucket

Marshall Properties Inc.

700 Narragansett Park Dr

State

RI

Zip

02861

Item	Transaction Type Check		Contribution Type Individual		Receipt Date 09/14/2021	Deposit Date	Con	ntribution Amount 1,000.00
			In Kind/Other Reco	eipts Description				
		~ .						
D C E	4.37		ributor Information	VI C CC	I	Employ	er Data	
Prefix Fi	rst Name hn	MI L.	Last Name or PAC/Party Committee I Marshall	Name Suffix III	Employer N Marshall Pro			
Street Add		L.	Marshan	m	Street Addr	-		
4524 Silver					1	ess nsett Park Dr		
City	TONDI		State Zip		City	nscu i aik Di	State	Zip
Naples			FL 34119		Pawtucket		RI	02861
	nn di nn				<u> </u>	D 2/D/		
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual In Vind/Other Person		09/29/2021			50.00
			In Kind/Other Rece	eipts Description				
		Cont	ributor Information			Employ	er Data	
Prefix Fi	rst Name	MI	Last Name or PAC/Party Committee I	Name Suffix	Employer N		LI Data	
	eronica		Martinez	Julia Sulla	Not Employ			
Street Add					Street Addr			
72 Marshall					72 Marshall	St, #1		
City			State Zip		City		State	Zip
Providence			RI 02909		Providence		RI	02909
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
Tiem .	Check		Individual		08/10/2021	Deposit Date	Cu	100.00
			In Kind/Other Rece					
			20 220 0 0 120 200	-pro 2 cocription				
		Cont	ributor Information			Employ	er Data	
Prefix Fi	rst Name	MI	Last Name or PAC/Party Committee	Name Suffix	Employer N	ame		
Ke	evin	R.	Massey		Info Reques			
Street Add	ress				Street Addr	ess		
5 Anawan F	Rd							
City			State Zip		City		State	Zip
Pawtucket			RI 02861					
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Cor	ntribution Amount
	Cash		Individual		09/02/2021			20.00
			In Kind/Other Rece	eipts Description				
		Cont	ributor Information			Employ	er Data	
Prefix Fi	rst Name	MI	Last Name or PAC/Party Committee I	Name Suffix	Employer N	ame		
Br	nice		Matoes		Retiredf			
Street Add	ress				Street Addr	ess		
95 High St					95 High St			
City			State Zip		City		State	Zip
Jamestown			RI 02835		Jamestown		RI	02835
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/28/2021			250.00
			In Kind/Other Reco	eipts Description				
		Cont	ributor Information			Employ	er Data	
Prefix Fi		MI	Last Name or PAC/Party Committee	Name Suffix	Employer N			
II.			M		Course Done 1	7:11		

Sweet Peas Village Street Address

836 Middle Road

East Greenwich

State

RI

Zip

02874

City

Heather

Street Address 836 Middle Road

East Greenwich

City

Mayo

State

RI

Zip

02874

Item		Transaction Type Check		Contribution Type Individual		Receipt Date 09/15/2021	Deposit Date	Ca	ntribution Ar 5	nount 00.00
				In Kind/Other Receipts De	scription					
				1. T (- T. C C			F1	D. 4-		
Duefir	First N	ama	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data		
Tienx	Frank	ame	J.	Mazza	Sum	Info Request				
Street A	Address					Street Addre				
	wood Ct					Street				
City				State Zip		City		State	Zip	
Old Tap	ppan			NJ 07675					•	
Item		Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Ar	nount
		Check		Individual		09/28/2021				50.00
				In Kind/Other Receipts De						
				tributor Information			Employ	er Data		
Prefix		ame	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame			
_	Martin		Α.	Mazzella		Ti Sales				
	Address					Street Addre				
36 Hud	lson Rd					36 Hudson R	ld			
City				State Zip		City		State	Zip	
Sudbur	у			MA 01776		Sudbury		MA	01776	
Item		Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Ar	
		Check		Individual		09/27/2021			1,0	00.00
				In Kind/Other Receipts De	scription					
			Con	tributor Information			Employ	or Data		
Prefix	First N	ame	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		ei Data		
Tiena	Richard		M	McAuliffe	Juna	Mayforth Gr				
Street A	Address					Street Addre	-			
80 Fox	Run					111 Wayland	Ave			
City				State Zip		City		State	Zip	
East Gr	reenwich			RI 02818		Providence		RI	02906	
Item		Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Ar	nount
		Credit/Debit Card		Individual		08/20/2021	•		1	00.00
				In Kind/Other Receipts De	scription					
			Con	tributor Information			Employ	er Data		
Prefix	First N	ame	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer N				
	Janet			McCarthy		Not Employe				
	Address					Street Addre				
_	rey Court					18 Osprey C	ourt			
City				State Zip		City		State	Zip	
Middlet	town			RI 02842		Middletown		RI	02842	
Item		Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Ar	
		Check		Individual		08/10/2021			1	50.00
				In Kind/Other Receipts De	scription					
			C	tuibutou Informatio-			F1	on Date		
Prefix	First N	ame	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data		
rrenx	John	аше	F.	McCarthy	Sums	Employer N Edge Realty	аше			
			•			20ge recurty				

State

MA

Street Address

Narragansett

City

1007 Boston Neck Rd

Zip 02882

State

RI

Street Address

50 Mayhew Rd

City

Attleboro

Item	Transaction Type Check		Contribution Type Individual		Receipt Date 07/28/2021	Deposit Date	Co	ntribution Amount 500.00
			In Kind/Other Receipts De	scription				
		C	tributor Information			Fundam	D.4.	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
Tiena	John	J.	McDermott	Julia	Retired			
Street A	Address				Street Addr	ress		
127 Eat	on St				127 Eaton S	t		
City			State Zip		City		State	Zip
Pawtucl	ket		RI 02861		Pawtucket		RI	02861
Item	Transaction Type Check		Contribution Type Individual		Receipt Date 09/15/2021	Deposit Date	Co	ntribution Amount 500.00
			In Kind/Other Receipts De					200.00
			•	•				
		Con	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Street A	Thomas	J.	McDonald		Bonnet Liqu Street Addr			
	atuxet Rd				965 Boston			
City			State Zip		City		State	Zip
Narraga	nsett		RI 02882		Narragansett	t	RI	02882
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/21/2021			500.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	or Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		CI Data	
	Peter	B.	McGlynn		Bernkopf Go	oodman		
Street A					Street Addr			
359 Gro	ove St				2 Seaport La	ine		
City Needha			State Zip MA 02492		City Cranston		State RI	Zip 02921
					<u> </u>	D 11D 1		
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		07/01/2021	Deposit Date	Co	ntribution Amount 600.00
	Ciculo Debit Card		In Kind/Other Receipts De		0770172021			000.00
			•	•				
		Con	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
64 44	Mary	L	McKee		Retired			
Street A	aduress ndward Lane				Street Addr 147 Windwa			
City	idward Lane		State Zip		City	iid Lane	State	Zip
Bristol			RI 02809		Bristol		RI	02809
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/30/2021			1,000.00
			In Kind/Other Receipts De	scription				
						_	_	
		Con	tributor Information			Employ	er Data	

State

RI

Zip

02916

McKee

Prefix First Name

75 Greenwood Avenue

Street Address

East Providence

City

Matthew

Suffix

Employer Name

Street Address

1407 Broadway

Zip

10018

State

NY

Infinity

City

New York

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 08/10/2021	Deposit Date	Ca	ntribution Amount 25.00
			In Kind/Other Receipts D	escription				
			ibutor Information			Employ	er Data	
Prefix	First Name		Last Name or PAC/Party Committee Name	Suffix	Employer N			
a	Brenton	L.	Medeiros		Info Reques			
Street A					Street Addr	ess		
	lland Ave		a					
City			State Zip RI 02914		City		State	Zip
East Pro								
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/15/2021			250.00
			In Kind/Other Receipts D	escription				
	771 37		ibutor Information	~ ***	I	Employ	er Data	
Prefix	First Name		Last Name or PAC/Party Committee Name Medeiros	Suffix	Employer N	of New England		
64 4 4	Michael	J.	Wiedeifos		Street Addr			
Street A 67 Gay					PO Box 768			
_	51		S4-4- 7:				84-4-	7:
City Somerse	•		State Zip MA 02726		City Fall River		State MA	Zip 02722
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/08/2021			250.00
			In Kind/Other Receipts D	escription				
		~ .					.	
D 6	Tr. 4 N		ibutor Information	0.00	I	Employ	er Data	
Prefix	First Name Sara		Last Name or PAC/Party Committee Name Meirowitz	Suffix	Employer N Lifespan	ame		
Street A			Wichowitz		Street Addr			
6 Record					11 Friendshi			
City	. 51		State Zip		City	p St	State	Zip
Newport	•		RI 02840		Newport		RI	02840
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		08/10/2021			250.00
			In Kind/Other Receipts D	escription				
		Contra	ibutor Information			Familian	ou Doto	
Prefix	First Name		Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
TIGHY	Mark		Melikian	Sum		ufacturing Co		
Street A		IC.	Welkin		Street Addr	_		
100 Nau					1	n Blvd., Ste 1		
City	SHOIL PEG		State Zip		City	i Diva., sic i	State	Zip
Pawtuck	et		RI 02861		Warwick		RI	02886
					·	D '4 D		
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date 09/28/2021	Deposit Date	Co	ntribution Amount
	Crediv Debit Card				0312012021			100.00
			In Kind/Other Receipts D	escription				
		Contr	ibutor Information			Employ	or Data	
Prefix	First Name		Last Name or PAC/Party Committee Name	Suffix	Employer N		er Data	
rienx	Pirst Name		Mignel	Sumx	Clobal Exce			

Global Excellence, Inc.

20 Veterans Memorial Dr

Zip

02886

State

RI

Street Address

City

Warwick

Miguel

State

RI

Zip

02852

Dianne

Street Address

111 Exeter Rd

North Kingstown

City

Item	Transaction Type Check		Contribution Type Individual		deceipt Date 09/28/2021	Deposit Date	Ca	ntribution Amount 150.00
			In Kind/Other Receipts De	scription				
		Cont	ributor Information			Funler	ou Doto	
Profix I	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
	Betty	.,,,,,	Milazzo	Sumx	Retired	ame		
Street Add	dress				Street Addr	ess		
34 Plymou	ath Rd				34 Plymouth	n Rd		
City			State Zip		City		State	Zip
North Pro	vidence		RI 02904		North Provid	dence	RI	02904
Item	Transaction Type Check		Contribution Type Individual		deceipt Date 09/17/2021	Deposit Date	Co	ntribution Amount 250.00
	- Caron		In Kind/Other Receipts De					200.00
			•	•				
		Cont	ributor Information			Employ	er Data	
	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			_
	Alexander	Α.	Mitchell			stom Homes		
Street Add					Street Addr			
221 Washi City	ingion Ku		State Zip		City	Sq., Ste 117C	State	Zip
Barringtor	1		RI 02806		Providence		RI	02906
Item	Transaction Type		Contribution Type	D	leceipt Date	Deposit Date		ntribution Amount
Item	Check		Individual		08/10/2021	Depusit Date	Cu	100.00
			In Kind/Other Receipts De	scription				
		Cont	ributor Information			Employ	er Data	
	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	lame		
Street Add	oseph	J.	Mollica		Retired Street Addr			
59 Ontario					59 Ontario A			
City			State Zip		City		State	Zip
Warwick			RI 02886		Warwick		RI	02886
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/21/2021	•		250.00
			In Kind/Other Receipts De	scription				
			ributor Information	~ ~~	T=	Employ	er Data	
	First Name David	MI S.	Last Name or PAC/Party Committee Name Morello	Suffix	Employer N			
Street Add		3.	Moreno		Info Request Street Addr			
95 Waylan					Street Auth	Cas		
City			State Zip		City		State	Zip
Narragans	ett		RI 02882					•
Item	Transaction Type	_	Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		08/26/2021			700.00
			In Kind/Other Receipts De	scription				
		Cont	ributor Information			Employ	er Data	

State

FL

Zip

32503

Mougey

Prefix First Name

Street Address

City

Pensacola

2200 Whaley Ave

Peter

Suffix

Employer Name

Street Address

City

Pensacola

1725 E. Oliva Rd

Law Office of Peter J. Mougey

Zip

32514

State

FL

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt Date 09/12/2021	Deposit Date	Co	ntribution Amou 250.0
			In Kind/Other Receipts De	scription				
		Cont	tributor Information			Employe	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		2 2	
	John		Mousseau		Cumberland	Advisors		
Street A	ddress				Street Addr	ress		
750 No	th Tamiami Trail				2 North Tan	niami Trail, Ste 303		
City			State Zip		City		State	Zip
Sarasota	l		FL 34236		Sarasota		FL	34236
Item	Transaction Type Check		Contribution Type Individual		08/10/2021	Deposit Date	Co	ntribution Amou 100.0
	Check		In Kind/Other Receipts De		00/10/2021			100.0
			•	•				
		Con	ributor Information			Employe	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			_
C	Kimberly	Α.	Muldoon			r & Shepley Insuranc	e Brokerag	ge Inc.
Street A 46 Broo					Street Addr 1 University			
City	K St		State Zip		City	Ave	State	Zip
Seekonl			MA 02771		Westwood		MA	02090
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date		ntribution Amou
	Check		Individual		09/11/2021	Deposit Date		250.0
			In Kind/Other Receipts De	scription				
		_						
D C	First Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer N	Employe	er Data	
гтепх	Betty Ann	WII	Mullins	Sumx	Bay Coast B			
Street A	•				Street Addr			
310 Sod					330 Swanse			
City			State Zip		City		State	Zip
Westpor	t		MA 02790		Swansea		MA	02777
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amou
	Credit/Debit Card		Individual		09/30/2021			1,000.0
			In Kind/Other Receipts De	scription				
		Cont	tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		n Data	
	Mary		Murphy		1	Management LP		
Street A	ddress				Street Addr	ress		
150 Wes	st 15th St				55 Hudson Y	Yardds, 28th Fl		
City			State Zip		City		State	Zip
New Yo			NY 10011		New York		NY	10001
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amou
	Credit/Debit Card		Individual		09/29/2021			1,000.0
			In Kind/Other Receipts De	scription				
		Cont	tributor Information			Employe	er Data	
			I AN DACO A C 'W N	0.00				

State

NY

Zip

10009

Napolitano

Prefix First Name

417 East 12th St, 4B

Street Address

City

New York

Katherine

Suffix

Employer Name

Street Address

600 Third Ave

City

New York

Neon Liberty Capital Management

Zip

10016

State

NY

Item	Transaction Type Check		Contribution Type Individual		Receipt Date 09/01/2021	Deposit Date	Co.	ntribution Amount
			In Kind/Other Receipts De	scription				
		Con	tributor Information				er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
	Ross	L.	Nelson		Cox Commun			
	Address				Street Addre			
	erworth Dr		St. 1. 77		9 JP Murphy	Hwy	G 4.4	
City Attlebox	ro		State Zip MA 02703		City West Warwic	l-	State RI	Zip 02893
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/22/2021			100.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Funlar	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na		er Data	
Tienx	Phillip	MI	Norton	Sum	Info Requeste			
Street A	-				Street Addre			
City			State Zip		City		State	Zip
•			-		•			-
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
110111	Check		Individual		09/28/2021	Deposit Date	Cu	250.00
			In Kind/Other Receipts De	scription				
			•	•				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na	ame		
	James		Nyberg		Leading Age	RI		
Street A	Address				Street Addre	ess		
24 And	ersen Ct				400 Massason	it Avenue		
City			State Zip		City		State	Zip
Westerl	у		RI 02891		East Provider	nce	RI	02914
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/21/2021			500.00
			In Kind/Other Receipts De	scription				
		_				_	_	
D ~	TH 27		tributor Information	0.00	I		er Data	
Prefix	First Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
64 44	Francis	J.	O'Brien		The Hudson	_		
Street A	Address Iward Rd				Street Addre 89 Ship St	255		
City	sward IXU		State Zip		City		State	Zip
Wakefie	eld		RI 02879		Providence		RI	02903
				D	l	Donosit D-t-		
Item	Transaction Type Check		Contribution Type Individual		Receipt Date 08/10/2021	Deposit Date	Co	ntribution Amount 250.00
	CIRCIA		In Kind/Other Receipts De					250.00
			In Mills Other Receipts De	Seription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
-			ON II				0.01	

Corcoran, Peckham, Hayes, Leys & Olaynack

Zip 02840

State

RI

Street Address

City

Newport

43B Memorial Blvd.

