# 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 DANIEL J MCKEE	y, Political Action Comn	nittee			Key# 2235
Street Address			Ci	ty/Town, State and Zip Code	
Mailing Address (if different)			Ci	ty/Town, State and Zip Code	
Telephone Number Da	aytime Telephone Numb	er	Fax Number E-	mail	
If Candidate Office Sought: Lieutenant Governor			Party Aff Demo	iliation if any:	
Reporting Period (Dates):	Period Beginning: 1	0/01/2021	Period Ending:	12/31/2021	
	CTIVITY FOR PERIO				
<ol> <li>Beginning Cash Balance</li> <li>Cash Receipts</li> </ol>		\$ 800,681.58	4. Cash Disbursements f. Other Disbursements		
a. Contributions From:					0
1. Aggregate		0			0
a. (Individuals)		0			0
b. (Political Parties)		0	5. Ending Cash Balanc	ee	\$ 844,087.23
c. (Political Action Com	mittees)	0			
2. Individuals		170,979.50			
3. Political Parties		0		CAMPAIGN FUND STATUS	
4. Political Action Committee	tees	6,850.00	6. Report of In-Kind C	Contributions	500.00
5. Loan Proceeds		0	o. Report of in Ring C	ontroutions	500.00
<ol><li>Payroll Check off</li></ol>		0			
7. Interest Received		0	7. Cash		\$ 844,087.23
8. State Check Off		0	8. Other Assets		
9. Refund/Rebate		0			0
10. Party Building		0			0
11. Matching Public Funds		0			0
12. Other		0	9. Total Assets		\$ 844,087.23
13. Returned Contributions		(500.00)	LIA	ABILITIES AND FUND BALANCE	
14. Returned Checks		(1,500.00)	10. Liabilities		
b. Other:		0	a. Accounts Payabl	e	\$ 0
		0	b. Loans Payable		46,922.88
		0	c. Other Liabilites		
2 Total Cook		076 511 09			0
<ul><li>3. Total Cash</li><li>4. Cash Disbursements</li></ul>		976,511.08			0
		0			0
<ul><li>a. Aggregate Expenses</li><li>b. Campaign Expenses</li></ul>		132,423.85	11. Total Liabilities		46,922.88
c. Repayment of Loans		132,423.83	12. Total Fund Balance	<u>a</u>	\$ 797,164.35
d. Account Payable Repaymen	te	0	13. Total Liability / Fu		\$ 797,104.33 844,087.23
e. Other	i.o	0	13. Total Diability / Fu	nd Dalance	UTT,UU1.23

CF-2 Rev. 3/02

Name of Person Filing Report	I HEREBY CERTIFY THAT THIS REPORT OF CAMPAIGN  CONTRIBUTIONS AND EXPENDITURES AND THE SUPPORTING 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 N		idate or Committee			rting Period : 10/01/2021	To: 12/	31/2021
Item	Transaction Type		Contribution Type		-	Deposit Date	Co	ntribution Amo
	In-Kind		In-Kind - PAC In Kind/Other Receipts Des		10/27/2021			500
room r	ental for fundraiser		Ili Kilid/Other Receipts Des	cription				
1001111	chai for fundraiser	Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Nan			
			LIUNA EDUCATION FUND RHODE ISLAND		' '			
Street A	Address				Street Address	<b>s</b>		
905 161	TH STREET, NW, 2ND FLOOR	2						
City			State Zip		City		State	Zip
WASHI	NGTON		DC 20006					
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amo
	Cash		Individual		11/09/2021			20
			In Kind/Other Receipts Des	cription				
							<b>.</b>	
Prefix	First Name		tributor Information	Suffix	Employer Nan	Employ	er Data	
Pastor	Ayodeji	MI	Last Name or PAC/Party Committee Name Adeleke	Sumx		ne c Church WOSEN	Л	
Street A	•		1 december 1		Street Address		•	
999 Cha					311 Prairie Ave			
City			State Zip		City		State	Zip
North P	rovidence		RI 02904		Providence		RI	02905
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amo
	Credit/Debit Card		Individual		11/17/2021			125
			In Kind/Other Receipts Des	cription				
D 6	711 . 37		tributor Information	~ ~		Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name Adesina	Suffix	Employer Nan		r	T
Street A	Kay		Adesina		Street Address	cal & Marketing	ransporter	шс
28 Pade					28 Padelford St			
City			State Zip		City	-	State	Zip
Provide	nce		RI 02906		Providence		RI	02906
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amo
	Credit/Debit Card		Individual		10/27/2021	Depusit Date	Cu	5
			In Kind/Other Receipts Des	cription				
			•	_				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Nan		_	_
	Kay		Adesina		1 -	cal & Marketing	l'ransporter	Inc
Street A					Street Address			
20 D-J-	11010 21				28 Padelford St	ι		
28 Pade			04-4- 7:		City		C4. 4	7in
28 Pade City Provide	nce		State Zip RI 02906		City Providence		State RI	<b>Zip</b> 02906

Item	Transaction Type	ransaction Type Contribution Type redit/Debit Card Individual			eceipt <b>D</b> ate	Deposit Date	Contribution Amount	
	In Kind/Other Receipts Description							
		Con	tributor Information		Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Kay		Adesina		Kaydolly Me	edical & Marketing Tra	insporter Inc	

		Con	tributor Information		Employ	er Data
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
	Kay		Adesina		Kaydolly Medical & Marketing	Transporter Inc
Street A	Address				Street Address	
28 Pade	lford St				28 Padelford St	
City			State Zip		City	State Zip
Provide	nce		RI 02906		Providence	RI 02906
Item	Transaction Type		Contribution Type	R	eceipt Date Deposit Date	Contribution Amount
	Credit/Debit Card		Individual		12/27/2021	5.00

# In Kind/Other Receipts Description

	Contributor Information				Employ	yer Data
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
	Kay		Adesina		Kaydolly Medical & Marketing	Transporter Inc
Street A	Address				Street Address	
28 Pade	lford St				28 Padelford St	
City			State Zip		City	State Zip
Provide	nce		RI 02906		Providence	RI 02906
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	Contribution Amount
	Credit/Debit Card		Individual		10/27/2021	100.00

# In Kind/Other Receipts Description

		tributor Information	Employ	er Data			
Prefix	First Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Oludola		Adesina		Kaydolly Home Care Services L	LC	
Street A	Address				Street Address		
28 Padd	lleford St				750 East Ave, St 17		
City			State Zip		City	State	Zip
Provide	nce		RI 02906		Pawtucket	RI	02860
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	Co	ntribution Amount
	Check		Individual		11/07/2021		300.00

# In Kind/Other Receipts Description

		tributor Information		Employe	r Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Saurabh		Agarwal		RI Medical Imaging		
Street A	ddress				Street Address		
70 West	field Dr				450 Veterans Memorial Parkway		
City			State Zip		City	State	Zip
East Gre	eenwich		RI 02818		East Providence	RI	02914
Item	Transaction Type		Contribution Type	R	eceipt Date Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		10/24/2021		50.00

# In Kind/Other Receipts Description

	Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Pa	rty Com	mittee Name	Suffix	Employer Name		
	Ignatius		Ahamiojie				Dean College		
Street A	Address						Street Address		
34 Erast	tus St, Unit D						99 Main St		
City				State	Zip		City	State	Zip
Provide	nce			RI	02909		Franklin	MA	02038