Jr.

Zip 02840

State

RI

O'N Hayes

Patrick

Street Address

City

Newport

43B Memorial Blvd.

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt D ate 09/29/2021	Deposit Date	Co	ntribution Amou 50.0
	Cicuir Deoit Card		In Kind/Other Receipts De		03/23/2021			50.0
			•	•				
		Con	tributor Information			Employ	er Data	
	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
	Jennifer		Ortiz		Executive Cu			
Street Ad 72 Marsh					Street Addre 15 Peck St	ess		
City			State Zip		City		State	Zip
Providence	ce		RI 02909		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Cor	ntribution Amou
	Check		Individual		09/28/2021			250.0
			In Kind/Other Receipts De	scription				
							_	
D 6	T2" 4 3-1		tributor Information	C CC	LE 1 N	Employ	er Data	
	First Name Dorian	MI	Last Name or PAC/Party Committee Name Osmani	Suffix	Employer Na Bank of Ame			
Street Ad			O SIMAIN		Street Addre			
	ng Green Road				10 N. Main S			
City			State Zip		City		State	Zip
Warwick			RI 02888		Fall River		MA	02720
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt D ate 09/21/2021	Deposit Date	Con	ntribution Amou 250.0
			In Kind/Other Receipts De	scription				
			tributor Information		I	Employ	er Data	
	First Name Jeffrey	MI	Last Name or PAC/Party Committee Name Padwa	Suffix	Employer Na Padwa Law I			
	Jemey		Fauwa					
	ldross							
Street Ad					One Park Ro			
Street Ad 25 Margr			State Zip		l		State	Zip
Street Ad 25 Margr	ave Ave		State Zip RI 02906		One Park Ro		State RI	Zip 02903
Street Ad 25 Margra City	ave Ave			R	One Park Ro		RI	_
Street Ad 25 Margra City Providence	ave Ave		RI 02906		One Park Ro City Providence	w	RI	02903
Street Ad 25 Margra City Providence	ce Transaction Type		RI 02906 Contribution Type		One Park Roy City Providence eccipt Date	w	RI	02903
Street Ad 25 Margra City Providence	ce Transaction Type		RI 02906 Contribution Type Individual In Kind/Other Receipts De		One Park Roy City Providence eccipt Date	W Deposit Date	RI Con	02903
Street Ad 25 Margn City Providence Item	ce Transaction Type Check		RI 02906 Contribution Type Individual In Kind/Other Receipts De	scription	One Park Roy City Providence eccipt Date 09/01/2021	Deposit Date Employ	RI Con	02903
Street Ad 25 Margn City Providence Item	Transaction Type Check First Name	MI	RI 02906 Contribution Type Individual In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name		One Park Roy City Providence eccipt Date 09/01/2021	Deposit Date Employ	RI Con	02903
Street Ad 25 Margn City Providence Item	Transaction Type Check First Name Richard		RI 02906 Contribution Type Individual In Kind/Other Receipts De	scription	One Park Roy City Providence eccipt Date 09/01/2021	Deposit Date Employame	RI Con	02903
Street Ad 25 Margr City Providence Item	Transaction Type Check First Name Richard	MI	RI 02906 Contribution Type Individual In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name	scription	One Park Roy City Providence eceipt Date 09/01/2021 Employer Na Retired	Deposit Date Employame	RI Con	02903
Street Ad 25 Margr City Providence Item	Transaction Type Check First Name Richard	MI	RI 02906 Contribution Type Individual In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name	scription	One Park Roy City Providence eceipt Date 09/01/2021 Employer Na Retired Street Addres	Deposit Date Employame	RI Con	02903
Street Ad 25 Margr City Providence Item Prefix Street Ad 30 Meado	Transaction Type Check First Name Richard Idress owbrook Dr	MI	RI 02906 Contribution Type Individual In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name Palumbo	scription	One Park Roy City Providence eccipt Date 09/01/2021 Employer Na Retired Street Addre 30 Meadowb	Deposit Date Employame	RI Con er Data	02903 ntribution Amoun 500.0
Street Ad 5 Margn City Providence tem Prefix Street Ad 0 Meado City	Transaction Type Check First Name Richard Idress owbrook Dr	MI	RI 02906 Contribution Type Individual In Kind/Other Receipts De tributor Information Last Name or PAC/Party Committee Name Palumbo State Zip	scription Suffix	One Park Roy City Providence eccipt Date 09/01/2021 Employer Na Retired Street Addre 30 Meadowb	Deposit Date Employame	RI Conter Data State RI	02903 ntribution Amoun 500.0 Zip

In Kind/Other Receipts Description

Zip

02818

09/02/2021

Employer Name

Dover Saddlery

Street Address

North Kingstown

City

1340 Ten Rod Rd, #B

Suffix

100.00

Zip

02852

State

RI

Employer Data

Individual

Last Name or PAC/Party Committee Name

State

RI

Contributor Information

StepherPaolino

Check

Prefix First Name

19 Wunnegin Circle

Street Address

East Greenwich

City

James

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 08/27/2021	Deposit Date	Co	ntribution Amount 700.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Funlar	ou Doto	
Prefix Fi	rst Nama	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
	ike		Papantonio	Suma	Levin Papan			
Street Add	ress		-		Street Addr	ess		
316 South I	Baylen St				316 South B	aylen St		
City			State Zip		City		State	Zip
Pensacola			FL 32502		Pensacola		FL	32502
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/28/2021			500.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix Fi	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	nristopher	P.	Parisi		Trailblaze M			
Street Add	ress				Street Addr	ress		
100 Exchan	ige St, Unit 706				333 Westmin	nister St, #200		
City			State Zip		City		State	Zip
Providence			RI 02903		Providence		RI	02903
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/29/2021			750.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix Fi	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	lame		
Pe	eter	S.	Parisi		Innovex			
Street Add					Street Addr			
3 Whitney I	Or				11 Powder I	Hill Rd		
City			State Zip		City		State	Zip
Lincoln			RI 02865		Lincoln		RI	02865
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/27/2021			250.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix Fi	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Di	ino		Passaretta		Vanda Cucir	ıa		
Street Add	ress				Street Addr	ess		
128 Red Ch	nimney Dr				1 Centerville	e Rd		
City			State Zip		City		State	Zip
Warwick			RI 02886		Warwick		RI	02886
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		08/18/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
						proj		

State

RI

Zip 02840

Pearson

Suffix

Employer Name

Not Employed

Street Address

40 Division St

State

RI

Zip

02840

City

Newport

Prefix First Name

Street Address

40 Division St

City

Newport

Diana

Item	Transaction Type Check		Contribution Type Individual		Receipt Date 08/10/2021	Deposit Date	Co	ntribution	Amount 100.00
			In Kind/Other Receipts De	scription					
		C	4-214 Ta-54i			Familia	D-4-		
Profix	First Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer Na		er Data		
Tienx	John	MII	Pelletier	Sum	Retired	ime			
Street A	Address				Street Addres	ss			
9 Gladd					9 Gladding Dr				
City			State Zip		City		State	Zip	
Cumber	rland		RI 02864		Cumberland		RI	02864	
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution	Amount
	Check		Individual		08/10/2021	-			500.00
			In Kind/Other Receipts De	scription					
D 6	E' AN		tributor Information	0.00	E 1 3		er Data		
Prefix	First Name Rui	MI	Last Name or PAC/Party Committee Name Pereira	Suffix	Employer Na Rui Pereira &				
Street /	Address		reicha		Street Addres				
	t Cheer Rd				47 Tuxedo Av				
City	V Chica Tab		State Zip		City		State	Zip	
Narraga	ansett		RI 02882		Providence		RI	02909	
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution	Amount
пеш	Check		Individual		07/04/2021	Depusit Date	Cu	nti ibution	250.00
			In Kind/Other Receipts De						
			•	•					
		Con	tributor Information				er Data		
Prefix		MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na	me			
	Max		Perelman		RE/MAX				
	Address				980 Reservoir				
	ffman Ave, Apt 401		St. t. 7:-			Ave	64-4-	7:-	
City Cransto	ın.		State Zip RI 02920		City Cranston		State RI	Zip 02910	
				D		D			A
Item	Transaction Type Check		Contribution Type Individual		09/02/2021	Deposit Date	Cu	ntribution	50.00
	CHCCK		In Kind/Other Receipts De		03/02/2021				50.00
			•	•					
		Con	tributor Information			Employ	er Data		
Prefix	First Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer Na	me			
	Patricia		Perry		Retired				
	Address				Street Addres				
	st Shore Rd				974 East Shor	e Rd			
City			State Zip		City		State	Zip	
Jamesto			RI 02835		Jamestown		RI	02835	
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution	
	Check		Individual In Kind/Other Peccints De		09/21/2021				250.00
			In Kind/Other Receipts De	scription					
		Con	tributor Information			Employ	er Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na				
	Annette	I.	Peterson		Info Requeste				
C4					Street A 33				

State

RI

Street Address

State Zip

City

Street Address

17 Cross Rd

City

Johnston

Item	Transaction Type Check		Contribution Type Individual		eceipt D ate 09/21/2021	Deposit Date	Ca	ntribution Amount 500.00
			In Kind/Other Receipts D	escription				
							_	
D 6	T1 . 37		butor Information	C. 66	I	Employer	Data	
Prefix	First Name Steven		Last Name or PAC/Party Committee Name Peterson	Suffix	Employer N Steven J. Pe			
Street A		J	recessor		Street Addr			
17 Cross					1536 Westm			
City			State Zip		City		State	Zip
Johnston	ı		RI 02919		Providence		RI	02909
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/08/2021	_		100.00
			In Kind/Other Receipts D	escription				
			butor Information			Employer	Data	
Prefix	First Name		Last Name or PAC/Party Committee Name	Suffix	Employer N			
64 4 4	Patricia	Barry	Pettit		1	brary and Athenaeum		
Street A	evue Ave, Apt 3A				Street Addr 50 Bellevue			
City	evue Ave, Api 3A		State Zip		City	Ave	State	Zip
Newport			RI 02840		Newport		RI	02840
Item	Transaction Type		Contribution Type	P	eceipt Date	Deposit Date	Co	ntribution Amount
Item	Check		Individual		09/21/2021	Deposit Date	Cu	250.00
			In Kind/Other Receipts D	escription				
			•	•				
		Contri	butor Information			Employer	Data	
Prefix	First Name		Last Name or PAC/Party Committee Name	Suffix	Employer N			
_	John	S.	Pimental		1	ourse Financial Group,	LLC	
Street A					Street Addr			
36 Alton	Kd		St. t. 7:-		16 Mason A	ve, Ste 3	64-4-	7:-
City North At	tleboro		State Zip MA 02760		City North Attleb	ioro	State MA	Zip 02760
				ъ				
Item	Transaction Type Check		Contribution Type Individual		eceipt D ate 09/16/2021	Deposit Date	Co	ntribution Amount 250.00
	CHCK		In Kind/Other Receipts D		07/10/2021			250.00
			in ilms other receipts 2	escription				
		Contri	butor Information			Employer	Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	James	R	Pratt	Jr.	Info Reques	ted		
Street A	ddress				Street Addr	ress		
	kland Dr							
City			State Zip		City		State	Zip
Myrtle B			SC 29579					
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/16/2021			250.00
			In Kind/Other Receipts D	escription				
		Contri	butor Information			Employer	Data	
Prefix	First Name		Last Name or PAC/Party Committee Name	Suffix	Employer N		2.1111	
			Dass traine of 17x6/1 arty committee traine		D.E. Deer Co			

D.F. Pray Contractors

State

MA

Zip

02771

Street Address

25 Anthony St

City

Seekonk

Scott

Street Address

25 Anthony St

City

Seekonk

W.

Pray

State

MA

Zip

02771

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 08/23/2021	Deposit Date	Co	ntribution Amount 700.00
			In Kind/Other Receipts De	scription				
		_					.	
D C	First Name	MI	tributor Information	Suffix	F1 N	Employ	er Data	
	First Name Mark	J.	Last Name or PAC/Party Committee Name Proctor	Sumx	Employer N Levin Papan			
Street Ac		•	1100001		Street Addr			
	rylen St, Ste 600				316 South B			
City			State Zip		City		State	Zip
Pensacol	a		FL 32502-5996		Pensacola		FL	32502
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual In Kind/Other Receipts De		08/10/2021			500.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	William	K.	Quinn		Quinn's Pub			
Street A					Street Addr			
981 Cent	ral Ave		C		433 Benefit	St	G	
City Pawtucke	at .		State Zip RI 02861		City Pawtucket		State RI	Zip 02861
						D '(D)		
Item	Transaction Type Check		Contribution Type Individual		eceipt D ate 09/17/2021	Deposit Date	Co	ntribution Amount 700.00
			In Kind/Other Receipts De					
			_	_				
			tributor Information			Employ	er Data	
	First Name Troy	MI A.	Last Name or PAC/Party Committee Name Rafferty	Suffix	Employer N	lame tonio Rafferty		
Street Ac	-	A.	Rancity		Street Addr			
96 Highp					316 South B			
City			State Zip		City	,	State	Zip
Gulf Bree	eze		FL 32561		Pensacola		FL	32502
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/29/2021			25.00
			In Kind/Other Receipts De	escription				
		-					D .	
Prefix	First Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
	Samuel	WII	Read	Suma	Trailblaze M			
Street A	ldress				Street Addr	_		
226 Foot	e St				333 Westmin	nster St		
City			State Zip		City		State	Zip
Barringto	n		RI 02806		Providence		RI	02903
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/14/2021			500.00
			In Kind/Other Receipts De	escription				
		Con	In Kind/Other Receipts De tributor Information	escription		Employ	or Data	

Prefix First Name

Street Address

City

Chepachet

4 Spring Grove Rd

Carlos

MI

A.

Rego

Last Name or PAC/Party Committee Name

State

RI

Zip

02814

Suffix

Sr.

Employer Name

Rego's Auto Body

300 Chalkstone Ave

Zip

02908

State

RI

Street Address

City

Providence

Item	Transaction Type Check		Contribution Type Individual		08/10/2021	Deposit Date	Co	ntribution Amoun 1,000.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Adam	R.	Reis		Access Amb	ulance		
Street A					Street Addr			
357 Led	ge Rd				290 Armistic	e Blvd		
City			State Zip		City		State	Zip
Seekonl			MA 02771		Pawtucket		RI	02861
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amoun
	Check		Individual In Kind/Other Receipts De		08/10/2021			1,000.00
			III Kiid/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Amanda	Lee	Reis		Info Request			
Street A					Street Addr	ess		
357 Led	ge Kd		St. 4 77		614		64.4	7.
City Seekonl	-		State Zip RI 02771		City		State	Zip
					: D	D '(D)		
Item	Transaction Type Check		Contribution Type Individual		eceipt D ate 08/10/2021	Deposit Date	Co	ntribution Amoun 1,000.00
	Circa		In Kind/Other Receipts De		00/10/2021			1,000.00
			tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
C	Linsey		Reis		Alex and An			
Street A 78 King	Philip Rd				Street Addre 2000 Chapel			
City			State Zip		City	Tien Dire	State	Zip
Pawtuck	cet		RI 02861		Cranston		RI	02920
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amoun
	Check		Individual		08/10/2021			100.00
			In Kind/Other Receipts De	scription				
		_						
Prefix	First Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
гтепх	Steven	E.	Reis	Sumx	Info Request			
Street A		2.			Street Addr			
	Wheaton Ave							
City			State Zip		City		State	Zip
Seekonl			MA 02771					
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amoun
	Check		Individual Post of Pos		09/01/2021			500.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Kenneth	R.	Rezendes		K.R.Rezende			
Street A	ddress				Street Addr	ess		
	-/- T				1			

State

MA

3 Sammy's Lane

Zip 02702

State

MA

City

Assonet

3 Sammy's Lane

City

Assonet

Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/06/2021			1,000.00
			In Kind/Other Receipts Des	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Edward		Ricci		1947 LLC Pa	artner		
Street A	ddress				Street Addre	ess		
2700 Do	nald Ross Rd, Apt 307				208 Clock To	ower Square		
City			State Zip		City		State	Zip
Palm Be	ach Gardens		FL 33410		Portsmouth		RI	02871
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/06/2021			500.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Janet		Ricci		Retired			
Street A	ddress				Street Addr	ess		

			In Kind/Other Receipts Des	cription			
		Con	tributor Information		Employer	Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Janet		Ricci		Retired		
Street A	Address				Street Address		
2700 D	onald Ross Road, Apt. 307				2700 Donald Ross Road, Apt. 307		
City			State Zip		City	State	Zip
Palm B	each Gardens		FL 33410		Palm Beach Gardens	FL	33410
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	Co	ntribution Amount
	Check		Individual		09/15/2021		1,000.00
			In Kind/Other Receipts Des	cription			

Contributor Information Employer Data Last Name or PAC/Party Committee Name МІ Suffix Prefix First Name **Employer Name** Stephanie M. Homemaker Street Address Street Address 210 Blackstone Blvd. 210 Blackstone Blvd. State City Zip City Zip State 02906 02906 Providence RIProvidence RI

 Transaction Type
 Contribution Type
 Receipt Date
 Deposit Date
 Contribution Amount

 Check
 Individual
 09/15/2021
 1,000.00

In Kind/Other Receipts Description

Item

	Contributor Information Employer Da							
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Edward	W.	Ricci	П	Duro Industries			
Street A	Address				Street Address			
210 Bla	ckstone Blvd.				110 Chace St			
City			State Zip		City	State	Zip	
Provide	nce		RI 02906		Fall River	MA	02724	
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	Co	ontribution Amount	
	Check		Individual		09/07/2021		1,000.00	

In Kind/Other Receipts Description

		Cont	tributor Information		Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Com	mittee Name Suffix	Employer Name			
	Deborah	A.	Riccio		Churchill & Banks			
Street A	Address				Street Address			
1140 Pla	ainfield St				10 Greene St			
City			State	Zip	City	State	Zip	
Johnston	n		RI	02919	Providence	RI	02903	

Item	Transaction Type Check		Contribution Type Individual			eceipt D ate 08/16/2021	Deposit Date	Co	ntribution Amount 250.00
			In Kind/Othe	r Receipts Des					250.00
				-	_				
		Contribute	or Information				Employ	er Data	
Prefix	First Name		Name or PAC/Party Comn	nittee Name	Suffix	Employer N			
_	Thomas	C. Rich	ı			_	d Boatworks		
Street A						Street Addr			
276 India	n Ave					1 Lagoon Ro	i		
City	a			Zip		City		State	Zip
Portsmou	th		RI	02871		Portsmouth		RI	02871
Item	Transaction Type		Contribution Type			eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual			09/16/2021			500.00
			In Kind/Othe	r Receipts Des	cription				
		C	T.C.				·	D.	
D. C	E'4 N		or Information		C CC	E2	Employ	er Data	
	First Name Nicholas	MI Last P. Rive	Name or PAC/Party Comm	nittee Name	Suffix	Employer N	ruction Co, Inc.		
		P. Kive	eno			Street Addr			
Street Ad 1144 Pari						PO Box 157			
City	X St		State	Zip		City		State	Zip
Attleboro	•			02703		Cumberland		RI	02864
				02703		l .			
Item	Transaction Type Check		Contribution Type Individual			eceipt D ate 09/29/2021	Deposit Date	Co	ntribution Amount 50.00
	CHCCK		In Kind/Othe	n Doggints Dog		09/29/2021			50.00
			III KIIIU/Otile	r Receipts Des	cription				
		Contribute	or Information				Employ	or Data	
Prefix	First Name		Name or PAC/Party Comm	nittee Name	Suffix	Employer N		er Data	
	Victoria		illard			Innovex			
Street A	ldress					Street Addr	ess		
37 Darro						11 Powder H			
City			State	Zip		City		State	Zip
Pawtucke	et			02860		Lincoln		RI	02865
Item	Transaction Type		Contribution Type		R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual			09/16/2021			100.00
			In Kind/Othe	r Receipts Des					
				•	•				
		Contribute	or Information				Employ	er Data	
Prefix	First Name	MI Last	Name or PAC/Party Comm	nittee Name	Suffix	Employer N	ame		
	Tim	Rocl	he			TR Financia	1 Services		
Street A	ldress					Street Addr	ess		
46 Brant	Rd					46 Brant Rd			
City			State	Zip		City		State	Zip
Portsmou	ıth		RI	02871		Portsmouth		RI	02871
Item	Transaction Type		Contribution Type		R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		(09/21/2021			250.00
			In Kind/Othe	r Receipts Des	cription				
			or Information				Employ	er Data	
Prefix	First Name		Name or PAC/Party Comm	nittee Name	Suffix	Employer N		_	_
	Alfred	I Post	crual1			I Starlemanth	& Shanlay Incurance	Brokerser	

Starkweath & Shepley Insurance Brokerage

Zip

02914

State

RI

Street Address

East Providence

City

60 Catamore Blvd

Alfred

Street Address

80 Catlin Ave

City

Rumford

J.

Rockwell

State

RI

Zip

02916

Item	Transaction Type Check		Contribution Type Individual		eceipt D ate 09/15/2021	Deposit Date	Con	ntribution Amount 500.00
			In Kind/Other Receipts De	scription				
			ributor Information			Employ	er Data	
	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na	ame		
	Kaitlyn	M.	Roebuck		Homemaker			
Street Ad					Street Addre	SS		
81 Point A	Ave		a		81 Point Ave			
City	•		State Zip RI 02879		City		State	Zip
Wakefield			RI 02879		Wakefield		RI	02879
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		08/10/2021			250.00
			In Kind/Other Receipts De	scription				
							_	
D 6	EII 37		ributor Information		I	Employ	er Data	
	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
	Brendon	M.	Rose		Hart Enginee			
Street Ad					Street Addre 800 Scenic V			
33 Dryder City	IAVE		State Zip		City	iew Di	State	Zip
Pawtucke	+		RI 02860		Cumberland		RI	02864
Item	Transaction Type		Contribution Type		eceipt D ate 09/28/2021	Deposit Date	Co	ntribution Amount
	Check		Individual		09/28/2021			250.00
			In Kind/Other Receipts De	scription				
		Cont	ributor Information			Employ	an Data	
Profix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na		ei Data	
	Henry	J.	Roy	III		rial Group LLC		
Street Ad			,		Street Addre	-		
4 Daniel l					20 Cabot Blv			
City			State Zip		City		State	Zip
Lakeville			MA 02347		Mansfield		MA	02048
Item	Transaction Type		Contribution Type	P	eceipt Date	Deposit Date	Co	ntribution Amount
Item	Credit/Debit Card		Individual		09/25/2021	Deposit Date	Cu	200.00
			In Kind/Other Receipts De					
			in rand other receipts be	ser puon				
		Cont	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
	Alisha		Ruggieri		Town of Nort			
Street Ad	dress				Street Addre	ss		
135 Rome	e Dr				2240 Mineral	Spring Ave		
City			State Zip		City		State	Zip
Cranston			RI 02921		North Provide	ence	RI	02911
Item	Transaction Type Check		Contribution Type Individual		eceipt Date 09/27/2021	Deposit Date	Co	ntribution Amount
			In Kind/Other Receipts De					2,000.00
			III IIII OIIII IIII DO	Pilon				
		Cont	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
						-		

State

RI

Zip

02906

Ruggieri

Street Address

680 Centre St

City

Brockton

Brockton Radiology

State

MA

Zip

02302

Street Address

61 Cooke St

Providence

City

Anne Marie

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 09/19/2021	Deposit Date	Co	ntribution Amount 250.00
			In Kind/Other Receipts De	scription				
		C4	ributor Information			F	D-4-	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
Titha	James	P.	Sabra	Julia	Equity Real			
Street A	Address				Street Addr	ess		
PO Box	4067				82 Sanford I	Rd		
City			State Zip		City		State	Zip
Fall Riv	/er		MA 02723		Westport		MA	02790
Item	Transaction Type Check		Contribution Type Individual		eceipt Date 09/02/2021	Deposit Date	Co	ntribution Amount 500.00
	Check		In Kind/Other Receipts De		09/02/2021			300.00
			in initiation in increase of	scription				
		Cont	ributor Information			Employ	er Data	
Prefix	First Name Christine	MI	Last Name or PAC/Party Committee Name Sahagian	Suffix	Employer N Retired	lame		
Street A	Address		Sampan.		Street Addr	ess		
	iverview Rd, #117					iew Rd, #117		
City			State Zip		City		State	Zip
Deerfie	ld Beach		FL 33441		Deerfield Be	each	FL	33441
Item	Transaction Type		Contribution Type		eceipt Date 09/15/2021	Deposit Date	Co	ntribution Amount
	Check		Individual In Kind/Other Receipts De		09/13/2021			1,000.00
			III Killa/Other Receipts De	scription				
		Cont	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Max		Sahagian		Bonnet Liqu			
	Address				Street Addr			
_	cliff Drive		St. 4. 7.		965 Boston I	Neck Road	64.4	77
City Narraga	ensett		State Zip RI 02874		City Narragansett		State RI	Zip
Item			Contribution Type	D				ntribution Amount
пеш	Transaction Type Check		Individual		eceipt D ate 09/15/2021	Deposit Date	Cu	500.00
			In Kind/Other Receipts De	scription				
			_	_				
		Cont	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
C+ ++	Paul	J.	Sahagian		Bonnet Liqu			
	Address ontauk Road				Street Addr 965 Boston			
City	mauk Road		State Zip		City	IVECK ROAG	State	Zip
Narraga	ansett		RI 02882		Narragansett	t	RI	02882
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
210211	Credit/Debit Card		Individual		09/01/2021	Deposit Date		250.00
			In Kind/Other Receipts De					

State

RI

Zip

02864

Salisbury

Prefix First Name

Street Address

16 Sandy Way

Cumberland

City

Frank

Suffix

Employer Name

Street Address

City

Wakefield

Best Practice Energy

24 Salt Pond Rd, Ste H3

Zip

02879

State

RI

T4	Towns time Town		Contribution Torre	п	onint Data	Donasia Dada	C-	
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		08/30/2021	Deposit Date	Co	ntribution Amount 150.00
			In Kind/Other Receipts De					
			•	•				
		Con	tributor Information			Employ	er Data	
Prefix	First Name Carl	MI	Last Name or PAC/Party Committee Name Salvo	Suffix	Employer N Self-Employ	ame red Child Care		
Street A 7 Circle					Street Addr 7 Circle Dr	ess		
City Middleto	own		State Zip RI 02842		City Middletown		State RI	Zip 02842
Item	Transaction Type Check		Contribution Type Individual		Receipt Date 09/28/2021	Deposit Date	Co	ntribution Amount 250.00
			In Kind/Other Receipts De					220.00
			tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Street A	Gary	W.	Sammarco			inical Laboratories		
	uuress en Lake Dr				Street Addr			
City	ai Lake Di		State Zip		City	ake Di	State	Zip
Saunders	stown		RI 02874		Saunderstow	7n	RI	02874
Item	Transaction Type		Contribution Type	D	eceipt Date	Deposit Date		ntribution Amount
Item	Check		Individual		09/01/2021	Deposit Date	Co	1,000.00
			In Kind/Other Receipts De	escription				·
			-	_				
		Con	tributor Information			Employ	er Data	
Prefix	First Name Philip	MI	Last Name or PAC/Party Committee Name Santomaro	Suffix	Employer N The Preserve	ame Sporting Club & R	esidences	
Street A 10 Wood	ddress lhaven Blvd.				Street Addr 87 Kingstow			
City			State Zip		City		State	Zip
North Pr	ovidence		RI 02911		Richmond		RI	02898
Item	Transaction Type Check		Contribution Type Individual		08/10/2021	Deposit Date	Со	ntribution Amount 100.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
C	Thomas	J.	Scully		Retired			
Street A 66 Bemi					Street Addr 66 Bemis Av			
City	SAVE		State 7in		City	·C	State	7in
Cumberl	and		State Zip RI 02864		Cumberland		State RI	Zip 02864
Item	Transaction Type		Contribution Type		leceipt Date	Deposit Date		ntribution Amount
	Check		Individual		09/08/2021			500.00
			In Kind/Other Receipts De	scription				

Employer Data

Zip

02840

State

RI

Contributor Information

Semenza

Last Name or PAC/Party Committee Name

State

RI

Zip

02840

Suffix

Employer Name

Street Address

City

Newport

Salve Regina University

100 Ochre Point Ave

ΜI

L.

Prefix First Name

Street Address

13 Bacheller St

City

Newport

Michael

Itam	Transaction True		Contribution True	ъ	essint Date	Danasit Data	Co	ntribution Amount
Item	Transaction Type Check		Contribution Type Individual		eceipt D ate 09/20/2021	Deposit Date	Co	ntribution Amount 100.00
			In Kind/Other Receipts De					200.00
				•				
		Cont	ributor Information			Employ	er Data	
Prefix F		MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
E	mest		Shaghalian	Jr.	1	ance Agency		
Street Add					Street Addr			
67 Basil Cr	rossing				2158 Plainfi	eld Pike		
City			State Zip RI 02921		City		State	Zip
Cranston					Cranston		RI	02921
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/09/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Cont	ributor Information			Employ	er Data	
Prefix F	irst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
C	raig	Dean	Shapero		Megin LLC			
Street Add	lress				Street Addr	ess		
27 Atlantic	Ave				11772 W. Sa	mple Rd, Ste 102		
City			State Zip		City		State	Zip
Newport			RI 02840		Coral Spring	gs	FL	33065
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		08/18/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Cont	ributor Information			Employ	ou Doto	
Prefix F	irst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		ei Data	
	ixuan		Shi			ın Development		
Street Add	lress				Street Addr	ess		
27 Mozart	St				27 Mozart S	t		
City			State Zip		City		State	Zip
Cranston			RI 02920		Cranston		RI	02920
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		08/18/2021			10.00
			In Kind/Other Receipts De	scription				
		~ .					.	
Prefix F	ïrst Name	MI	ributor Information	Suffix	I EI	Employ	er Data	
	an	MII	Last Name or PAC/Party Committee Name Siegel	Sumx	Employer N Not Employe			
Street Add			Sieger		Street Addr			
Su cet Add	ness able Ridge Rd				114 Peaceab			
114 Peacea			State Zip		City		State	Zip
							CT	06877
City			CT 06877		Kidgefield			
City Ridgefield				D	Ridgefield	Denosit Date		
City	Transaction Type Credit/Debit Card		CT 06877 Contribution Type Individual		eceipt Date	Deposit Date		ntribution Amount

Employer Data

State

RI

Zip

02903

Contributor Information

Prefix First Name

Street Address

5 Wilbur Rd

City

Lincoln

Derek

Last Name or PAC/Party Committee Name

State

RI

Zip

02865

Suffix

Employer Name

Street Address

25 Dorrance St

Providence

City

City of Providence Fire Dept.