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt Date 10/26/2021	Deposit Date	Ca	ntribution Amount 250.00
			In Kind/Other Recei	pts Description				
			butor Information		T	Employ	er Data	
Prefix Fi	irst Name Iuraina		Last Name or PAC/Party Committee N Akinfolarin	ame Suffix	Employer N Oasis	ame		
		1	AKIIIOIAIIII					
Street Add 270 Prairie					Street Addr 600 Broad S			
	Ave		S			ot .	64.4	77.
City Providence			State Zip RI 02905		City Providence		State RI	Zip 02907
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		10/28/2021			75.00
			In Kind/Other Recei	pts Description				
		C	handara Tarfarana di			т.	D. 4	
D C 5			butor Information	C 60°	I E1 2	Employ	er Data	
	irst Name niwo		Last Name or PAC/Party Committee N Akinkuowo	ame Suffix	Employer N			
Street Add		W Z	AKHIKUOWO		Street Addr	ming Services		
726 Atwell					600 Broad S			
City	SAVC		State Zip		City	deet	State	Zip
Providence			RI 02909		Providence		RI	02907
Item	Transaction Type Check		Contribution Type Individual		Receipt Date 11/12/2021	Deposit Date	Co	ntribution Amount
	Cneck							250.00
			In Kind/Other Recei	pts Description				
		Contril	butor Information			Employe	n Data	
Prefix Fi	irst Name		Last Name or PAC/Party Committee N	ame Suffix	Employer N		er Data	
	rederick		Albert	ame Sumx	Apollo Auto			
Street Add			1001		Street Addr			
9 Hayfield					630 Broad S			
City			State Zip		City		State	Zip
Cumberlan	d		RI 02864		Cumberland	l	RI	02864
Item	Transaction Type		Contribution True	р	Passint Data	Demosit Data	Co	ntribution Amount
Item	Credit/Debit Card		Contribution Type Individual		12/30/2021	Deposit Date	Co	250.00
	Credit Debit Card		In Kind/Other Recei					250.00
			III Killo Other Recei	pts Description				
		Contri	butor Information			Employe	er Data	
Prefix Fi	irst Name		Last Name or PAC/Party Committee N	ame Suffix	Employer N			
	loyd		Albert		1	ern New England		
Street Add					Street Addr			
133 Camde	n Rd				110 Royal L			
City			State Zip		City		State	Zip
Narraganse	tt		RI 02882		Providence		RI	02904
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
20011	Credit/Debit Card		Individual		11/18/2021	Deposit Date	Cu	1,000.00
			In Kind/Other Recei					-,
			III IIII OIRI REE	r - 2 - 2 - 2 - 1 - 1 - 1 - 1				
		Contril	butor Information			Employe	er Data	
Prefix Fi	irst Name		Last Name or PAC/Party Committee N	ame Suffix	Employer N		201111	
	onald		Albert	- Sulla	Not Employ			

State

RI

**Zip** 02886

Albert

Ronald

Street Address

3952 Post Road

City

Warwick

Not Employed

Street Address

State Zip

City

Item	Transaction Type Check		Contribution Type Individual		Receipt Date 12/08/2021	Deposit Date	Co	ntribution Amount 250.00
			In Kind/Other Receipts De	scription				
		_					_	
D 6 1	First Name		tributor Information	C . CC"	Ir i v		yer Data	
	rirst Name Gary	MI R.	Last Name or PAC/Party Committee Name Alger	Suffix	Employer N	Attorney at Law		
Street Ad	-		. nge.		Street Addr			
76 Hillsid					519 Mendon			
City			State Zip		City		State	Zip
Cumberla	nd		RI 02864		Cumberland	ı	RI	02864
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/11/2021			10.00
			In Kind/Other Receipts De	scription				
		C	. T. c				D :	
Prefix I	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N		yer Data	
	Patricia	MII	Alger	Sumx	1 .	Company LLC		
Street Ad			5		Street Addr	• •		
	Rd, Unit 95				519 Mendon			
City			State Zip		City		State	Zip
Cumberla	nd		RI 02864		Cumberland		RI	02864
Item	Transaction Type Check		Contribution Type Individual		Receipt Date 12/08/2021	Deposit Date	Co	ntribution Amount 250.00
	Check		In Kind/Other Receipts De		12/06/2021			250.00
			22 222 State 2 2000 pts 200	ser-puon				
		Con	tributor Information			Employ	yer Data	
	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			_
	Edgar	R	Alger	Ш	E.R. Alger &			
Street Ad					Street Addr			
17 Kings I	Kow		S4-4- 7:-		519 Mendon	ı Ka	64-4-	7:-
City Cumberla	nd		State Zip RI 02864		City Cumberland		State RI	Zip 02864
Item	Transaction Type		Contribution Type	D	eceipt Date	Deposit Date		ntribution Amount
Item	Credit/Debit Card		Individual		12/24/2021	Deposit Date	Cu	500.00
			In Kind/Other Receipts De	scription				
			•	•				
		Con	tributor Information			Employ	yer Data	
	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	William	J	Allen		Retired			
Street Ad					Street Addr			
City	Whipple Hgy		State Zip		7110 Nate W	ипрріе rigy	State	Zip
Cumberla	nd		RI 02864		Cumberland		RI RI	21p 02864
Item	Transaction Type		Contribution Type	10	eceipt Date	Deposit Date		ntribution Amount
Rem	Check		Individual		12/15/2021	Deposit Date	Cu.	200.00
			In Kind/Other Receipts De					
			•	_				
		Con	tributor Information			Employ	yer Data	

Prefix First Name

34 Sweet Briar Lane

Street Address

West Warwick

City

Stephen

ΜI

D.

Alves

Last Name or PAC/Party Committee Name

State

RI

**Zip** 02893

Suffix

Employer Name

Capital Strategies

34 Sweet Briar Lane

State

RI

Zip

02893

Street Address

West Warwick

City

Item	Transaction Type Check	Contribution Type Individual	Receipt Date Deposit Date Contribution Amount 10/26/2021 200.00
		In Kind/Other Receipts De	scription
DCE	irst Name	Contributor Information	Employer Data Suffix   Employer Name
	virst Name Vnamdi	MI Last Name or PAC/Party Committee Name O Amaechina	Suffix Employer Name Self-Employed Physician
Street Add		- Immeelina	Street Address
3 Springda			825 Chalkstone Ave
City		State Zip	City State Zip
North Prov	vidence	RI 02904	Providence RI 02908
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date Contribution Amount
	Check	Individual	12/02/2021 800.00
		In Kind/Other Receipts De	scription
		Contributor Information	Employer Data
Prefix F	irst Name	MI Last Name or PAC/Party Committee Name	Suffix   Employer Name
L	isa	Marie Andoscia	Rosewood Consulting Firm
Street Add	dress		Street Address
One Rosev	wood Drive		40 Post Office Park, Ste 100
City		State Zip	City State Zip
North Prov	vidence	RI 02904	Wilbraham MA 01095
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date Contribution Amount
	Credit/Debit Card	Individual	12/31/2021 1,000.00
		In Kind/Other Receipts De	scription
		Contributor Information	Employer Data
Prefix F	irst Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name
D	David	Andrade	Carey, Richmond & Viking
Street Add	dress		Street Address
152 Rhode	e Island Ave		1009 Waterman Ave
City		State Zip	City State Zip
Newport		RI 02840	East Providence RI 02914
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date Contribution Amount
	Credit/Debit Card	Individual	12/31/2021 100.00
		In Kind/Other Receipts De	scription
		Contributor Information	Employer Data
Prefix F	irst Name	MI Last Name or PAC/Party Committee Name	Suffix   Employer Name
	nis	Aponte	City of Central Falls
Street Add	dress	-	Street Address
137 Indian	na Ave		1280 High St
City		State Zip	City State Zip
Providence	e	RI 02905	Central Falls RI 02863
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date Contribution Amount
	Check	Individual	12/16/2021 1,000.00
		In Kind/Other Receipts De	scription
			T . T
	Sivet Name	Contributor Information  MI Lost Name of PAC/Party Committee Name	Employer Data

State

RI

Zip

02852

Evan Ardente

Suffix

Employer Name

Street Address

128 Dorrance St

Providence

City

Kelly Souza Rocha & Parmenter, P.C.