Item	Transaction Typ Check	e	Contribution Type Individual		Receipt Date 08/31/2021	Deposit Date	Con	ntribution Amount 250.00
			In Kind/Other Receipts De	scription				
		_						
D 6	Tr. 4 N		tributor Information	C . CC	I	Employ	er Data	
Prefix	First Name Paul	MI T.	Last Name or PAC/Party Committee Name Silva	Suffix	Employer Na Regal Floor (
Street A	Address		Silva		Street Addre			
	untry Hill Dr				2137 S Main			
City	,		State Zip		City		State	Zip
North E	Dighton		MA 02764		Fall River		MA	02724
Item	Transaction Typ	e	Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/02/2021			500.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix		MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Angelo		Silveri		Silverite			
	Address				Street Addre			
City	l County Rd W		State Zip		520 Old Cou City	niy Ka w	State	Zip
Hicksvi	lle		NY 11801		Hicksville		NY	21p 11801
Item	Transaction Typ		Contribution Type	D	leceipt Date	Deposit Date		ntribution Amount
itein	Check	e	Individual		09/21/2021	Deposit Date	Co	200.00
			In Kind/Other Receipts De					
			•	•				
		Con	tributor Information			Employ	er Data	
Prefix		MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
_	Richard	C.	Silverstein		Korber Hats,			
	Address				Street Addre			
51 Don	Ave		St-4- 7:-		394 Kilburn	St	64-4-	7:-
City Rumfor	d		State Zip RI 02916		City Fall River		State MA	Zip 02724
		_		р	1	Domania Dada		
Item	Transaction Typ Check	e	Contribution Type Individual		deceipt Date 09/08/2021	Deposit Date	Co	ntribution Amount 100.00
	Check		In Kind/Other Receipts De		07/00/2021			100.00
			<u> </u>	- Paron				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Sandra	J.	Silvia		Retired			
	Address				Street Addre			
_	hy Circle				6 Murphy Ci	rcle		
City			State Zip		City		State	Zip
Middlet			RI 02842		Middletown		RI	02842
Item	Transaction Typ		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		09/13/2021			25.00
			In Kind/Other Receipts De	scription				
		Cor	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		Data	

State

NC

DeCotis Insurance

Street Address

City

Providence

245 Waterman St

Zip 02906

State

RI

Kelly

Street Address

Winston Salem

City

137 W. Acadia Ave

Smart

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 09/23/2021	Deposit Date	Co	ntribution Amount 1,000.00
			In Kind/Other Receipts De	scription				
		_					_	
D C	T71 4 34T		tributor Information	C CC	le 1 1	Employe	er Data	
Prefix	First Name Christine	MI E.	Last Name or PAC/Party Committee Name Smith	Suffix	Employer N	rame e Club & Residences		
Street A		2.			Street Addr			
	n St, Apt A				87 Kingstow			
City			State Zip		City		State	Zip
Westerly	,		RI 02891		Richmond		RI	02898
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		08/16/2021			1,000.00
			In Kind/Other Receipts De	scription				
		~					.	
D., C.	First Name		tributor Information	Suffix	Fl.	Employe	er Data	
Prefix	Bolaji	MI S.	Last Name or PAC/Party Committee Name Sofola	Sumx	Employer N Mercy Hosp			
Street A	-	٥.	Soloia		Street Addr			
PO Box					1011 14th A			
City			State Zip		City		State	Zip
Ardmore	e		OK 73402		Ardmore		OK	73401
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		08/10/2021			250.00
			In Kind/Other Receipts De	scription				
		~					.	
Prefix	First Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer N	Employe	er Data	
гтепх	David	MII	Spencer	Sumx	Atlantic Pap			
Street A					Street Addr			
	wman Ave				85 York Ave			
City			State Zip		City		State	Zip
Seekonk	:		MA 02771		Pawtucket		RI	02860
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/13/2021			250.00
			In Kind/Other Receipts De	scription				
							_	
D . C	E' AN		tributor Information	Suffix	I	Employe	er Data	
Prefix	First Name Lawrence	MI A.	Last Name or PAC/Party Committee Name Starr	M.D.	Employer N Bernkopf Go			
		A.	Stati	M.D.	Street Addr			
Stroot A	auti ess				2 Seaport Lr			
Street A	ilawn Dr					,	64.4	Zip
	ilawn Dr		State Zip		City		State	Zip
61 Wood			State Zip MA 02467		City Boston		MA	02210
61 Wood City	t Hill			R	Boston	Deposit Date	MA	
61 Wood City Chestnu			MA 02467			Deposit Date	MA	02210
61 Wood City Chestnu	t Hill Transaction Type		MA 02467 Contribution Type		Boston Receipt Date	Deposit Date	MA	02210 ntribution Amount
61 Wood City Chestnu	t Hill Transaction Type		MA 02467 Contribution Type Individual		Boston Receipt Date	Deposit Date Employe	MA Co.	02210 ntribution Amount

State

RI

Zip 02865

Suffix

Employer Name

Street Address

City

Lincoln

100 Old River Rd

Town of Lincoln Police

State

RI

Zip

02802

ΜI

W.

Sullivan

Prefix First Name

Street Address

City

Lincoln

1201 Lonsdale Ave

Brian

Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
2002	Credit/Debit Card		Individual		08/25/2021	Depusit Date		300.00
			In Kind/Other Receipts De	scription				
			tributor Information		T	Employ	er Data	
Prefix	First Name John	MI	Last Name or PAC/Party Committee Name Sullivan	Suffix	Employer Na JL Sullivan, In			
Stroot /	Address		Sunvan		Street Addres			
291 Soi					44 Ames Ave	55		
City			State Zip		City		State	Zip
Wrenth	am		MA 02093		Wrentham		MA	02093
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/20/2021	Deposit Date		250.00
			In Kind/Other Receipts De	scription				
			-	_				
		Con	tributor Information			Employ	er Data	
Prefix		MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
	Michael	G.	Sullivan		1	oln Police Dept.		
	Address				Street Addre			
	ardners Neck Rd				1201 Lonsdal	e Ave		
City			State Zip		City		State	Zip
Swanse	a		MA 02777		Lincoln		RI	02865
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		07/28/2021			250.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
	Charles	G.	Tate	Jr.	Info Requeste			
Street A	Address				Street Addre	SS		
64 Eagl	le St							
City			State Zip		City		State	Zip
Provide	ence		RI 02909					
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		08/10/2021			100.00
			In Kind/Other Receipts De	scription				
			tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
a	Jeffrey		Taylor		Info. Request			
	Address				Street Addre	SS		
	bron Avenue		St. 4 77		6.4		64.4	a.
City Seekonl	L.		State Zip MA 02771		City		State	Zip
				_	1	D 100	~	
Item	Transaction Type Credit/Debit Card		Contribution Type Individual	R	Receipt Date 09/28/2021	Deposit Date	Co	ntribution Amount 1,000.00
	Credit/Debit Cafd		In Kind/Other Receipts De	sovintion				1,000.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na		vaid	
CHA	Jeffrey	M	Taylor	Jama	Mayforth Gro			
~						•		

State

RI

Street Address

City

Providence

111 Wayland Ave

Zip 02906

State

RI

Street Address

18 Squantum Dr

City

Warwick

Item	Transaction Type Check		Contribution Type Individual	,		eceipt Date 09/09/2021	Deposit Date	Co	ntribution Amo 100
			In Kind/Othe	er Receipts De	scription				
								_	
D C	To AN		tor Information	*** NT	0.00	F 1 N	Employe	er Data	
Prenx	First Name Ruth		st Name or PAC/Party Com ylor	mittee Name	Suffix	Employer N	storical Society		
Street A		5. Tay	yloi			Street Addr	•		
191 Nat						82 Touro St	ess		
City	ick 71VC		State	Zip		City		State	Zip
Cranston	n		RI	02921		Newport		RI	02840
	Transaction Type				D	_	Domesit Date		ntribution Amo
Item	Check		Contribution Type Individual	,		eceipt D ate 09/08/2021	Deposit Date	Co.	100
	CHECK			er Receipts De		79/06/2021			100
			III Itilia otii	r receipts De	scription				
		Contribu	tor Information				Employe	er Data	
Prefix	First Name	MI La	st Name or PAC/Party Com	mittee Name	Suffix	Employer N			
	Ruth	B. The	umbtzen			Retired			
Street A	ddress					Street Addr	ess		
517 Spr	ing St					517 Spring S	St		
City			State	Zip		City		State	Zip
Newpor	t		RI	02840		Newport		RI	02840
Item	Transaction Type		Contribution Type	,	R	eceipt Date	Deposit Date	Co	ntribution Amo
	Check		Individual		(07/21/2021			1,000
			In Kind/Othe	er Receipts De	scription				
			tor Information				Employe	er Data	
Prefix	First Name Zhi		st Name or PAC/Party Com	mittee Name	Suffix	Employer N Homemaker			
C44 A		1111	ıg Du						
Street A PO Box						Street Addr PO Box 191			
City	17133		State	Zip		City	33	State	Zip
Johnston	1		RI	02919		Johnston		RI	02919
					D		Dit D-t-		
Item	Transaction Type Check		Contribution Type Individual	,		eceipt D ate 09/28/2021	Deposit Date	Co	ntribution Amo 250
	CHECK			er Receipts De		77/26/2021			250
			III Itilia otii	г песерь Ве	scription				
		Contribu	tor Information				Employe	er Data	
Prefix	First Name		st Name or PAC/Party Com	mittee Name	Suffix	Employer N			
	Luis		rrado			Torrado Arci			
Street A	ddress					Street Addr	ess		
65 Broo	kridge Drive					65 Brookrid	ge Drive		
City			State	Zip		City		State	Zip
Exeter			RI	02822		Exeter		RI	02822
Item	Transaction Type		Contribution Type	,	R	eceipt Date	Deposit Date	Co	ntribution Amo
	Credit/Debit Card		Individual		(09/27/2021			150
			In Kind/Othe	er Receipts De	scription				
			tor Information				Employe	er Data	
Prefix	First Name		st Name or PAC/Party Com	mittee Name	Suffix	Employer N		D 45	
	Prian	T	TIOTO			Bradford D.	mond Namic BEd &	Meanlefoot	

Bradford-Dimond-Norris BEd & Breakfast

State

RI

Zip

02809

Street Address

474 Hope St

City

Bristol

Brian

Street Address

474 Hope Street

City

Bristol

Travers

State

RI

Zip

02809

Item	Transaction Type Credit/Debit Card		Contribution Type Individual	F	Receipt Date 08/31/2021	Deposit Date	Ca	ntribution Amount 10.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	or Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		er Data	
Titha	Donna	.,,,,	Turouske	Suma	Not Employe			
Street A	Address				Street Addre			
7819 A	utumn Gate				7819 Autumr			
City			State Zip		City		State	Zip
Las Veg	gas		NV 89131		Las Vegas		NV	89131
Item	Transaction Type		Contribution Type	F	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		08/13/2021	•		1,000.00
			In Kind/Other Receipts De	scription				
D 6	T21 4 34		tributor Information	C . CC	TE 1 37	Employ	er Data	
Prefix	First Name Michael	MI D.	Last Name or PAC/Party Committee Name Vieira	Suffix	Employer Na Info Requests			
C44	Address	D.	viena		Street Addre			
Street	Address				Street Addre	ess		
City			State Zip		City		State	Zip
City			State Zip		City		State	Zip
Item	Transaction Type		Contribution Type	F	Receipt Date	Deposit Date	Co	ntribution Amount
Titin.	Check		Individual	•	09/28/2021	Deposit Date	Cu	250.00
			In Kind/Other Receipts De	scription				
			tributor Information			Employ	er Data	
Prefix		MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Amy	S.	Vogel		Dr. Day Care			
	Address				Street Addre			
	npum Trail				10 Wampum	Irail		
City	41		State Zip		City		State	Zip 02864
Cumber			RI 02864		Cumberland		RI	
Item	Transaction Type		Contribution Type	F	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual	conintion	09/02/2021			250.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na	ame		
	William	R.	Warburton	Jr.	Hilb Insurance	ce Group		
Street A	Address				Street Addre	ess		
19 Carr	nival Terrace				2000 Chapel	View Blvd		
City			State Zip		City		State	Zip
West W	/arwick		RI 02893		Cranston		RI	02920
Item	Transaction Type		Contribution Type	F	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		09/21/2021			250.00
			In Kind/Other Receipts De	scription				
		C	4			Б. 1	D. 1	
Prefix	First Name	MI	tributor Information Last Name or PAC/Party Committee Name	Suffix	Employer Na	Employ	er Data	
тепх	Harris	K.	Weiner	Samx		ame wan Sylvia & Leona	ard. Inc	
					Suite Medo	Syrvai oc Econo		