Zip

02903

State

RI

Prefix First Name

Street Address

North Kingstown

71 Eileen Dr

Dane

Item	Transaction Type Check		Contribution Type Individual		Receipt Date 12/03/2021	Deposit Date	Co	ntribution Amount
	Check		In Kind/Other Receipts De		12/03/2021			1,000.00
				<b>F</b>				
		Cont	ributor Information			Employer	Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Jennifer	Α	Armstrong-Souza		Law Office	of Jennifer Armstrong-	Souza	
Street A	ddress				Street Addr			
62 Brett	onwoods Dr				986 Hartford	l Ave		
City			State Zip		City		State	Zip
Cransto	1		RI 02920		Johnston		RI	02919
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		11/08/2021			300.00
			In Kind/Other Receipts De	scription				
			ributor Information			Employer	Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
C	Michael	Kema	l Atalay		RI Medical I			
Street A 70 Baile					Street Addr 20 Catamore			
City	y bivu		State Zip		City	Biva	State	Zip
East Gre	enwich		RI 02818		East Provide	ence	RI	02914
				D				
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		12/13/2021	Deposit Date	Co	ntribution Amount 20.00
	Cicali Debit Cara		In Kind/Other Receipts De		12/13/2021			20.00
			iii Kiiio/Other Receipts De	scription				
		Cont	ributor Information			Employer	Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		2	
	David		Aucoin			fe Assembly of God		
Street A	ddress				Street Addr	ess		
74 Plum	Rd				135 New Me	eadow Rd		
City			State Zip		City		State	Zip
Riversid	le		RI 02915		Swansea		MA	02777
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		11/30/2021			100.00
			In Kind/Other Receipts De	scription				
		Cont	ributor Information			Employer	Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Tomas		Avila		Not Employ			
Street A					Street Addr			
	River Rd		a		196 Old Riv	er Kd	<b>.</b>	
City Lincoln			State Zip RI 02865		City		State RI	Zip 02865
Lincoln	_				Lincoln			
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		10/31/2021			100.00
			In Kind/Other Receipts De	scription				
		~	wikustan Information			т. 1	Det-	
Duc E	First Name		Lost Name or PAC/Party Committee Name	Suffix	Fwala	Employer	Data	
rrenx	rust Name	MI	Last Name or PAC/Party Committee Name	Samx	Employer N	ame		

State

RI

**Zip** 02865

Avila

Street Address

City

Lincoln

196 Old River Rd

Tomas

Not Employed

Street Address

City

Lincoln

196 Old River Rd

State

RI

Zip

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		leceipt <b>D</b> ate 12/31/2021	Deposit Date	Co	ntribution Amount
			In Kind/Other Receipts De	scription				
		C	tributor Information			F	D-4-	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	Employe	er Data	
Titha	Tomas	.,	Avila	Julia	Not Employ			
Street A	Address				Street Addr	ess		
196 Old	l River Rd				196 Old Riv	er Rd		
City			State Zip		City		State	Zip
Lincoln	l .		RI 02865		Lincoln		RI	02865
Item	Transaction Type Check		Contribution Type Individual		leceipt <b>Date</b> 11/16/2021	Deposit Date	Co	ntribution Amount 500.00
			In Kind/Other Receipts De					200.00
			•	•				
		Con	tributor Information			Employe	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
C44 /	Brian Address	Α.	Azar		Santander B Street Addr			
4 Hill F					One Financi			
City			State Zip		City		State	Zip
Lincoln	ı		RI 02865		Providence		RI	02903
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/22/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employe	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Bernard	E	Baccari	Jr	The Omni G	roup		
	Address				Street Addr	ress		
	na Court		St. 4. 77		1 Cedar St		64.4	7.
City Warwic	k		State Zip RI 02886		City Providence		State RI	Zip 02903
Item	Transaction Type		Contribution Type	p	eceipt Date	Deposit Date		ntribution Amount
Rem	Check		Individual		10/04/2021	Deposit Date	Cu	1,000.00
			In Kind/Other Receipts De	scription				-
			tributor Information	~ ~~		Employe	er Data	
Prefix	First Name Michael	MI	Last Name or PAC/Party Committee Name Baird	Suffix	Employer N	Name essional Tree Service		
Street A	Address		Dand		Street Addr			
	oson Hill Rd				17 Reservoir			
City			State Zip		City		State	Zip
Greene			RI 02827		Coventry		RI	02816
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		10/04/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Com	tributor Information			F1	n Date	
		Con	II IOUTOI IIIOI IIIAUOII			Employe	a Data	

MI

Baird

L.

Prefix First Name

Street Address

City

Greene

800 Gibson Hill Rd

Tracey

Last Name or PAC/Party Committee Name

State

RI

Zip

02827

Suffix

Employer Name

Homemaker

City

Greene

Street Address

800 Gibson Hill Rd

Zip

02827

State

RI

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Сесеірt Date П 12/30/2021	Deposit Date	Co	ntribution Amount 500.00
			In Kind/Other Receipts Do	escription				
			tributor Information			Employe	r Data	
Prefix	First Name Peter	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
644			Baptista		Capitol Commu	nications Group		
	Address ntry Meadow Dr				Street Address 10 Country Mea	dow Dr		
City	na y Wicadow Di		State Zip		City	dow Di	State	Zip
Cransto	on		RI 02921		Cranston		RI	02921
Item	Transaction Type		Contribution Type	R	Leceipt Date I	Deposit Date	Co	ntribution Amount
Item	Check		Individual		11/01/2021	Depusit Date	Cu	100.00
			In Kind/Other Receipts De					
				•				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	e		
	Joann	D	Barbato		RI Medical Imag	ging		
	Address				Street Address			
59 Onta	ario Ave				20 Catamore Blv	vd		
City			State Zip		City		State	Zip
Warwic	k		RI 02866		East Providence		RI	02914
Item	Transaction Type		Contribution Type			Deposit Date	Co	ntribution Amount
	Check		Individual		12/07/2021			250.00
			In Kind/Other Receipts Do	escription				
		C	tributor Information			F	D4-	
Profix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	Employe	r Data	
пенх	William	MII	Baugh	Sumx	RBC Wealth Ma			
Street A	Address				Street Address			
	as St, Unit 600				10 Weybosset St	t, Suite 600		
City			State Zip		City		State	Zip
Provide	ence		RI 02903		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	Receipt Date I	Deposit Date	Co	ntribution Amount
	Check		Individual		11/09/2021	_		300.00
			In Kind/Other Receipts Do	escription				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
_	Michael	D	Beland		RI Medical Imag	ging		
	Address				Street Address			
-	es Court		S4-4- 7:-		1 Randall Square	е	Ct-4-	7:
City Fast Gr	eenwich		State Zip RI 02818		City Providence		State RI	Zip 02904
				_	1			
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt Date I 11/26/2021	Deposit Date	Co	ntribution Amount 50.00
	Cledit/Debit Card		marriada		11/20/2021			50.00

In Kind/Other Receipts Description

Zip

02852

Suffix

**Employer Name** 

Street Address

50 Maude St

Providence

City

Marqui Health Consulting Services

Employer Data

Zip

02908

State

RI

Contributor Information

Benjamin

Prefix First Name

Street Address

City

116 Haverhill Ave

North Kingstown

Alex

Last Name or PAC/Party Committee Name

State

RI

Item	Transaction Type Check		Contribution Type Individual		Receipt <b>Date</b> 12/08/2021	Deposit Date	Co	ntribution A	<b>Amoun</b> 500.00
			In Kind/Other Receipts De	scription					
		Con	tributor Information			Employe	n Data		
Drofie	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	Employe	r Data		
пенх	Richard	B.	Bessette	Sum	Retired	ame			
Street A					Street Addre	255			
125 We					125 West Ro				
City			State Zip		City		State	Zip	
Cumber	land		RI 02864		Cumberland		RI	02864	
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution A	Amoun
цеш	Check		Individual		10/04/2021	Deposit Date	Cu	iti ibution 2	500.00
	CHCK		In Kind/Other Receipts De						300.00
			•	•					
		Con	tributor Information			Employe	r Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N				
	Brian		Bettenhausen		Info Request	ed			
Street A					Street Addre	ess			
90 Coop	per Ave								
City			State Zip		City		State	Zip	
W. Long	g Branch		NJ 07764						
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution A	Amoun
	Credit/Debit Card		Individual		12/29/2021			1	,000.00
			In Kind/Other Receipts De	scription					
							<b>-</b> .		
Prefix	First Name		tributor Information	Suffix	FI N	Employe	r Data		
rrenx	Sean	MI	Last Name or PAC/Party Committee Name Bogus	Sumx	Employer N Self Employe				
Street A			Dogus		Street Addre				
12 Bay					Street Autilie	-33			
City			State Zip		City		State	Zip	
Jamesto	wn		RI 02835		City		State	Zip	
				Т	Passint Data	Demosit Data	Co	ntribution A	<b>1</b>
Item	Transaction Type Check		Contribution Type Individual		Receipt <b>D</b> ate 10/25/2021	Deposit Date	Co	atribution 2	500.00
	CHECK		In Kind/Other Receipts De						500.00
		Con	tributor Information			Employe	r Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame			
	Robert	M	Bolton		Arden Buildi	ing Companies, LLC			
Street A	Address				Street Addre	ess			
505 Nar	ragansett Park Dr				505 Narragar	nsett Park Dr			
City			State Zip		City		State	Zip	
Pawtucl	cet		RI 02861		Pawtucket		RI	02861	
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution A	Amoun
	Credit/Debit Card		Individual		11/23/2021				50.00
			In Kind/Other Receipts De	scription					
		~	. 7 . 7				D :		
D	Einst Name		tributor Information	C. CC	E 37	Employe	r Data		
rrefix	First Name Paul	MI	Last Name or PAC/Party Committee Name Bond	Suffix	Employer N Bond Paintin				
	1 4441		Dong		Dong Pamin	E IIIC			

**Zip** 02891

State

RI

Street Address

**Zip** 02891

State

RI

39 Hobart St

City

Westerly

Street Address

39 Hobart St

City Westerly

Item	Transaction Type Credit/Debit Card	Contribution Type Individual	Receipt Date Deposit Date 10/21/2021	Contribution Amount 500.00
		In Kind/Other Receipts D	escription	
				<b>.</b>
D C	TY 4 N	Contributor Information		yer Data
Prefix	First Name Lyndon	MI Last Name or PAC/Party Committee Name Boozer	Suffix Employer Name Capitol Counsel	
Street A	,	Boozer	Street Address	
5533 De			700 13th St NW, 2nd F1	
City		State Zip	City	State Zip
Bethesd	a	MD 20814	Washington	DC 20005
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/19/2021	25.00
		In Kind/Other Receipts D	escription	
		Contributor Information		yer Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	
C	Jay	Borkland	Lloyd's Register	
Street A 9 Dale S			Street Address 200 College Avenue	
City	succi	State Zip	City	State Zip
Swamps	scott	MA 01907	Medford	MA 02155
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
Hein	Check	Individual	11/02/2021	300.00
		In Kind/Other Receipts D		
		<b>111 211111 0 11111 2 11111 p 10 2</b>		
		Contributor Information	Emplo	yer Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	
	Jerrold	L Boxerman	RI Medical Imaging	
Street A			Street Address	
	nhower Dr		593 Eddy St	
City		State Zip	City	State Zip
Sharon		MA 02067	Providence	RI 02903
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	12/11/2021	20.00
		In Kind/Other Receipts D	escription	
		Contributor Information	Emple	yer Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	yer Duin
	Cathy	Boyd	Not Employed	
Street A	Address		Street Address	
69 Sea I	Breeze Lane			
City		State Zip	City	State Zip
Bristol		RI 02809		
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2021	100.00
		In Kind/Other Receipts D	escription	
				_
n -	T1	Contributor Information		yer Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix   Employer Name	

Medicasoft

City

Arlington

Street Address

2300 Clarendon Blvd Suite 300

Zip

22201

State

VA

Bradley

State

RI

Zip

02864

Paul

Street Address

19 Douglas Dr

Cumberland

City

Item	Transaction Type Check		Contribution Type Individual		leceipt <b>D</b> ate 11/06/2021	Deposit Date	Co	ntribution Amour 300.00
	CHECK		In Kind/Other Receipts De		11/00/2021			300.00
			in inna other receipts be	scription				
		Cont	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na	ame		
	Jeffrey	M	Brody	M.D.	RI Medical Is	maging		
Street A	Address				Street Addre			
7 Ronal	d Rd				1525 Wampa	noag Trail		
City			State Zip		City		State	Zip
Barring	ton		RI 02806		Riverside		RI	02915
Item	Transaction Type		Contribution Type		leceipt Date	Deposit Date	Co	ntribution Amour
	Credit/Debit Card		Individual		11/30/2021			25.0
			In Kind/Other Receipts De	scription				
							_	
D 6	To A NI		ributor Information	0.00	In	Employ	er Data	
Prefix	First Name Carol	MI Sotto	Last Name or PAC/Party Committee Name Brotman	Suffix	Employer Na			
S44 A		Sono	Dioman		Not Employe Street Addre			
Street A	ktord Point Rd				Street Addre	ess		
City	Kiold Foliit Kd		State Zip		City		State	Zip
	ingstown		RI 02852		City		State	Zip
				D		D	C	
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt <b>Date</b> 10/23/2021	Deposit Date	Co	ntribution Amour 200.00
	Credit Debit Card		In Kind/Other Receipts De		10/23/2021			200.00
			III Kind/Other Receipts De	scription				
		Cont	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na			
	William		Bryan		Gilbane Buile			
Street A	Address				Street Addre	ess		
485 We	aver Hill Rd				7 Jackson Wa	alkway		
City			State Zip		City		State	Zip
West Gr	reenwich		RI 02817		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amour
	Check		Individual		10/25/2021			250.0
			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 Na			
	Micahael	J	Busam			ding Company		
Street A					Street Addre			
21 Cres	t Cr				7 Jackson Wa	ılkway		
City			State Zip		City		State	Zip
Smithfi			RI 02917		Providence		RI	02903
Item	Transaction Type		Contribution Type		leceipt Date	Deposit Date	Co	ntribution Amour
	Check		Individual		10/04/2021			500.0
			In Kind/Other Receipts De	scription				
		~				<b>.</b> .	ъ.	
D 6	To AN		ributor Information	0.00	I	Employ	er Data	
Prefix	First Name William	MI	Last Name or PAC/Party Committee Name Cabral	Suffix	Employer Na TLT Construc			
	AN THINITH		Caulai		1L1 Construc	cuon		