State

RI

Street Address

City

Providence

56 Exchange Terrace

State

RI

Zip

02903

Street Address

112 Sayles Ave

City

Pawtucket

Prefix First N Kevin Street Address 22 Doctors Run City Rockport Item Prefix First N Richard Street Address 40 Patricia Dr City Bridgewater Item	Transaction Type Credit/Debit Card	MI M.	Individual In Kind/Other Receipts De ributor Information Last Name or PAC/Party Committee Name White State Zip MA 01966 Contribution Type Individual In Kind/Other Receipts De ributor Information Last Name or PAC/Party Committee Name White	Suffix R	Employer N Membership Street Addr 8 Beacon Str City Boston Receipt Date 09/16/2021	Deposit Date Employe	State MA Con	Zip 02108 ntribution A	.mount 900.00
Kevin Street Address 22 Doctors Run City Rockport Item Prefix First N Richard Street Address 40 Patricia Dr City Bridgewater Item	Transaction Type Credit/Debit Card	MI M.	Last Name or PAC/Party Committee Name White State Zip MA 01966 Contribution Type Individual In Kind/Other Receipts De ributor Information Last Name or PAC/Party Committee Name	R	Membership Street Addr 8 Beacon Str City Boston Receipt Date 09/16/2021	Deposit Date	State MA Con	02108 ntribution A	
Kevin Street Address 22 Doctors Run City Rockport Item Prefix First N Richard Street Address 40 Patricia Dr City Bridgewater Item	Transaction Type Credit/Debit Card	MI M.	Last Name or PAC/Party Committee Name White State Zip MA 01966 Contribution Type Individual In Kind/Other Receipts De ributor Information Last Name or PAC/Party Committee Name	R	Membership Street Addr 8 Beacon Str City Boston Receipt Date 09/16/2021	Deposit Date	State MA Con	02108 ntribution A	
Kevin Street Address 22 Doctors Run City Rockport Item Prefix First N Richard Street Address 40 Patricia Dr City Bridgewater Item	Transaction Type Credit/Debit Card	M.	State Zip MA 01966 Contribution Type Individual In Kind/Other Receipts De	R	Membership Street Addr 8 Beacon Str City Boston Receipt Date 09/16/2021	Deposit Date Employe	State MA Con	02108 ntribution A	
Street Address 22 Doctors Run City Rockport Item Prefix First N Richard Street Address 40 Patricia Dr City Bridgewater Item	Transaction Type Credit/Debit Card	Cont	State Zip MA 01966 Contribution Type Individual In Kind/Other Receipts De	scription	Street Addr 8 Beacon St City Boston Receipt Date 09/16/2021	ess reet, #24 Deposit Date Employe	State MA Con	02108 ntribution A	
22 Doctors Run City Rockport Item Prefix First N Richard Street Address 40 Patricia Dr City Bridgewater Item	Transaction Type Credit/Debit Card		MA 01966 Contribution Type Individual In Kind/Other Receipts De ributor Information Last Name or PAC/Party Committee Name	scription	8 Beacon St City Boston Receipt Date 09/16/2021	Deposit Date Employe	MA	02108 ntribution A	
Rockport Item Prefix First N Richard Street Address 40 Patricia Dr City Bridgewater Item	Credit/Debit Card		MA 01966 Contribution Type Individual In Kind/Other Receipts De ributor Information Last Name or PAC/Party Committee Name	scription	Boston Receipt Date 09/16/2021	Employe	MA	02108 ntribution A	
Prefix First N Richard Street Address 40 Patricia Dr City Bridgewater Item	Credit/Debit Card		Contribution Type Individual In Kind/Other Receipts De ributor Information Last Name or PAC/Party Committee Name	scription	Receipt Date 09/16/2021	Employe	Con	ntribution A	
Prefix First N Richard Street Address 40 Patricia Dr City Bridgewater Item	Credit/Debit Card		Individual In Kind/Other Receipts De ributor Information Last Name or PAC/Party Committee Name	scription	09/16/2021	Employe			
Richard Street Address 40 Patricia Dr City Bridgewater Item	Name		In Kind/Other Receipts De ributor Information Last Name or PAC/Party Committee Name	scription			r Data	9	900.00
Richard Street Address 40 Patricia Dr City Bridgewater Item			ributor Information Last Name or PAC/Party Committee Name		Employer N		r Data		
Richard Street Address 40 Patricia Dr City Bridgewater Item			Last Name or PAC/Party Committee Name	Suffix	Employer N		r Data		
Richard Street Address 40 Patricia Dr City Bridgewater Item			Last Name or PAC/Party Committee Name	Suffix	Employer N		r Data		
Richard Street Address 40 Patricia Dr City Bridgewater Item		2722		Jania	Limpidyer	ame			
40 Patricia Dr City Bridgewater Item					DeCotis Spe	cialty Insurance			
City Bridgewater Item					Street Addr				
Bridgewater Item					35 Braintre	e Hill Office Park			
Item			State Zip		City		State	Zip	
			MA 02324		Braintree		MA	02184	
D. S. E. (X)	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution A	mount
D. C. E. (N	Credit/Debit Card		Individual		09/15/2021			1	100.00
D 5 E (N			In Kind/Other Receipts De	scription					
D C E: (N		Cont	ributor Information			Employe	r Data		
Prefix First N	Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		Data		
Richard			White		DeCotis Spe	cialty Insurance			
Street Address					Street Addr	ess			
40 Patricia Dr					35 Braintree	e Hill Office Park			
City			State Zip		City		State	Zip	
Bridgewater			MA 02324		Braintree		MA	02184	
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution A	
	Credit/Debit Card		Individual D. J. J.		07/16/2021				25.00
			In Kind/Other Receipts De	scription					
		Cont	ributor Information			Employe	r Data		
Prefix First N	Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N				
Lawren	nce		Wilson			Organization, LLC			
Street Address					Street Addr	ess			
14 Cady St					244 Weybos	set Street, Suite 2			
City			State Zip		City		State	Zip	
Providence			RI 02903		Providence		RI	02903	
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution A	
	Check		Individual		09/28/2021				500.00
			In Kind/Other Receipts De	scription					
			ributor Information			Employe	n Det-		

State

CT

Zip

06067

Wood

Suffix

Employer Name

Street Address

260 France St

Rocky Hill

City

City & State Public Affairs

State

CT

Zip

06067

Prefix First Name

Street Address

260 France St

Rocky Hill

City

Adam

Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amou
Item	Check		Individual		09/28/2021	Deposit Date	Cu	500.0
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
	Stephen	A .	Wright		NOW Delive	-		
	Address				Street Addre			
86 Aust	tın Ave				86 Austin Av	e		
City	***		State Zip		City		State	Zip
Greenv	rille		RI 02828		Greenville		RI	02828
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amou
	Check		Individual		09/15/2021			100.0
			In Kind/Other Receipts De	scription				
			tributor Information		T = -	Employ	er Data	
Prefix		MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
	Patricia	E.	Yates		Info Requeste			
	Address				Street Addre	ess		
	E Shepard Lane							
City			State Zip		City		State	Zip
Port St.	Lucie		FL 34983					
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Con	ntribution Amou
	Check		Individual		09/08/2021			500.0
			In Kind/Other Receipts De	scription				
			tributor Information		_	Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
_	Kenneth		Zorabedian		United Parkir	_		
	Address				Street Addre			
	omenade St, Apt 609				2 Regency Pl	laza		
City			State Zip		City		State	Zip
Provide	ence		RI 02908		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amou
	Check		NSF Check		07/15/2021			-500.0
			In Kind/Other Receipts De	scription				
NSF cl	heck							
			tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na	ame		
	Jeannette	V.	Chenevert		Retired			
	Address				Street Addre			
	and Ave				402 Grand Av	ve		
City			State Zip		City		State	Zip
Pawtuc	ket		RI 02861		Pawtucket		RI	02861
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amou
	Check		NSF Check		07/15/2021			-500.0
			In Kind/Other Receipts De	scription				
NSF cl	heck							
		Con	tributor Information			Employ	er Data	
Prefix	First Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer Na	ame		
	Jeannette	V.	Chenevert		Retired			
					1			

State

RI

Street Address

402 Grand Ave

City

Pawtucket

Zip 02861

State

RI

Street Address

402 Grand Ave

Pawtucket

City

Item	Transaction Type Check		Contribution Type NSF Check		Receipt Date Deposit Date 09/30/2021	Contribution Amount
			In Kind/Other Receipts De	scription		
NSF /	closed acct.	C	tributor Information		F1	D-4-
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	yer Data
TTenx	John	.,,,,	Jacavone	Suma	Jacavone Management Corporat	ion LLC
Street	Address				Street Address	
75 Broo	okridge Dr				275 Scituate Ave, Unit 10	
City Exeter			State Zip RI 02822		City Johnston	State Zip RI 02919
Item	Transaction Type		Contribution Type		deceipt Date Deposit Date	Contribution Amount
	Check		PAC In Kind/Other Receipts De		07/27/2021	1,000.00
			III Killa Other Receipts De	scription		
		Con	tributor Information		Employ	yer Data
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
Street	Address		BUILDING INDUSTRY PAC		Street Address	
	ETERANS MEMORIAL				Street Address	
City			State Zip		City	State Zip
EAST	PROVIDENCE		RI 02914			
Item	Transaction Type Check		Contribution Type PAC		Receipt Date Deposit Date 09/07/2021	Contribution Amount 1,000.00
	Circa		In Kind/Other Receipts Do		05/01/2021	1,000.00
				_		
			tributor Information			yer Data
Prefix	First Name	MI	Last Name or PAC/Party Committee Name EGFFA PAC (East Greenwich Fire Fighters Asso	Suffix	Employer Name	
Street	Address		EGITATAC (East Greenwich The Figures Assa	Ciai	Street Address	
	X 1108					
City			State Zip		City	State Zip
EAST (GREENWICH		RI 02818			
Item	Transaction Type		Contribution Type		Receipt Date Deposit Date	Contribution Amount
	Check		PAC		09/13/2021	250.00
			In Kind/Other Receipts Do	escription		
		Con	tributor Information		Employ	yer Data
Prefix	First Name	MI	Last Name or PAC/Party Committee Name HINCKLEY ALLEN & SNYDER PAC	Suffix	Employer Name	
Street	Address				Street Address	
100 WI	ESTMINSTER ST SUITE 1500					
City PROVI	IDENCE		State Zip RI 02903		City	State Zip
Item	Transaction Type		Contribution Type		eceipt Date Deposit Date	Contribution Amount
	Check		PAC		09/27/2021	500.00
			In Kind/Other Receipts Do	scription		
		Con	tributor Information		Employ	yer Data
Prefix	First Name	MI	Last Name or PAC/Party Committee Name PLUMBERS & PIPEFITTERS LOCAL 51 PAC	Suffix	Employer Name	
Street	Address		- 20mble will billible book if fac		Street Address	
	MINGWAY DRIVE					
City			State Zip		City	State Zip
EAST	PROVIDENCE		RI 02915			

Item	Transaction Type		Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check		PAC	08/16/2021		1,000.00
			In Kind/Other Receipts Description	on		
		Con	tributor Information		Employ	er Data
Prefix Fi	rst Name	MI	Last Name or PAC/Party Committee Name Suffi	ix Employer I		
			PROFESSIONAL FIRE FIGHTERS OF RHODE IS			
Street Add				Street Add	ress	
5 WILBUR	ROAD					
City			State Zip	City		State Zip
LINCOLN			RI 02865			
Item	Transaction Type		Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check		PAC	08/16/2021		1,000.00
			In Kind/Other Receipts Description	on .		
		Con	tributor Information		Employ	er Data
Prefix Fi	rst Name	MI	Last Name or PAC/Party Committee Name Suffi	ix Employer I	Name	
			PROVIDENCE FIRE FIGHTERS HEALTH AND S			
Street Add				Street Add	ress	
92 PRINTE	ERY ST		a	61.		a
City PROVIDEN	NCE		State Zip RI 02904	City		State Zip
Item	Transaction Type		Contribution Type PAC	Receipt Date 09/15/2021	Deposit Date	Contribution Amount
	Check		In Kind/Other Receipts Description			1,000.00
			in Kind/Other Receipts Description	ш		
		Con	tributor Information		Employ	er Data
Prefix Fi	rst Name	MI	Last Name or PAC/Party Committee Name Suffi	ix Employer I	Name	
			PROVIDENCE FIRE FIGHTERS LEADERSHIP P.			
Street Add				Street Add	ress	
	ERY STREET		St. 4. 72*	C:		54.4 77:
City PROVIDEN	NCF		State Zip RI 02904	City		State Zip
				D : (D)	D 11D 1	G . 7
Item	Transaction Type Check		Contribution Type PAC	08/16/2021	Deposit Date	Contribution Amount 1,000.00
	Check		In Kind/Other Receipts Description			1,000.00
			• •			
		Con	tributor Information		Employ	er Data
Prefix Fi	rst Name	MI	Last Name or PAC/Party Committee Name Suffi	ix Employer I	Name	
			PROVIDENCE FIRE FIGHTERS PUBLIC SAFET			
Street Add				Street Add	ress	
	ERY STREET		St. 4. 77	6.4		54.4 77:
City PROVIDEN	NCE		State Zip RI 02904	City		State Zip
				D 1 D 1	D 11D 1	0.47.4
Item	Transaction Type Check		Contribution Type PAC	Receipt Date 08/16/2021	Deposit Date	Contribution Amount 1,000.00
	CHCE		In Kind/Other Receipts Description			1,000.00
			tributor Information	_	Employ	er Data
Prefix Fi	rst Name	MI	Last Name or PAC/Party Committee Name Suffi	ix Employer I	Name	
Street Addı			PROVIDENCE FIREFIGHTERS LOCAL 799 IAF	S4 4.77		
orreet Addi	1622			Street Add	ress	

City

State

RI

State Zip

92 PRINTERY STREET

City PROVIDENCE

Item	Transaction Type Check		Contribution Type PAC		eceipt D ate 09/28/2021	Deposit Date	Co	ntribution Amount 500.00
			In Kind/Other Receipts Desc	ription				
		Con	tributor Information			Employ	or Data	
Prefix First N	Vame	MI	Last Name or PAC/Party Committee Name RI PHYSICAL THERAPY PAC	Suffix	Employer N		CI Data	
Street Address 55 ESTELLE D	RIVE				Street Addr	ess		
City WEST KINGST	ON		State Zip RI 02892		City		State	Zip
Item	Transaction Type Check		Contribution Type PAC		eceipt Date 09/23/2021	Deposit Date	Co	ntribution Amount 250.00
			In Kind/Other Receipts Desc	ription				
		Con	tributor Information			Employ	er Data	
Prefix First N	lame	MI	Last Name or PAC/Party Committee Name RI PRIMARY CARE PAC	Suffix	Employer N	ame		
Street Address 405 PROMENA	DE ST				Street Addr	ess		
City PROVIDENCE			State Zip RI 02908		City		State	Zip
Item	Transaction Type Check		Contribution Type PAC		eceipt Date 09/22/2021	Deposit Date	Co	ntribution Amount 500.00
			In Kind/Other Receipts Desc	ription				
		Con	tributor Information			Employ	er Data	
Prefix First N	Vame	MI	Last Name or PAC/Party Committee Name UNITED FOOD & COMMERCIAL WORKERS	Suffix U	Employer N	ame		
Street Address 278 SILVER SP	RING STREET				Street Addr	ess		
City PROVIDENCE			State Zip RI 02904-2593		City		State	Zip
Item	Transaction Type Other		Contribution Type Refund/Rebate		eceipt D ate 09/30/2021	Deposit Date	Co	ntribution Amount 2,500.00
refund of over	navment		In Kind/Other Receipts Desc	ription				

CityStateZipCityStateZipWashingtonDC20005

Suffix

Employer Name

Street Address

Employer Data

Rev. 3/02

Contributor Information

Last Name or PAC/Party Committee Name

Rising Tide Interactive, LLC

Prefix First Name

1250 H Street, NW, Suite 200

Street Address

CF-3

SCHEDULE OF EXPENDITURES

Key #	Full Nan	ne of Candidate or	r Committee		Reportin	g Period			
2,235		J MCKEE			From:	07/01/2021	To:	09/30/2	2021
					110111				
Check#	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type			Expen	diture An	
DM	07/06/2021		Campaign Expenditure	Bank Fees					\$38.47
Purpose of	Expenditure								
			Pay	ee Information					
Prefix	First Name		MI	LastName or Vendor Name					Suffix
				Act Blue					
Street Addı				City			State	Zip	
P. O. Box 44	41146			Somerville		1	MA	02144	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type			Expen	diture An	nount
DM	07/07/2021		Campaign Expenditure	Bank Fees					\$2.47
Purpose of	Expenditure								
			Pay	ee Information					
Prefix	First Name		МІ	LastName or Vendor Name					Suffix
				Act Blue					
Street Addı	ress			City			State	Zip	
P. O. Box 44	41146			Somerville		1	MA	02144	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type			Expen	diture An	nount
Dm	08/05/2021		Campaign Expenditure	Bank Fees					\$19.13
Purpose of	Expenditure								
			Pav	ee Information					
Prefix	First Name		MI	LastName or Vendor Name					Suffix
				Act Blue					
Street Add	ress			City			State	Zip	
P. O. Box 44	41146			Somerville		1	MA	02144	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type			Expen	diture An	nount
DM	08/10/2021		Campaign Expenditure	Bank Fees					\$32.74
Purpose of	Expenditure								
			Pav	ee Information					
Prefix	First Name		MI	LastName or Vendor Name					Suffix
				Act Blue					
Street Addı	ress			City			State	Zip	
P O Box 4	41146			Somerville			MA	02144	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type			Expen	diture An	nount
DM	08/26/2021		Campaign Expenditure	Bank Fees					\$1 61
Purpose of	Expenditure								
			Pav	ee Information					
Prefix	First Name		MI	LastName or Vendor Name					Suffix
				Act Blue					
Street Addı	ress			City			State	Zip	
P. O. Box 44	11116			Somerville			MA	02144	