**Zip** 02809

State

RI

Street Address

**Zip** 02035

State

MA

10 Bird St

Foxborough

City

Street Address

City

Bristol

23 Poppasquash Rd

Item	Transaction Type Check	Contribution Type Individual	Receipt Date Deposit Date 12/21/2021	Contribution Amount 250.00
		In Kind/Other Receipts De	scription	
			F 1	D (
Prefix Fir	not Name	Contributor Information  MI Last Name or PAC/Party Committee Name	Suffix Employer Name	yer <b>D</b> ata
	seph	P Calabro	GoLocalProv	
Street Add	_	-	Street Address	
1 Thurber B			128 North Main	
City		State Zip	City	State Zip
Smithfield		RI 02917	Providence	RI 02903
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Check	Individual	12/01/2021	200.00
		In Kind/Other Receipts De	scription	
D . C . E''	N	Contributor Information		yer Data
	rst Name nthony	MI Last Name or PAC/Party Committee Name Calandrelli	Suffix Employer Name American Ring Co.	
Street Addi	-	Calandon	Street Address	
14 Hickory			19 Grosvenor Ave	
City		State Zip	City	State Zip
Rehoboth		MA 02769-1420	East Providence	RI 02914
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Check	Individual	12/14/2021	1,000.00
		In Kind/Other Receipts De	scription	
			F 1	D. 4
Prefix Fir	rst Name	Contributor Information  MI Last Name or PAC/Party Committee Name	Suffix Employer Name	yer Data
	onnie	Caldeira	Ocean State Job Lot	
Street Add	ress		Street Address	
624 Cottage	St		375 Commerce Park	
City		State Zip	City	State Zip
New Bedfor	rd	MA 02740	North Kingstown	RI 02852
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Check	Individual	12/16/2021	1,000.00
		In Kind/Other Receipts De	scription	
			<b>.</b> .	<b>D</b> 4
Prefix Fi	rst Name	Contributor Information  MI Last Name or PAC/Party Committee Name	Suffix Employer Name	yer Data
Er		Caldeira	Kelly, Souza, Rocha, & Parmen	ter PC
Street Addi			Street Address	
3422 Acush			128 Dorrance St	
City		State Zip	City	State Zip
New Bedfor	rd	MA 02745	Providence	RI 02903
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Check	Individual	10/04/2021	500.00
		In Kind/Other Receipts De	scription	
		Contributor Information	Employ	ver Data

MI

Calise

F.

Last Name or PAC/Party Committee Name

State

RI

Zip

02921

Suffix

Employer Name

Street Address

2000 Chapel View

State

RI

Zip

02920

Hilb Group

City

Cranston

Prefix First Name

Street Address

81 Crest Dr

City

Cranston

Robert

Item	Transaction Type Check		Contribution Type Individual		Receipt Date 10/04/2021	Deposit Date	Co	ntribution Amount 500.00
			In Kind/Other Receipts De	scription				
- a	***		tributor Information	~ ~~	I	Employer	r Data	
Prefix	First Name Paul	MI S.	Last Name or PAC/Party Committee Name Callaghan	Suffix	Employer N	(ame vanagh & Cooney, LL)	D	
Street A		Э.	Canagnan		Street Addr			
	eron Way				123 Dyer St			
City	ion way		State Zip		City	, ,, ,	State	Zip
Rehobot	h		MA 02769		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
110111	Check		Individual		11/09/2021	Deposit Date		600.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employer	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Tyler	V	Campbell	DO	RI Medical			
Street A					Street Addr			
3480 NE	S oth St		St. 4. 7.		1 Randall So	quare	64.4	77.
City Homeste	and		State Zip FL 33033		City Providence		State RI	<b>Zip</b> 02904
					<u> </u>			
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		12/28/2021	Deposit Date	Co	ntribution Amount 1,000.00
	Credit Debit Card		In Kind/Other Receipts De		12/20/2021			1,000.00
			in inner state in the pro-	seription				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	lame		
	Patrick		Canning		KPMG LLP			
Street A					Street Addr			
	ake Shore Drive Unit 1805				200 E Rando	olph dr		
City			State Zip		City		State	Zip
Chicago			IL 60611		Chicago		IL	60601
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		11/29/2021			50.00
			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		Data	
	Katie		Cardamone			ndo Public Charter		
Street A	ddress				Street Addr	ess		
47 Wash	ington Rd				17-21 Gordo	on Ave		
City			State Zip		City		State	Zip
Northbo	rough		MA 01532		Providence		RI	02905
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		10/24/2021			250.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employer	r Data	

State

RI

Zip

02818

Caron

Suffix

Employer Name

Street Address

Providence

City

7 Jackson Walkway

Gilbane Building Company

Zip

02903

State

RI

Prefix First Name

Street Address

East Greenwich

City

Arthur

15 Mawney Brook Rd

Item	Transaction Type Check		Contribution Type Individual		Receipt Date 10/25/2021	Deposit Date	Ca	ntribution Amoun 250.00
			In Kind/Other Receipts D	escription				
			ributor Information		T =	Employ	er Data	
	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	James	L	Carr	Ш	H. Carr & So			
Street Ad					Street Addr			
	n Farm Rd		Q		100 Royal L	ittle Dr		
City Smthfield			State Zip RI 02917		City		State RI	Zip 02904
Smunield					Providence		KI	02904
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amoun
	Check		Individual		12/07/2021			100.00
			In Kind/Other Receipts D	escription				
						<b>.</b>	<b>D</b> :	
D 5	E" 4 N		ributor Information	0.00	- ·	Employ	er Data	
	First Name David	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Street Ad		Α.	Caruso			il Consultant		
37 Castlet					Street Addr 51 South St	ess		
	ion Di		S4-4- 7:-				84-4-	7:
City Cranston			State Zip RI 02921		City Cranston		State RI	Zip 02920
					<u> </u>			
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amoun
	Check		Individual P. 14 P.		12/31/2021			100.00
			In Kind/Other Receipts D	escription				
						т. 1	D 4	
Prefix	First Name	MI	ributor Information	Suffix	ElN	Employ	er Data	
	Carlos	MII	Last Name or PAC/Party Committee Name Cedeno	Sumx	Employer N City of Prov			
Street Ad			CCUCIO		Street Addr			
201 New					25 Dorrance			
City	1011111		State Zip		City		State	Zip
Providence	re.		RI 02905		Providence		RI	02903
T4	T			D	<u> </u>	D		
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		12/06/2021	Deposit Date	Co	ntribution Amoun 250.00
	Cledit/Debit Cald		In Kind/Other Receipts D		12/00/2021			230.00
			III Kiliu/Other Receipts D	escription				
		Cont	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		CI Dutu	
	Alfred		Cerrone		Not Employ			
Street Ad	dress				Street Addr			
21 Rhode								
City			State Zip		City		State	Zip
Wrenthan	ı		MA 02093		'			-
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amoun
- com	Credit/Debit Card		Individual		10/08/2021	Deposit Date	Cu	150.00
			In Kind/Other Receipts D					
				- Prior				
		Cont	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Robert		Chin			afit Consultants Inc.		

Abacus Benefit Consultants, Inc.

Zip

02921

State

RI

Street Address

City

Cranston

55 Stamp Farm Rd

Robert

Street Address

City

Cranston

200 Olney Arnold Rd

Chin

State

RI

Zip

Item	Transaction Type Check		Contribution Type Individual		Receipt <b>D</b> ate 12/14/2021	Deposit Date	Co	ntribution Amount
			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			
	Cheryl	A	Clarke			of Joseph T. Nottie		
Street A					Street Addre	ess		
	artford Pike				77 Rolfe Sq		~	
City North S	-:		State Zip RI 02857		City		State	Zip
North S			RI 02857		Cranston		RI	02857
Item	Transaction Type		Contribution Type		leceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/16/2021			500.00
			In Kind/Other Receipts De	scription				
		_					_	
D 5	T1 . X7		tributor Information	C	In	Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Darin	P	Clavet		Smithfield Po			
Street A					Street Addre	ess		
42 Aust	in Ave		St-t- 7:-		295 George		64-4-	7:-
City Greenvi	110		State Zip RI 02828		City Smithfield		State RI	Zip 02917
					I			
Item	Transaction Type		Contribution Type		leceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual P. J. J. D. J.		12/14/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employe	n Doto	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		r Data	
riena	Christopher	D	Colardo	Suma	Self Employe			
Street A	•	_			Street Addre	-		
P.O. Box					Street Halli			
City			State Zip		City		State	Zip
Johnston	n		RI 02919					
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Co	ntribution Amount
Item	Check		Individual		12/23/2021	Depusit Date	Cu	250.00
			In Kind/Other Receipts De					
			in immu otner receipts be	scription				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Colin	A.	Coleman		1	ow & Hahn LLP		
Street A	ddress				Street Addre	ess		
PO Box	920915				40 Westmins	ter St, Ste 1100		
City			State Zip		City		State	Zip
Needha	m		MA 02492		Providence		RI	02903
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt Date 12/28/2021	Deposit Date	Co	ntribution Amount 500.00
	Diedit Dedit Guld		In Kind/Other Receipts De					500.00
				- Pilon				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	177:11:	_			W			

State

RI

Zip

02916

Conley

Street Address

City

Rumford

3 Bridgham Court

William

Jr.