May	Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount	
Perform First Name	DM	09/03/2021		Campaign Expenditure		_		
Net in Allers Lath Name or Vendor Name Softer Allers	Purpose of	Expenditure						
Net Name LatN more Vendor Name Softer Address Store Address Store Vision Proposed Facility Softer Address Store Vision Proposed Facility Softer Address Store Vision Proposed Facility Softer Vision Proposed Facility Expenditure Type Expenditure Type Expenditure Type Softer Vision Proposed Facility Profix First Name Profix In red Name Softer Vision Proposed Facility Softer Vision Proposed Facilit				n.	T. 0			
Second part	D C	Einst Name		•			CCC	
P. O. Box st 14 4 5 5 5 5 5 5 5 5	Frenx	First Name		MI			Sumx	
Page	Street Add	ress			City	State	Zip	
Pare	P. O. Box 4	41146			Somerville	MA	02144	
Pare	Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount	
Profix First Name First	214	•	•	• •		•		
Prefix First Name MI LastName or Vendor Name Suffixed Suffixed Suffixed Profixed Profixed State Zp Amm. Enrich Hard-burst 82 Church Surver State Zp Amm. Enrich Hard-burst 82 Church Surver Payment Date of Da	Purpose of	Expenditure						
Prefix First Name MI LastName or Vendor Name Suffixed Democratic Town Committee Street Address — Catiy — Bristol Democratic Town Committee Catiy — Bristol Democratic Town Committee Check # Expenditure 182 Church Surver Payment Date Payment Date Payment Date Payment Date Payment Type Expenditure Type Expenditure Type Expenditure Type Safet Payment Date P				n	T. 0			
Street Addr	n c	E' AN		-			er em	
City State business Zip color of part of	Prenx	First Name		MI			Sumx	
Prefix First Name Payment Date Payment Dat	Stucet Add					State	7:	
Part			Street		•			
DM 09/07/2021 Campaign Expenditure Bank Fees \$33.50 Payer Information Prefix First Name Payer Information Campaign Deputy Street Address City State Xpi Pogo 05 x Spenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Type Suffix Prefix First Name Payment Date Payment Date Payment Date Advisor of Campaign Deputy City State Xpi Advisor of Campaign Deputy Check # Expenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Advisor of Vendor Name Compaign Deputy Prefix First Name Payment Date Disbursement Type Expenditure Type Expenditure Date Suffix Prefix First	Aun. Liten	riasiciusi 62 Citurcii 5	, acci		Distor	KI	02007	
Prefix First Name Payer Information Suffix	Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount	
Prefix First Name Payee Information Campaign Deputy Street Address Deputy City State Zip Profix Sample Deputy Expenditure Type Expenditure Type Expenditure Type State June	DM	09/07/2021		Campaign Expenditure	Bank Fees		\$33.50	
Prefix First Name MI LastName or Vendor Name Campaign Deputy Suffix Campaign Deputy Street Address FO BOX 814 1	Purpose of	Expenditure						
Prefix First Name MI LastName or Vendor Name Campaign Deputy Suffix Campaign Deputy Street Address Pollow 18 Pollo				_				
Campaign Deputy Campaign Deputy City State Zip				•				
Street Address City State Louisville Zip (NY) 40257 Check # Expenditure Date DM (08/30/2021) Payment Date Date DM (08/30/2021) Disbursement Type (Disbursement Type (Disbursement Type) Expenditure Type (Disbursement Type) Expenditure Date Date Date Date Date Date Date Dat	Prefix	First Name		MI			Suffix	
PO Box 8141	C					G	7.	
Check # Sependiture Date Most					-			
May obt of State of S	FO Box 81-	+1			Louisvine	KI	40237	
Payes Information Prefix First Name Payes Information Prefix First Name Suffix Suppose Insert Name State Zip State Zip PO Box 8141 State Zip Colspan="6">Expenditure Type Expenditure Type Expenditure Pout Pofessional Services State Information Prefix First Name Payes Information Campaign Deputy Campaign Deputy Prefix First Name Payes Information Campaign Expenditure Type Expenditure Type Expenditure Amount Prefix Expenditure Date Payment Date Payment Date Campaign Expenditure Bank Fees Suffix Prefix First Name Payes Information Prefix Payes Information Suffix	Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Exper	nditure Amount	
Payer Information Prefix First Name MI LastName or Vendor Name Suffix Campaign Deputy Street Address State Zip Accordance Accordance Expenditure Date KY 40257 Check # Expenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Amount 198 07/01/2021 Campaign Expenditure Consultant & Professional Services \$150.00 Payer Information Campaign Deputy Suffix Staffix Suffix Campaign Deputy Suffix State Zip PO Box 81-1 First Name Staffix Zip Check # Expenditure Date RY 40257 Check # Expenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Amount DM 0/26/2021 Campaign Expenditure Bank Fees \$3.80 Payer Information <td col<="" td=""><td>DM</td><td>08/30/2021</td><td></td><td>Campaign Expenditure</td><td>Bank Fees</td><td></td><td>\$67.00</td></td>	<td>DM</td> <td>08/30/2021</td> <td></td> <td>Campaign Expenditure</td> <td>Bank Fees</td> <td></td> <td>\$67.00</td>	DM	08/30/2021		Campaign Expenditure	Bank Fees		\$67.00
Prefix First Name MI LastName or Vendor Name Campaign Deputy State Zip Street Address City State Zip PO Box 814 1	Purpose of	Expenditure						
Prefix First Name MI LastName or Vendor Name Campaign Deputy State Zip Street Address City State Zip PO Box 814 1				n.	T. 6			
Street Addl	D . C	E' A N		•			C CC	
Street Address City Louisville KY 40257 Check # Expenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Amount 198 07/01/2021 Campaign Expenditure 201 Campaign Expenditure 202 Campaign Expenditure 203 Campaign Expenditure 204 Campaign Expenditure 204 Campaign Expenditure 205 Campaign Deputy 206 Campaign Deputy 206 Campaign Expenditure 206 Campaign Deputy 207 Campaign Expenditure 208 City State Zip 209 Campaign Expenditure 209 Campaign Expenditure 200 Campaign Expenditure 200 Campaign Expenditure 201 Campaign Expenditure 202 Campaign Expenditure 203 Campaign Expenditure 203 Campaign Expenditure 204 Campaign Expenditure 205 Campaign Expenditure 206 Campaign Expenditure 207 Campaign Expenditure 208 Campaign Expenditure 209 Campaign Expenditure 200 Campaign Expenditure 200 Campaign Expenditure 201 Campaign Expenditure 202 Campaign Expenditure 203 Campaign Expenditure 204 Campaign Expenditure 205 Campaign Expenditure 206 Campaign Expenditure 207 Campaign Expenditure 208 Campaign Expenditure 209 Campaign Expenditure 200 Campaign Expenditure 200 Campaign Expenditure 200 Campaign Expenditure 201 Campaign Expenditure 202 Campaign Expenditure 203 Campaign Expenditure 204 Campaign Expenditure 205 Campaign Expenditure 206 Campaign Expenditure 207 Campaign Expenditure 208 Campaign Expenditure 209 Campaign Expenditure 200 Campaign Expenditure 200 Campaign Expenditure 200 Campaign Expenditure 201 Campaign Expenditure 202 Campaign Expenditure 203 Campaign Expenditure 204 Campaign Expenditure 205 Campaign Expenditure 206 Campaign Expenditure 207 Campaign Expenditure 208 Campaign Expenditure 209 Campaign Expenditure 200 Campaign Expenditure 200 Campaign Expenditure 200 Campaign Expenditure 200 Campaign Expenditure 201 Campaign	Prefix	First Name		MI			Suffix	
PO Box 8141 Louisville KY 40257 Check # Expenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Type State Amount 198	Stuast Add					State	7:	
Check # Expenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Amount 198 07/01/2021 Campaign Expenditure Consultant & Professional Services \$150 00 Purpose of Expenditure Campaign Expenditure Campaign Expenditure Campaign Deputy Campaign Expenditure Type Expenditure Type Expenditure Amount Campaign Expenditure Date Disbursement Type Disbursement Type Dank Fees \$3 80 Purpose of Expenditure Campaign Expenditure Campaign Deputy Catpaign Deput							10057	
198 07/01/2021 Campaign Expenditure Consultant & Professional Services \$150 00 Purpose of Expenditure database Payee Information Prefix First Name Payee Information Street Address City State Zip PO Box 8141 Louisville KY 40257 Check # Expenditure Date Date Disbursement Type Expenditure Type Expenditure Type Expenditure Pow O7/26/2021 Campaign Expenditure Bank Fees \$3 80 Purpose of Expenditure Prefix First Name MI LastName or Vendor Name Suffix Campaign Deputy Street Address Suffix S					15005VIIIC		10257	
Purpose of Expenditure database Payee Information Prefix First Name MI LastName or Vendor Name Campaign Deputy Street Address PO Box 8141 Check # Expenditure Date Disbursement Type Campaign Expenditure Pank Purpose of Expenditure Payee Information Prefix First Name MI LastName or Vendor Name Campaign Deputy Street Address City State Zip		•	Payment Date			Expe		
Prefix First Name First Name Payee Information Prefix First Name MII LastName or Vendor Name Suffix Campaign Deputy City State Zip PO Box 8141 Louisville KY 40257 Check # Expenditure Date Payment Date Campaign Expenditure Bank Fees \$3.80 Purpose of Expenditure Payee Information Prefix First Name MII LastName or Vendor Name Suffix Campaign Deputy Street Address City State Zip Staffix Suffix Campaign Deputy Street Address State Zip				Campaign Expenditure	Consultant & Professional Services		\$150 00	
Prefix First Name MI LastName or Vendor Name Campaign Deputy Street Address City State Zip PO Box 8141 Louisville Expenditure Date Disbursement Type Expenditure Type Expenditure Type O7/26/2021 Bank Fees \$380 Purpose of Expenditure Prefix First Name MI LastName or Vendor Name Campaign Deputy Street Address State Zip State Adount Suffix Amount Campaign Expenditure Payee Information Prefix First Name MI LastName or Vendor Name Campaign Deputy Street Address State Zip	-	Expenditure						
Prefix First Name MI LastName or Vendor Name Campaign Deputy Street Address City State PO Box 8141 Check # Expenditure Date Payment Date Disbursement Type Campaign Expenditure Type DM 07/26/2021 Campaign Expenditure Payer Information Prefix First Name MI LastName or Vendor Name Campaign Deputy Street Address City State Suffix Suffix Suffix Suffix Suffix	database			D	- If4!			
Street Address City State Zip PO Box 8141 Louisville KY 40257 Check # Expenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Type Expenditure Amount DM 07/26/2021 Campaign Expenditure Bank Fees \$3 80 Purpose of Expenditure Prefix First Name MI LastName or Vendor Name Campaign Deputy Street Address City State Zip	D C	Einst Name					C	
Street Address City State Zip PO Box 8141 Louisville KY 40257 Check # Expenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Type Expenditure Type O7/26/2021 Campaign Expenditure Bank Fees \$3.80 Purpose of Expenditure Prefix First Name MI LastName or Vendor Name Campaign Deputy Street Address City State Zip	Frenx	First Name		MII			Sumx	
PO Box 8141 Check # Expenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Type Disbursement Type Disbursement Type Expenditure Type Expenditure Amount Sank Fees Sank	Street Add	racc				State	7in	
DM 07/26/2021 Campaign Expenditure Bank Fees \$3 80 Purpose of Expenditure Payee Information Prefix First Name MI LastName or Vendor Name Suffix Campaign Deputy City State Zip								
DM 07/26/2021 Campaign Expenditure Bank Fees \$3 80 Purpose of Expenditure Payee Information Prefix First Name MI LastName or Vendor Name Suffix Campaign Deputy City State Zip								
Purpose of Expenditure Payee Information Prefix First Name MI LastName or Vendor Name Suffix Campaign Deputy Street Address City State Zip		_	Payment Date			Expe		
Payee Information Prefix First Name MI LastName or Vendor Name Suffix Campaign Deputy Street Address City State Zip				Campaign Expenditure	Bank Fees		\$3 80	
Prefix First Name MI LastName or Vendor Name Suffix Campaign Deputy Street Address City State Zip	rurpose of	Expenditure						
Prefix First Name MI LastName or Vendor Name Suffix Campaign Deputy Street Address City State Zip				Pave	e Information			
Campaign Deputy Street Address City State Zip	Prefix	First Name					Suffix	
Street Address City State Zip		TH SULVAINE						
		TH St Name						
	Street Add				Campaign Deputy	State	Zip	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount	
DM	07/31/2021	•	Campaign Expenditure	Bank Fees	-	\$16.20	
Purpose of	Expenditure						
			Dani	Information			
Prefix	First Name		MI	ee Information LastName or Vendor Name		Suffix	
Frenx	First Name		MI	Campaign Deputy		Sumx	
Street Add	ress			City	State	Zip	
PO Box 814	11			Louisville	KY	40257	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount	
208	08/05/2021		Campaign Expenditure	Consultant & Professional Services		\$150.00	
Purpose of	Expenditure						
			Pay	ee Information			
Prefix	First Name		MI	LastName or Vendor Name Campaign Deputy		Suffix	
Street Add	rocc			City	State	Zip	
PO Box 814				Louisville	KY	40257	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount	
224	09/20/2021		Campaign Expenditure	Consultant & Professional Services		\$305.68	
Purpose of	Expenditure						
data base	-						
			Pay	ee Information			
Prefix	First Name		MI	LastName or Vendor Name		Suffix	
				Campaign Deputy			
Street Add	ress			City	State	Zip	
PO Box 814	1 1			Louisville	KY	40257	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	Expenditure Amount	
DM	09/30/2021		Campaign Expenditure	Bank Fees		\$158.10	
Purpose of	Expenditure						
			Day	ee Information			
Prefix	First Name		MI	LastName or Vendor Name		Suffix	
TTenx	rust Name		MI	Campaign Deputy		Sum	
Street Add	ress			City	State	Zip	
PO Box 814	1 1			Louisville	KY	40257	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount	
DM	09/30/2021		Campaign Expenditure	Bank Fees		\$33.50	
Purpose of	Expenditure						
			D	T			
Prefix	First Name		MI	ee Information LastName or Vendor Name		Suffix	
Frenx	rirst Name		MI	Campaign Deputy		Sumx	
Street Add	ress			City	State	Zip	
PO Box 814	11			Louisville	KY	40257	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount	
202	07/07/2021		Campaign Expenditure	Fundraising Expenses		\$391 50	
D	Expenditure						
Purpose of							
Purpose of			Pay	ee Information			
Purpose of	First Name		Pay MI	ee Information LastName or Vendor Name		Suffix	
	First Name		•			Suffix	
			•	LastName or Vendor Name	State	Suffix Zip	

	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
204	07/09/2021		Campaign Expenditure	Consultant & Professional Services		\$200.00
Purpose of	Expenditure					
			_			
	7 1 3 7		•	ee Information		
Prefix	First Name Daniel		MI	LastName or Vendor Name Costello		Suffix
G					G	
Street Add	ress			City	State	Zip
5 Brett Dr				Foster	RI	02825
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
212	08/16/2021	•	Campaign Expenditure	Consultant & Professional Services	•	\$200.00
Purpose of	Expenditure					
-	-					
			Paye	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
	Daniel			Costello		
Street Add	ress			City	State	Zip
5 Brett Dr				Foster	RI	02825
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
220	09/09/2021		Campaign Expenditure	Consultant & Professional Services		\$200.00
Purpose of	Expenditure					
			Paye	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
	Daniel			Costello		
Street Add	ress			City	State	Zip
5 Brett Dr				Foster	RI	02825
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
221			Campaign Expenditure	Consultant & Professional Services		
	09/09/2021		Cumpuign Emperioritie			\$1,000.00
	09/09/2021 Expenditure		Cumpuign Emperionius			\$1,000.00
						\$1,000.00
Purpose of	Expenditure		Payo	ee Information		
				LastName or Vendor Name		Suffix
Purpose of Prefix	Expenditure First Name		Payo	LastName or Vendor Name Estrada Bookkeeping/Political Consulting		Suffix
Purpose of Prefix Street Add	Expenditure First Name		Payo	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City	State	Suffix Zip
Purpose of Prefix	Expenditure First Name		Payo	LastName or Vendor Name Estrada Bookkeeping/Political Consulting	State RI	Suffix
Purpose of Prefix Street Address 60 Christop	First Name ress ther Street	Payment Date	Payo MI	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence	RI	Suffix Zip 02904
Purpose of Prefix Street Address 60 Christop Check #	First Name ress sher Street Expenditure Date	Payment Date	Payo MI Disbursement Type	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type	RI	Suffix Zip 02904 nditure Amount
Purpose of Prefix Street Add: 60 Christop Check # 211	First Name First Name ress ther Street Expenditure Date 08/10/2021	Payment Date	Payo MI	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence	RI	Suffix Zip 02904
Purpose of Prefix Street Add: 60 Christop Check # 211	First Name ress sher Street Expenditure Date	Payment Date	Payo MI Disbursement Type	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type	RI	Suffix Zip 02904 nditure Amount
Purpose of Prefix Street Add: 60 Christop Check # 211	First Name First Name ress ther Street Expenditure Date 08/10/2021	Payment Date	Payo MI Disbursement Type Campaign Expenditure	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services	RI	Suffix Zip 02904 nditure Amount
Purpose of Prefix Street Adda 60 Christop Check # 211 Purpose of	First Name First Name ress ther Street Expenditure Date 08/10/2021 Expenditure	Payment Date	Payo MI Disbursement Type Campaign Expenditure	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services	RI	Suffix Zip 02904 nditure Amount \$1,000 00
Purpose of Prefix Street Add: 60 Christop Check # 211	First Name First Name ress ther Street Expenditure Date 08/10/2021	Payment Date	Payo MI Disbursement Type Campaign Expenditure	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name	RI	Suffix Zip 02904 nditure Amount
Purpose of Prefix Street Adds 60 Christop Check # 211 Purpose of	First Name First Name ress ther Street Expenditure Date 08/10/2021 Expenditure First Name	Payment Date	Payo MI Disbursement Type Campaign Expenditure	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Estrada Bookkeeping/Political Consulting	RI Expe	Suffix Zip 02904 Inditure Amount \$1,000 00
Purpose of Prefix Street Addd 60 Christop Check # 211 Purpose of Prefix Street Addd	First Name ress ther Street Expenditure Date 08/10/2021 Expenditure First Name	Payment Date	Payo MI Disbursement Type Campaign Expenditure	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Estrada Bookkeeping/Political Consulting City	RI Expe	Suffix Zip 02904 nditure Amount \$1,000 00 Suffix Zip
Purpose of Prefix Street Adds 60 Christop Check # 211 Purpose of	First Name ress ther Street Expenditure Date 08/10/2021 Expenditure First Name	Payment Date	Payo MI Disbursement Type Campaign Expenditure	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Estrada Bookkeeping/Political Consulting	RI Expe	Suffix Zip 02904 Inditure Amount \$1,000 00
Purpose of Prefix Street Addd 60 Christop Check # 211 Purpose of Prefix Street Addd	First Name ress ther Street Expenditure Date 08/10/2021 Expenditure First Name ress ther Street	Payment Date	Payo MI Disbursement Type Campaign Expenditure Payo MI	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence	RI Expe	Suffix Zip 02904 Inditure Amount \$1,000 00 Suffix Zip 02904
Purpose of Prefix Street Addi 60 Christop Check # 211 Purpose of Prefix Street Addi 60 Christop	First Name ress ther Street Expenditure Date 08/10/2021 Expenditure First Name		Payo MI Disbursement Type Campaign Expenditure	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Estrada Bookkeeping/Political Consulting City	RI Expe	Suffix Zip 02904 nditure Amount \$1,000 00 Suffix Zip
Purpose of Prefix Street Addit 60 Christop Check # 211 Purpose of Prefix Street Addit 60 Christop Check # 200	First Name ress ther Street Expenditure Date 08/10/2021 Expenditure First Name ress ther Street Expenditure Expenditure		Payo MI Disbursement Type Campaign Expenditure Payo MI Disbursement Type	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type	RI Expe	Suffix Zip 02904 Inditure Amount \$1,000 00 Suffix Zip 02904 Inditure Amount
Purpose of Prefix Street Addit 60 Christop Check # 211 Purpose of Prefix Street Addit 60 Christop Check # 200	First Name ress ther Street Expenditure Date 08/10/2021 Expenditure First Name ress ther Street Expenditure Date		Payo MI Disbursement Type Campaign Expenditure Payo MI Disbursement Type	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type	RI Expe	Suffix Zip 02904 Inditure Amount \$1,000 00 Suffix Zip 02904 Inditure Amount
Purpose of Prefix Street Addit 60 Christop Check # 211 Purpose of Prefix Street Addit 60 Christop Check # 200	First Name ress ther Street Expenditure Date 08/10/2021 Expenditure First Name ress ther Street Expenditure Expenditure		Paye MI Disbursement Type Campaign Expenditure Paye MI Disbursement Type Campaign Expenditure	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services	RI Expe	Suffix Zip 02904 Inditure Amount \$1,000 00 Suffix Zip 02904 Inditure Amount
Purpose of Prefix Street Addi 60 Christop Check # 211 Purpose of Prefix Street Addi 60 Christop Check # 200 Purpose of	First Name ress ther Street Expenditure Date 08/10/2021 Expenditure First Name ress ther Street Expenditure 2 Expenditure Expenditure Date 07/06/2021		Payo MI Disbursement Type Campaign Expenditure Payo MI Disbursement Type Campaign Expenditure Payor	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services	RI Expe	Suffix Zip 02904 Inditure Amount \$1,000 00 Suffix Zip 02904 Inditure Amount \$2,000.00
Purpose of Prefix Street Addit 60 Christop Check # 211 Purpose of Prefix Street Addit 60 Christop Check # 200	First Name ress ther Street Expenditure Date 08/10/2021 Expenditure First Name ress ther Street Expenditure Expenditure		Paye MI Disbursement Type Campaign Expenditure Paye MI Disbursement Type Campaign Expenditure	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services	RI Expe	Suffix Zip 02904 Inditure Amount \$1,000 00 Suffix Zip 02904 Inditure Amount
Purpose of Prefix Street Addi 60 Christop Check # 211 Purpose of Prefix Street Addi 60 Christop Check # 200 Purpose of	First Name ress ther Street Expenditure Date 08/10/2021 Expenditure First Name ress ther Street Expenditure Date 07/06/2021 Expenditure Date 07/06/2021		Payo MI Disbursement Type Campaign Expenditure Payo MI Disbursement Type Campaign Expenditure Payor	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Estrada Bookkeeping/Political Consulting	State RI Expe	Suffix Zip 02904 Inditure Amount \$1,000 00 Suffix Zip 02904 Inditure Amount \$2,000.00 Suffix
Purpose of Prefix Street Addi 60 Christop Check # 211 Purpose of Prefix Street Addi 60 Christop Check # 200 Purpose of	First Name ress ther Street Expenditure Date 08/10/2021 Expenditure First Name ress ther Street Expenditure Date 07/06/2021 Expenditure First Name		Payo MI Disbursement Type Campaign Expenditure Payo MI Disbursement Type Campaign Expenditure Payor	LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Estrada Bookkeeping/Political Consulting City Providence Expenditure Type Consultant & Professional Services	RI Expe	Suffix Zip 02904 Inditure Amount \$1,000 00 Suffix Zip 02904 Inditure Amount \$2,000.00

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
199	07/01/2021		Campaign Expenditure	Consultant & Professional Services		\$1,500.00
Purpose of	Expenditure					
			Dove	oo Information		
Prefix	First Name		MI	ee Information LastName or Vendor Name		Suffix
rrenx	First Name		MI	Galvin & Associates		Sumx
Street Addı	2297			City	State	Zip
	ow, 5th Floor			Providence	RI	02903
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
207	08/02/2021		Campaign Expenditure	Consultant & Professional Services		\$1,500.00
Purpose of	Expenditure					
			D	T. 0		
D 6	T7 . 37		_	ee Information		0.65
Prefix	First Name		MI	LastName or Vendor Name		Suffix
04 4 4 1 1				Galvin & Associates	C+ +	7.
One Park P.	ress ow, 5th Floor			City Providence	State RI	Zip 02903
One Falk IO	ow, 5th F1001			Flovidence	KI	02903
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
218	09/01/2021	•	Campaign Expenditure	Consultant & Professional Services	•	\$1,500.00
Purpose of	Expenditure					
			Paye	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Galvin & Associates		
Street Addı				City	State	Zip
One Park R	ow, 5th Floor			Providence	RI	02903
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
217	08/31/2021	,	Campaign Expenditure	Consultant & Professional Services		\$3,000.00
Purpose of	Expenditure					
	_					
			Paye	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
	Rachel			Goldstein		
Street Add				City	State	Zip
32 Parker S	treet, #5			Boston	MA	02126
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Eyne	nditure Amount
206	07/23/2021	1 ayment Date	Campaign Expenditure	Consultant & Professional Services	Lape	\$3,000 00
Purpose of	Expenditure					
	•					
			Paye	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
	Rachel			Goldstein		
Street Add	ress			City	State	Zip
				Boston	MA	02126
32 Parker S	treet, #5			Boston		
		Payment Data	Dishussement Trans			
Check #	Expenditure Date	Payment Date	Disbursement Type Campaign Expenditure	Expenditure Type		nditure Amount
Check # 222	Expenditure Date 09/14/2021	Payment Date	Disbursement Type Campaign Expenditure			
Check # 222	Expenditure Date	Payment Date		Expenditure Type		nditure Amount
Check # 222	Expenditure Date 09/14/2021	Payment Date	Campaign Expenditure	Expenditure Type		nditure Amount
Check # 222	Expenditure Date 09/14/2021	Payment Date	Campaign Expenditure	Expenditure Type Donations (Political)		nditure Amount
Check # 222 Purpose of	Expenditure Date 09/14/2021 Expenditure	Payment Date	Campaign Expenditure	Expenditure Type Donations (Political) ree Information		nditure Amount \$500.00
Check # 222 Purpose of	Expenditure Date 09/14/2021 Expenditure First Name	Payment Date	Campaign Expenditure	Expenditure Type Donations (Political) ee Information LastName or Vendor Name		nditure Amount \$500.00

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Exper	nditure Amount
209	08/05/2021	•	Campaign Expenditure	Consultant & Professional Services	•	\$7,000.00
Purpose of Ex	xpenditure					
			Payee I	nformation		
Prefix	First Name			astName or Vendor Name		Suffix
			I	B Strategies		
Street Addres	SS			City	State	Zip
PO Box 3657				Westport	MA	02790
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Fynor	nditure Amount
203	07/08/2021	1 ayment Date	Campaign Expenditure	Consultant & Professional Services	Laper	\$25,000.00
Purpose of Ex						 ,
urpose or La	ремините					
			Pavee I	nformation		
Prefix	First Name		-	astName or Vendor Name		Suffix
				B Strategies		
Street Addres	is			City	State	Zip
PO Box 3657				Westport	MA	02790
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Exper	nditure Amount
DM	07/02/2021	_	Campaign Expenditure	Fundraising Expenses	•	\$2,435.92
Purpose of Ex	xpenditure					
	- F					
			Payee I	nformation		
Prefix	First Name		•	astName or Vendor Name		Suffix
				Marriott - Providence		
Street Addres	ss			City	State	Zip
l Orms Street				Providence	RI	02904
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Exper	nditure Amount
DM	07/15/2021		Campaign Expenditure	Bank Fees		\$30.00
Purpose of Ex	xpenditure					
			D I	nformation		
			Payee 1			
Prefix	First Name		•	astName or Vendor Name		Suffix
Prefix	First Name		MI I			Suffix
			MI I	astName or Vendor Name	State	Suffix Zip
Street Addres	ss		MI I	astName or Vendor Name Iavigant Credit Union	State RI	
Street Addres	ss		MI I	astName or Vendor Name Iavigant Credit Union City		Zip
Street Addres 1005 Douglas	ss	Payment Date	MI I	astName or Vendor Name Iavigant Credit Union City	RI	Zip
Street Addres 1005 Douglas Check #	ss Pike	Payment Date	MI I	astName or Vendor Name Iavigant Credit Union City Smithfield	RI	Zip 02917
Street Addres 1005 Douglas Check # DM	Expenditure Date 09/01/2021	Payment Date	MI I	astName or Vendor Name Iavigant Credit Union City Smithfield Expenditure Type	RI	Zip 02917 nditure Amount
Street Addres 1005 Douglas Check # DM	Expenditure Date 09/01/2021	Payment Date	MI I	astName or Vendor Name Iavigant Credit Union City Smithfield Expenditure Type	RI	Zip 02917 nditure Amount
Street Addres 1005 Douglas Check # DM	Expenditure Date 09/01/2021	Payment Date	MI I N Disbursement Type Campaign Expenditure	astName or Vendor Name Iavigant Credit Union City Smithfield Expenditure Type	RI	Zip 02917 nditure Amount
Street Addres 1005 Douglas Check # DM Purpose of Ex	Expenditure Date 09/01/2021	Payment Date	MI I N Disbursement Type Campaign Expenditure	astName or Vendor Name Iavigant Credit Union City Smithfield Expenditure Type Bank Fees	RI	Zip 02917 nditure Amount
Street Addres 1005 Douglas Check # DM Purpose of Ex	Expenditure Date 09/01/2021	Payment Date	MI I Disbursement Type Campaign Expenditure Payee I MI I	astName or Vendor Name Iavigant Credit Union City Smithfield Expenditure Type Bank Fees	RI	Zip 02917 aditure Amount \$5 00
Street Addres 1005 Douglas Check # DM Purpose of Ex	Expenditure Date 09/01/2021 xpenditure First Name	Payment Date	MI I Disbursement Type Campaign Expenditure Payee I MI I	astName or Vendor Name Iavigant Credit Union City Smithfield Expenditure Type Bank Fees Information .astName or Vendor Name	RI	Zip 02917 aditure Amount \$5 00
Street Addres 1005 Douglas Check # DM Purpose of Ex Prefix	Expenditure Date 09/01/2021 xpenditure First Name	Payment Date	MI I Disbursement Type Campaign Expenditure Payee I MI I	astName or Vendor Name Varigant Credit Union City Smithfield Expenditure Type Bank Fees Information Control of Name Varigant Credit Union	RI Expe	Zip 02917 Inditure Amount \$5 00
Prefix Street Addres 1005 Douglas Check # DM Purpose of Ex Prefix Street Addres 1005 Douglas	Expenditure Date 09/01/2021 xpenditure First Name		MI I N Disbursement Type Campaign Expenditure Payee I MI I	astName or Vendor Name Iavigant Credit Union City Smithfield Expenditure Type Bank Fees Information astName or Vendor Name Iavigant Credit Union City Smithfield	RI Exper	Zip 02917 Inditure Amount \$5 00 Suffix Zip
Street Addres 1005 Douglas Check # DM Purpose of Ex Prefix Street Addres 1005 Douglas Check #	Expenditure Date 09/01/2021 xpenditure First Name ss Pike Expenditure Date	Payment Date Payment Date	MI I N Disbursement Type Campaign Expenditure Payee I MI I N Disbursement Type	astName or Vendor Name Iavigant Credit Union City Smithfield Expenditure Type Bank Fees Information LastName or Vendor Name Iavigant Credit Union City Smithfield Expenditure Type	RI Exper	Zip 02917 Inditure Amount \$5 00 Suffix Zip 02917 Inditure Amount
Street Addres 1005 Douglas Check # DM Purpose of Ex Prefix Street Addres 1005 Douglas Check # 210	Expenditure Date 09/01/2021 xpenditure First Name ss Pike Expenditure Date 08/05/2021		MI I N Disbursement Type Campaign Expenditure Payee I MI I	astName or Vendor Name Iavigant Credit Union City Smithfield Expenditure Type Bank Fees Information astName or Vendor Name Iavigant Credit Union City Smithfield	RI Exper	Zip 02917 Inditure Amount \$5 00 Suffix Zip 02917
Street Addres 1005 Douglas Check # DM Purpose of Ex Prefix Street Addres 1005 Douglas Check #	Expenditure Date 09/01/2021 xpenditure First Name ss Pike Expenditure Date 08/05/2021		MI I N Disbursement Type Campaign Expenditure Payee I MI I N Disbursement Type	astName or Vendor Name Iavigant Credit Union City Smithfield Expenditure Type Bank Fees Information LastName or Vendor Name Iavigant Credit Union City Smithfield Expenditure Type	RI Exper	Zip 02917 Inditure Amount \$5 00 Suffix Zip 02917 Inditure Amount
Street Addres 1005 Douglas Check # DM Purpose of Ex Prefix Street Addres 1005 Douglas Check # 210	Expenditure Date 09/01/2021 xpenditure First Name ss Pike Expenditure Date 08/05/2021		MI I N Disbursement Type Campaign Expenditure Payee I MI I N Disbursement Type	astName or Vendor Name Iavigant Credit Union City Smithfield Expenditure Type Bank Fees Information LastName or Vendor Name Iavigant Credit Union City Smithfield Expenditure Type	RI Exper	Zip 02917 Inditure Amount \$5 00 Suffix Zip 02917 Inditure Amount
Street Addres 1005 Douglas Check # DM Purpose of Ex Prefix Street Addres 1005 Douglas Check #	Expenditure Date 09/01/2021 xpenditure First Name ss Pike Expenditure Date 08/05/2021		MI I Disbursement Type Campaign Expenditure Payee I MI I Disbursement Type Campaign Expenditure	astName or Vendor Name Iavigant Credit Union City Smithfield Expenditure Type Bank Fees Information LastName or Vendor Name Iavigant Credit Union City Smithfield Expenditure Type	RI Exper	Zip 02917 Inditure Amount \$5 00 Suffix Zip 02917 Inditure Amount
Street Addres 1005 Douglas Check # DM Purpose of Ex Prefix Street Addres 1005 Douglas Check # 210 Purpose of Ex	Expenditure Date 09/01/2021 xpenditure First Name ss Pike Expenditure Date 08/05/2021		MI I Disbursement Type Campaign Expenditure Payee I MI I Disbursement Type Campaign Expenditure	AsstName or Vendor Name Very Smithfield Expenditure Type Bank Fees Information AsstName or Vendor Name Very Smithfield Expenditure Type Sant Fees Expenditure Type Consultant & Professional Services	RI Exper	Zip 02917 Inditure Amount \$5 00 Suffix Zip 02917 Inditure Amount
Street Addres 1005 Douglas Check # DM Purpose of Ex Prefix Street Addres 1005 Douglas Check # 210 Purpose of Ex	Expenditure Date 09/01/2021 xpenditure First Name ss Pike Expenditure Date 08/05/2021 xpenditure		MI I Disbursement Type Campaign Expenditure Payee I MI I Disbursement Type Campaign Expenditure Payee I MI I N	AsstName or Vendor Name City Smithfield Expenditure Type Bank Fees Information AsstName or Vendor Name City Smithfield Expenditure Type Consultant & Professional Services	RI Exper	Zip 02917 Inditure Amount \$5 00 Suffix Zip 02917 Inditure Amount \$4,050.00
Street Addres 1005 Douglas Check # DM Purpose of Ex Prefix Street Addres 1005 Douglas Check #	Expenditure Date 09/01/2021 xpenditure First Name as Pike Expenditure Date 08/05/2021 xpenditure First Name		MI I Disbursement Type Campaign Expenditure Payee I MI I Disbursement Type Campaign Expenditure Payee I MI I N	astName or Vendor Name City Smithfield Expenditure Type Bank Fees Information astName or Vendor Name Vendor Name Very Smithfield Expenditure Type Consultant & Professional Services Information astName or Vendor Name City Smithfield	RI Exper	Zip 02917 Inditure Amount \$5 00 Suffix Zip 02917 Inditure Amount \$4,050.00