Street Address

City

Riverside

670 Willet Ave #2

William J Conley Law Offices

State

RI

Zip

Item	Transaction Type Check		Contribution Type Individual		leceipt <b>Date</b> 12/08/2021	Deposit Date	Co	ntribution Amount 500.00
			In Kind/Other Receipts Do	escription				
		_					_	
D C E	4.N		ributor Information	C . CC	LE 1 N	Employ	er Data	
Prefix Fir	rst Name fred	MI A	Last Name or PAC/Party Committee Name Constantino	Suffix	Employer N Retired	ame		
Street Addr		A	Constantino		Street Addre	nee		
	Washington Hwy					Washington Hwy		
City	g,		State Zip		City	,	State	Zip
Smithfield			RI 02917		Smithfield		RI	02917
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/04/2021			10.00
			In Kind/Other Receipts Do	escription				
		Cont	ributor Information			Employ	er Data	
	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	orge		Cook		Not Employe			
Street Addr					Street Addre	ess		
133 Donbray City	y Ka		State Zip		City		State	Zip
Springfield			MA 01119		City		State	Zip
	Turner of in True			D	Paradimet Darka	Domosit Doto	C-	
Item	Transaction Type Check		Contribution Type Individual		12/15/2021	Deposit Date	Co.	ntribution Amount 1,000.00
	Caron		In Kind/Other Receipts Do		12/15/2021			1,000.00
			in inno other receipts 2.	seription				
		Cont	ributor Information			Employ	er Data	
Prefix Fir	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
Sas	sha	L	Corrente		Fit & Fresh I	nc		
Street Addr	ress				Street Addre	ess		
18 Lebanon	Ct				295 Promena	de Sr		
City			State Zip		City		State	Zip
Cranston			RI 02921		Providence		RI	02908
Item	Transaction Type		Contribution Type		leceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		11/03/2021			300.00
			In Kind/Other Receipts Do	escription				
		Cont	ributor Information			Employ	or Data	
Prefix Fir	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		ei Data	
Joh		J	Cronan	Julia	RI Medical I			
Street Addr					Street Addre			
1580 Wampa					125 Metro C			
City			State Zip		City		State	Zip
Barrington			RI 02806		Warwick		RI	02866
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/06/2021			357.00
			In Kind/Other Receipts De	escription				
			ributor Information			Employ	er Data	
Prefix Fir	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		

Town of Cumberland

State

RI

Zip

02864

Street Address

45 Broad St

Cumberland

City

Alan

Street Address

1 Westgate Rd

Cumberland

City

F.

Crowe

State

RI

Zip

Item	Transaction Type Check	Contribution Type Individual		eceipt <b>Date</b> 10/04/2021	Deposit Date	Con	ntribution Amount 500.00
		In Kind/Other Receipts De	escription				
		Contributor Information			Employe	er Data	
	First Name	MI Last Name or PAC/Party Committee Name	Suffix	Employer Na			
	Lee	Joseph Cullion		Cullion Concre			
Street Ad				Street Address	s		
76 Crossl	and Koad			PO Box 5560			
City	• •	State Zip		City		State	Zip
West War	W1CK	RI 02893		Wakefield		RI	02880
Item	Transaction Type	Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check	Individual		10/04/2021			500.00
		In Kind/Other Receipts De	escription				
		Contributor Information			Employe	er Data	
	First Name	MI Last Name or PAC/Party Committee Name	Suffix	Employer Na			
,	Tori	R. Cullion			ete Corporation		
Street Ad				Street Address			
PO Box 8	979			875 Phenix Av	re		
City		State Zip		City		State	Zip
Cranston		RI 02920		Cranston		RI	02921
Item	Transaction Type	Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check	Individual		12/21/2021			1,000.00
		In Kind/Other Receipts De	escription				
		Contributor Information			Employe	er Data	
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix	Employer Na			
]	Leonard	Curreri		Curreri Collisi	on Center		
Street Ad				Street Address			
34 Ledge:	field Rd			2160 Hartford	Ave		
City		State Zip		City		State	Zip
North Sci	tuate	RI 02857		Johnston		RI	02919
Item	Transaction Type	Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check	Individual		10/22/2021			500.00
		In Kind/Other Receipts De	escription				
		Contributor Information			Employe	er Data	
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix	Employer Na	me		
•	Gerald	Curtin		Self-Employed	l Investor		
Street Ad	dress			Street Addres	s		
8 Maple S	St			657 Main St			
City		State Zip		City		State	Zip
North Eas	ston	MA 02356		Waltham		MA	02451
Item	Transaction Type	Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card	Individual		12/28/2021			500.00
		In Kind/Other Receipts De	escription				
		Contributor Information			Employe	er Data	
	First Name	MI Last Name or PAC/Party Committee Name	Suffix	Employer Na			
	Inles	D'Alessandro		D'Alessandro	& Weight		

D'Alessandro & Wright

State

RI

Zip

02908

Street Address

City

Providence

1000 Smith Street

Jules

Street Address

1000 Smith St

Providence

City

D'Alessandro

State

RI

Zip

Item	Transaction Type		Contribution Type	D	eceipt Date	Deposit Date	Co	ntribution Amount
Item	Credit/Debit Card		Individual		10/26/2021	Deposit Date	Cu	250.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employe	er Data	
Prefix	First Name Alexander	MI	Last Name or PAC/Party Committee Name Danso	Suffix	Employer N Retired	ame		
Street A					Street Addr 104 Garden			
City Pawtuci	ket		State Zip RI 02860-3706		City Pawtucket		State RI	<b>Zip</b> 02860-3706
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt Date 12/31/2021	Deposit Date	Co	ntribution Amount 250.00
	CICAL DOOL CALC		In Kind/Other Receipts De		12/31/2021			250.00
			•	_				
			tributor Information			Employe	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
C44 /	Gary		Dantzler			Matter Rhode Island		
Street A	spect Street				Street Addr 225 Main St	ess		
City	spect succi		State Zip		City		State	Zip
Pawtuci	ket		RI 02860		Pawtucket		RI	02860
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Co	ntribution Amount
Item	Credit/Debit Card		Individual		12/31/2021	Deposit Date	Cu	1,000.00
			In Kind/Other Receipts De	scription				
			tributor Information			Employe	er Data	
Prefix	First Name Zachary	MI	Last Name or PAC/Party Committee Name Darrow	Suffix	Employer N DarrowEver			
Street A 1Turks	Address Head Place				Street Addre 1 Turks Head			
City			State Zip		City		State	Zip
Provide	nce		RI 02903		Providence		RI	02903
Item	Transaction Type Check		Contribution Type Individual		leceipt Date 11/08/2021	Deposit Date	Co	ntribution Amount 300.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Lawrence	M	Davis		RI Medical I			
Street A					Street Addr			
5 Verita	s Way		S		1525 Wampa	moag Trail	<b>6</b>	7.
City Barring	ton		State Zip RI 02806		City East Provide	nce	State RI	Zip 02915
				-				
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt <b>D</b> ate 12/31/2021	Deposit Date	Co	ntribution Amount 100.00
			In Kind/Other Receipts De					
			•	•				

Employer Data

State

RI

Zip

Contributor Information

De Luca

Prefix First Name

Street Address

City

Barrington

19 Houghton Street

Steven

Last Name or PAC/Party Committee Name

State

RI

Zip

Suffix

Employer Name

Street Address

City

Providence

86 Weybossett St

Sullivan Whitehead & De Luca, LLP

Item	Transaction Type	Contribution Type	Re	eceipt Date De	posit Date	Car	ntribution Amount
	Check	Individual	1	2/15/2021			1,000.00
		In Kind/Other Receipts De	escription				
		Contributor Information			Employ	er Data	
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix	Employer Name	_		
	Adriana	I Delgado		Sole Source Desig	n Group		
	Address			Street Address			
	Ridge Dr			130 Dorrance St			
City		State Zip		City		State	Zip
Cransto	on	RI 02921		Providence		RI	02903
Item	Transaction Type	Contribution Type		-	posit Date	Con	ntribution Amount
	Check	Individual	1	2/08/2021			400.00
		In Kind/Other Receipts De	escription				
		Contributor Information			Employ	er Data	
Prefix		MI Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Vincent	F Della Torre		Dell Transport Inc			
	Address			Street Address			
	view Ave			24 Fairview Ave			
City		State Zip		City		State	Zip
Warren		RI 02885		Warren		RI	02885
Item	Transaction Type	Contribution Type			posit Date	Co	ntribution Amount
	Check	Individual		1/09/2021			300.00
		In Kind/Other Receipts De	escription				
		Contributor Information			Employ	er Data	
Prefix	First Name Linda	MI Last Name or PAC/Party Committee Name R Demello	Suffix	Employer Name	_		
<b>C</b>		R Demello		RI Medical Imagin	ıg		
1028 Po	Address			Street Address 593 Eddy St			
	ost Kd	St. 4. 77				64.4	7.
City Warwic	st-	State Zip RI 02888		City Providence		State RI	Zip 02903
Item	Transaction Type	Contribution Type			posit Date	Co	ntribution Amount
	Check	Individual P. 14 P.		1/08/2021			300.00
		In Kind/Other Receipts De	escription				
		Contributor Information			Employ	er Data	
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Elizabeth	LazarusDemopoulos		RI Medical Imagir	ng		
	Address			Street Address			
	Mile Rd			20 Catamore Blvd			
City		State Zip		City		State	Zip
Barring	ton	RI 02806		East Providence		RI	02916
Item	Transaction Type	Contribution Type	Re	ceipt Date De	posit Date	Co	ntribution Amount
	Credit/Debit Card	Individual	1	2/18/2021			5.00
		In Kind/Other Receipts De	escription				
		Contributor Information			Employ	er Data	
Prefix		MI Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Vatharina	Denny Brown		Not Employed			

**Zip** 02886

State

RI

Not Employed

Street Address

State Zip

City

Street Address

561 Quisset Ct

City

Warwick

Katharine

Denny-Brown

Item	Transaction Type Check		Contribution Type Individual		eceipt <b>Date</b> 12/16/2021	Deposit Date	Co	ntribution Amount
			In Kind/Other Receipts De	scription				
		~					<b>-</b>	
D . C	First Name		tributor Information	Suffix	I E I N	Employe	r Data	
rrenx	Jackson	MI P	Last Name or PAC/Party Committee Name Depres	Sumx	Employer N Retired	аше		
Street A	ddress		•		Street Addr	ess		
31 Willia	ams Rd				31 Williams	Rd		
City			State Zip		City		State	Zip
Smithfie	ld		RI 02917		Smithfield		RI	02917
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/16/2021			1,000.00
			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			
	Sarah		Desroches		Kelly, Souza	, & Parmenter, P.C.		
Street A	ddress				Street Addr			
11 Paul S	St				128 Dorranc	e St		
City			State Zip		City		State	Zip
Fairhave			MA 02719		Providence		RI	02903
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt <b>D</b> ate 12/31/2021	Deposit Date	Co	ntribution Amount 1,000.00
	Credit Debit Card		In Kind/Other Receipts De		12/31/2021			1,000.00
			22 222 State 2000 Pto 20	Joe Prior				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Danielle	M	Desrosiers			Business Capital		
Street A	ddress man Lane				Street Addre 1300 Divisio			
City	man Lane		State Zip		City	n Ru	State	Zip
North Ki	ngstown		RI 02852		West Warwig	ck	RI	02893
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		11/09/2021	•		300.00
			In Kind/Other Receipts De	scription				
		_						
D 6	To AN		tributor Information	Suffix	le i v	Employe	r Data	
Prefix	First Name Elizabeth	MI H	Last Name or PAC/Party Committee Name Dibble	Sumx	Employer N Rhode Island	ame 1 Medical Imaging		
Street A			Biotic		Street Addr			
	orage Way				20 Catamore			
City			State Zip		City		State	Zip
Barringto	on		RI 02806		East Provide	nce	RI	02914
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/15/2021			1,000.00
			In Kind/Other Receipts De					

Employer Data

Zip

02917

State

RI

Contributor Information

DiGregorio

Prefix First Name

Street Address

City

Jamestown

940 East Shore Rd

Anthony

Last Name or PAC/Party Committee Name

State

RI

Zip

02835

Suffix

Employer Name DiGregorio Corp

Street Address

City

Smithfield

23 Business Park Dr

Item	Transaction Type Check		Contribution Type Individual		eceipt <b>D</b> ate 12/15/2021	Deposit Date	Co	ntribution Amount 100.00
			In Kind/Other Receipts De	scription				
		~						
Prefix Firs	-4 N	Con MI	tributor Information	Suffix	F1 N	Employer	r Data	
Stev		D	Last Name or PAC/Party Committee Name Dilibero	Sumx	Employer N Dilibero & A			
Street Addre	ess				Street Addr			
130 Dorrance	e St				130 Dorrano	e St		
City			State Zip		City		State	Zip
Providence			RI 02903		Providence		RI	02903
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt <b>D</b> ate 12/17/2021	Deposit Date	Co	ntribution Amount 25.00
			In Kind/Other Receipts De					
			-					
			tributor Information			Employer	Data .	
Prefix First	st Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Street Addre			Dinobile		Not Employ Street Addr			
1271 Central					Street Audi	ess		
City			State Zip		City		State	Zip
Johnston			RI 02919		_			
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		10/21/2021			500.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employe	. Data	
Prefix Firs	st Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		Data	
Rob			DiSandro			& Sons Masonry, Inc		
Street Addre	ess				Street Addr	ess		
26 Noreen Ro	d				9 Industrial	Rd		
City			State Zip		City		State	Zip
Mansfield			MA 02048		Cranston		RI	02920
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual  In Kind/Other Receipts De		12/14/2021			1,000.00
			In Kind Other Receipts De	scription				
		Con	tributor Information			Employer	Data	
	st Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Don		F	Discullo		1	Sports Bar & Grill		
Street Addre	ess				Street Addr			
27 Arbor Dr City			State Zip		133 Douglas City	Ave	State	7in
Providence			State Zip RI 02980		Providence		State RI	Zip 02908
Item	Transaction Type		Contribution Type	D	eceipt Date	Deposit Date		ntribution Amount
	Check		Individual		12/19/2021	Deposit Date		1,000.00
			In Kind/Other Receipts De	scription				
Profix Fire	st Name		Last Name or PAC/Porty Committee Name		Fundayan N	Employer	Data Data	
		MI						