Check # DM	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
	09/09/2021		Campaign Expenditure	Other		\$283.50
ata base	Expenditure					
			•	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				NGP Van Inc		
Street Addı	ress			City	State	Zip
PO Box 392	2264			Pittsburgh	PA	15251
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
213	08/17/2021		Campaign Expenditure	Fundraising Expenses		\$240.68
Purpose of	Expenditure					
			Pav	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
rena	I ii st I taine		.,,,,	Regine Printing		Suma
Street Addı				-	State	7:
208 Laurel l				City Providence	State RI	Zip 02909
206 Laurer	HIII Ave			Flovidence	KI	02909
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
215	08/24/2021		Campaign Expenditure	Fundraising Expenses		\$23.54
Purpose of	Expenditure					
			Dan	on Information		
DC	Einst Name		•	ee Information		C
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Regine Printing		
Street Addı				City	State	Zip
208 Laurel 1	Hill Ave			Providence	RI	02909
Check#	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
216	08/30/2021		Campaign Expenditure	Consultant & Professional Services		\$4,000.00
Purpose of	Expenditure					
			Pav	ee Information		
Prefix			•			
	First Name		MI			Suffin
пенх	First Name		MI	LastName or Vendor Name		Suffix
			MI	Rising Tide Interactive, LLC		
Street Addı	ress		MI	Rising Tide Interactive, LLC City	State	Zip
Street Addı			MI	Rising Tide Interactive, LLC	State DC	
Street Addi 1250 H Stre	ress	Payment Date	MI Disbursement Type	Rising Tide Interactive, LLC City	DC	Zip
Street Addi 1250 H Stre Check #	ress eet, NW, Suite 200	Payment Date		Rising Tide Interactive, LLC City Washington	DC	Zip 20005
Street Addi 1250 H Stre Check # 219	ress eet, NW, Suite 200 Expenditure Date	Payment Date	Disbursement Type	Rising Tide Interactive, LLC City Washington Expenditure Type	DC	Zip 20005 nditure Amount
Street Addi 1250 H Stre Check # 219	ress eet, NW, Suite 200 Expenditure Date 09/09/2021	Payment Date	Disbursement Type Campaign Expenditure	Rising Tide Interactive, LLC City Washington Expenditure Type Consultant & Professional Services	DC	Zip 20005 nditure Amount
Street Addi 1250 H Stre Check # 219 Purpose of	et, NW, Suite 200 Expenditure Date 09/09/2021 Expenditure	Payment Date	Disbursement Type Campaign Expenditure	Rising Tide Interactive, LLC City Washington Expenditure Type Consultant & Professional Services	DC	Zip 20005 nditure Amount \$4,000.00
Street Addi 1250 H Stre Check # 219 Purpose of	ress eet, NW, Suite 200 Expenditure Date 09/09/2021	Payment Date	Disbursement Type Campaign Expenditure	Rising Tide Interactive, LLC City Washington Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name	DC	Zip 20005 nditure Amount
Street Addi 1250 H Stre Check # 219 Purpose of Prefix	Expenditure Date 09/09/2021 Expenditure First Name	Payment Date	Disbursement Type Campaign Expenditure	Rising Tide Interactive, LLC City Washington Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Rising Tide Interactive, LLC	DC Expe	Zip 20005 nditure Amount \$4,000.00 Suffix
Street Addi 1250 H Stre Check # 219 Purpose of Prefix	Expenditure Date 09/09/2021 Expenditure First Name	Payment Date	Disbursement Type Campaign Expenditure	Rising Tide Interactive, LLC City Washington Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name	DC	Zip 20005 nditure Amount \$4,000.00
Street Addi 1250 H Stre Check # 219 Purpose of Prefix Street Addi 1250 H Stre	Expenditure Date 09/09/2021 Expenditure First Name ress set, NW, Suite 200		Disbursement Type Campaign Expenditure Payo	Rising Tide Interactive, LLC City Washington Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Rising Tide Interactive, LLC City Washington	Expe State DC	Zip 20005 nditure Amount \$4,000.00 Suffix Zip 20005
Street Addr 1250 H Stre Check # 219 Purpose of Prefix Street Addr 1250 H Stre Check #	Expenditure Date 09/09/2021 Expenditure First Name ress set, NW, Suite 200 Expenditure Date	Payment Date Payment Date	Disbursement Type Campaign Expenditure Paye MI Disbursement Type	Rising Tide Interactive, LLC City Washington Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Rising Tide Interactive, LLC City Washington Expenditure Type	Expe State DC	Zip 20005 Inditure Amount \$4,000.00 Suffix Zip 20005 Inditure Amount
Street Addi 1250 H Stre Check # 219 Purpose of Prefix Street Addi 1250 H Stre Check # 201	Expenditure Date 09/09/2021 Expenditure First Name ress eet, NW, Suite 200 Expenditure Date 07/06/2021		Disbursement Type Campaign Expenditure Payo	Rising Tide Interactive, LLC City Washington Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Rising Tide Interactive, LLC City Washington	Expe State DC	Zip 20005 nditure Amount \$4,000.00 Suffix Zip 20005
Street Addi 1250 H Stre Check # 219 Purpose of Prefix Street Addi 1250 H Stre Check # 201	Expenditure Date 09/09/2021 Expenditure First Name ress set, NW, Suite 200 Expenditure Date		Disbursement Type Campaign Expenditure Paye MI Disbursement Type	Rising Tide Interactive, LLC City Washington Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Rising Tide Interactive, LLC City Washington Expenditure Type	Expe State DC	Zip 20005 Inditure Amount \$4,000.00 Suffix Zip 20005 Inditure Amount
Street Addi 1250 H Stre Check # 219 Purpose of Prefix Street Addi 1250 H Stre Check # 201	Expenditure Date 09/09/2021 Expenditure First Name ress eet, NW, Suite 200 Expenditure Date 07/06/2021		Disbursement Type Campaign Expenditure Payo MI Disbursement Type Campaign Expenditure	Rising Tide Interactive, LLC City Washington Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Rising Tide Interactive, LLC City Washington Expenditure Type	Expe State DC	Zip 20005 Inditure Amount \$4,000.00 Suffix Zip 20005 Inditure Amount
Street Addi 1250 H Stre Check # 219 Purpose of Prefix Street Addi 1250 H Stre Check # 201 Purpose of	Expenditure Date 09/09/2021 Expenditure First Name ress eet, NW, Suite 200 Expenditure Date 07/06/2021		Disbursement Type Campaign Expenditure Payo MI Disbursement Type Campaign Expenditure	Rising Tide Interactive, LLC City Washington Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Rising Tide Interactive, LLC City Washington Expenditure Type Consultant & Professional Services	Expe State DC	Zip 20005 Inditure Amount \$4,000.00 Suffix Zip 20005 Inditure Amount
Street Addi 1250 H Stre Check # 219 Purpose of Prefix Street Addi 1250 H Stre Check # 201 Purpose of	Expenditure Date 09/09/2021 Expenditure First Name ress eet, NW, Suite 200 Expenditure Date 07/06/2021 Expenditure Date 07/06/2021		Disbursement Type Campaign Expenditure Pay MI Disbursement Type Campaign Expenditure Pay	Rising Tide Interactive, LLC City Washington Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Rising Tide Interactive, LLC City Washington Expenditure Type Consultant & Professional Services	Expe State DC	Zip 20005 nditure Amount \$4,000.00 Suffix Zip 20005 nditure Amount \$4,000.00
Street Addi 1250 H Stre Check # 219 Purpose of Prefix Street Addi 1250 H Stre Check # 201	Expenditure Date 09/09/2021 Expenditure First Name ress ret, NW, Suite 200 Expenditure Date 07/06/2021 Expenditure Date 07/06/2021		Disbursement Type Campaign Expenditure Pay MI Disbursement Type Campaign Expenditure Pay	Rising Tide Interactive, LLC City Washington Expenditure Type Consultant & Professional Services ee Information LastName or Vendor Name Rising Tide Interactive, LLC City Washington Expenditure Type Consultant & Professional Services	Expe State DC	Zip 20005 nditure Amount \$4,000.00 Suffix Zip 20005 nditure Amount \$4,000.00

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
23	09/20/2021		Campaign Expenditure	Advertising		\$775.0
urpose of	f Expenditure					
			Payee J	nformation		
refix	First Name		MI I	astName or Vendor Name		Suffix
				he Jewish Voice		
treet Add	lress			City	State	Zip
01 Elmgro	ove Ave			Providence	RI	02906
heck #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
OM	07/09/2021	•	Campaign Expenditure	Bank Fees	•	\$57.5
urpose of	f Expenditure					
	T		•	Information		G 007
refix	First Name			astName or Vendor Name		Suffix
			`	Vantiv eCommerce	2 : :	~ .
treet Add				City	State	Zip
00 Chelm	sford Street			Lowell	MA	01851
heck#	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
OM	09/08/2021		Campaign Expenditure	Bank Fees		\$176.9
urpose of	f Expenditure					
			Pavae I	nformation		
refix	First Name		•	astName or Vendor Name		Suffix
тепх	First Name			Vantiv eCommerce		Sums
treet Add	luona		·	City	State	Zip
	sford Street			Lowell	MA	01851
oo enemi	STOTE SECON			Lower	17111	01031
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
25	09/30/2021		Refund of Contribution	Other		\$500.0
_	f Expenditure					
enna or c	ontribution		D I	·		
	T N.		•	Information		C .CC
refix	First Name Eric			astName or Vendor Name		Suffix
			Б	Brainsky	~	
	ress			City	State	Zip
	· D			Seekonk	MA	02771
Street Add 29 Greent	orier Dr					
	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
29 Greenl		Payment Date	Disbursement Type Refund of Contribution	Expenditure Type Other	Ехре	
29 Greent Check #	Expenditure Date	Payment Date		• • • • • • • • • • • • • • • • • • • •	Ехре	
29 Greent Check # Ourpose of	Expenditure Date 08/31/2021		Refund of Contribution	Other	Expe	
29 Greent Check # Purpose of Over Limit	Expenditure Date 08/31/2021 f Expenditure s Amount Refunded throu		Refund of Contribution Payee I	Other Information	Expe	\$250.
29 Greent Check # Purpose of Over Limit	Expenditure Date 08/31/2021 f Expenditure Amount Refunded throu		Refund of Contribution Payee I MI I	Other Information .astName or Vendor Name	Expe	
29 Greent Check # Purpose of Over Limit	Expenditure Date 08/31/2021 f Expenditure Amount Refunded through First Name Leslie		Refund of Contribution Payee I MI I	Other Information .astName or Vendor Name Logan		\$250.
29 Greent Check # Purpose of Over Limit Prefix	Expenditure Date 08/31/2021 f Expenditure Amount Refunded through First Name Leslie		Refund of Contribution Payee I MI I	Other Information LastName or Vendor Name Logan City	State	\$250. Suffix Zip
29 Greent Check # Purpose of Over Limit Prefix	Expenditure Date 08/31/2021 f Expenditure Amount Refunded through First Name Leslie		Refund of Contribution Payee I MI I	Other Information .astName or Vendor Name Logan		\$250.
29 Greent Check # Purpose of	Expenditure Date 08/31/2021 f Expenditure Amount Refunded through First Name Leslie		Refund of Contribution Payee I MI I	Other Information LastName or Vendor Name Logan City	State RI	\$250.0 Suffix Zip

Refund of contribution

		•		
Prefix First Nam	e MI	I LastName or Vendor Na	ame	Suffix
John	S.	Pimental		
Street Address		City	State	Zip
36 Alton Rd		North Attleboro	MA	02760

CF-4 Rev.3/0.