Suffix

Employer Name

CVS Health

1 CVS Dr

Woonsocket

City

Street Address

State

RI

Zip

02895

Prefix First Name

14 Quail Ridge Lane

Street Address

City

Warwick

Karen

ΜI

Distefano

Α

Last Name or PAC/Party Committee Name

State

RI

**Zip** 02886

Item	Transaction Type Check		Contribution Type Individual		eceipt Date 12/21/2021	Deposit Date	Co	ntribution Amount 1,000.00
			In Kind/Other Receipts De	scription				
		C	- Total Tafanna dian			F1	D-4-	
Profix	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employer	рата	
Пепх	William	L	Distefano	Jr	The Omni G			
Street A	ddress				Street Addr	-		
PO Box	856				Water Tower	Park, F, 1099 Jay St		
City			State Zip		City		State	Zip
East Gre	eenwich		RI 02818		Rochester		NY	14611
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt <b>Date</b> 12/21/2021	Deposit Date	Co	ntribution Amount
			In Kind/Other Receipts De					
			•	_				
		Con	tributor Information			Employer	Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Laura		Dodge		Not Employ			
Street A 24 Dale					Street Addr	ess		
City	51		State Zip		City		State	Zip
Provide	nce		RI 02909		Chy		State	2.1
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		10/26/2021			100.00
			In Kind/Other Receipts De	scription				
D 6	T2 . 37		tributor Information	0.65	I	Employer	Data	
Prefix	First Name Kouassi	MI	Last Name or PAC/Party Committee Name Dogbe	Suffix	Employer N DKF Expres			
Street A			Dogoc		Street Addr			
	spect St, Apt 1				139 Prospec			
City			State Zip		City		State	Zip
Pawtuck	cet		RI 02860-4468		Pawtucket		RI	02860
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/08/2021			250.00
			In Kind/Other Receipts De	scription				
		•				<b>.</b> .	D /	
Prefix	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employer	Data	
пенх	Michele	WII	Doherty	Sumx		nker Coastal Homes		
Street A	ddress				Street Addr			
16 Dune	es Rd				1182 Boston	Neck Rd		
City			State Zip		City		State	Zip
Narrang	ansett		RI 02882		Narraganset	t	RI	02882
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/16/2021			1,000.00
			In Kind/Other Receipts De	scription				
		~	4-'l4 T54'			т.	D-4	
Duefir	First Name	MI	tributor Information		Employer N	Employer	Data	

Suffix

Employer Name

Info Requested

Street Address

State Zip

City

Prefix First Name

Street Address

City

Kingston

140 Enterprise Ter

John

ΜI

Donatelli

 $\mathbf{C}$ 

Last Name or PAC/Party Committee Name

State

RI

Zip

Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Contribution Amoun
	Check		Individual		12/17/2021		1,000.00
In Kind/Other Receipts Description							
Contributor Information Employer Data							Data
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Nam	ıe	
	Michael		Donatelli		Site Tech Com		

		Con	tributor Information		Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
	Michael		Donatelli		Site Tech Corp				
Street A	Address				Street Address				
154 Dez	xter Ln				184 Buttonhole Drive				
City			State Zip		City	State	Zip		
Scituate	,		RI 02857		Providence	RI	02909		
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	Co	ntribution Amount		
	Check		Individual		11/08/2021		300.00		

- Ii	n Kin	d/Oth	er Rec	eints T	)escrinti	on

		Employe	r Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Linda	L	Donegan		RI Medical Imaging		
Street A	Address				Street Address		
125 Jun	iper Dr				593 Eddy St		
City			State Zip		City	State	Zip
Eaast G	reenwich		RI 02818		Providence	RI	02903
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		11/26/2021		250.00

# In Kind/Other Receipts Description

		Con	tributor Information	Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Robert	E.	Donovan		Retired		
Street A	Address		Street Address				
173 Mo	173 Mountain Laurel Dr				173 Mountain Laurel Dr		
City			State Zip		City	State	Zip
Cransto	n		RI 02920		Cranston	RI	02920
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	Co	ntribution Amount
	Credit/Debit Card Individual				11/10/2021		10.00

# In Kind/Other Receipts Description

		Con	tributor Information		Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
	Leona		Doyle		Not Employed				
Street A	Address				Street Address				
184 Lan	ngevin St				184 Langevin St				
City			State Zip		City	State	Zip		
Chicope	ee		MA 01020		Chicopee	MA	01020		
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	C	ontribution Amount		
	Check		Individual		12/15/2021		250.00		

# In Kind/Other Receipts Description

		tributor Information	Employer Data					
Prefix	First Name	MI	Last Name or PAC/Party Com	ımittee Name Suf	fix	Employer Name		
	Kenneth	R.	Dulgarian			Kenneth Dulgarian Properties		
Street A	Address					Street Address		
PO Box	2301					144 Waterman St, Ste 6		
City			State	Zip		City	State	Zip
Provide	nce		RI	02906		Providence	RI	02906

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date 10/14/2021	Deposit Date	Co	ntribution Amount 1,000.00
			In Kind/Other Receipts De	scription				
		<b>C</b>	The transfer of the second sec			F	D-4-	
Profix	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employe	r Data	
Tienx	Steve	WII	Duvel	Sum	Gilbane	vame		
Street A	ddress				Street Addr	ress		
8 Milton	Rd				7 Jackson W	alkway		
City			State Zip		City		State	Zip
Barringt	on		RI 02806		Providence		RI	02903
Item	Transaction Type Check		Contribution Type Individual		eceipt <b>D</b> ate 11/09/2021	Deposit Date	Co	ntribution Amount 300.00
	Check		In Kind/Other Receipts De		11/03/2021			300.00
			<b>.</b>	•				
		Con	ributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Dymphna		Egglin		1	ved Nurse Practitioner		
Street A					Street Addr 4512 Post R			
69 Bay F City	Ka .		State Zip		City	oad	State	Zip
Barringt	on		RI 02806		East Greenw	vich	RI	02818
Item	Transaction Type		Contribution Type	D	eceipt Date	Deposit Date		ntribution Amount
Item	Credit/Debit Card		Individual		12/01/2021	Deposit Date	Cu	250.00
			In Kind/Other Receipts De	scription				
			ributor Information		,	Employe	r Data	
Prefix Dr	First Name Ibrahim	MI	Last Name or PAC/Party Committee Name Elgabry	Suffix	Employer N	Vame Cardiovascular and V	ain CEnter	
Street A			Ligably		Street Addr		em CLine	•
	al Street				191 Social S			
City			State Zip		City		State	Zip
Woonsoo	:ket		RI 02895		Woonsocket	:	RI	02895
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/28/2021			10.00
			In Kind/Other Receipts De	scription				
		~						
Prefix	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employe	r Data	
гтепх	Robert	MII	Engel	Sumx	Olympic Co			
Street A			Enge.		Street Addr	_		
6585 Ho	neysuckle Ln				1600 Cheste	r St		
City			State Zip		City		State	Zip
Bainbrid	ge Is		WA 98110		Bremerton		WA	98337
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/01/2021			1,000.00
			In Kind/Other Receipts De	scription				
		C	to Tarker Tarker was the			Е 1	. D-4	
		Con	tributor Information		Employer N	Employe	Data	

State

RI

**Zip** 02818

Employer Name

Street Address

State Zip

City

Suffix III

MI

Epps

Α

Prefix First Name

Street Address

East Greenwich

20 Bow St City

Frank

Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amoun
Ttem.	Check		Individual		12/05/2021	Deposit Date		500.00
			In Kind/Other Receipts De	scription				
		_						
D C	First Name		tributor Information	Suffix	FI N	Employ	er Data	
Frenx	Roberto	MI Carlo	Last Name or PAC/Party Committee Name	Sumx	Employer N Cardona & F	ame Perez Law Offices		
Street A	Address				Street Addr	ess		
119 Ohi	o Ave				107 Warwick	c Ave		
City			State Zip		City		State	Zip
Provide	nce		RI 02905		Cranston		RI	02905
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Co	ntribution Amoun
	Credit/Debit Card		Individual		11/23/2021			125.00
			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		ei Data	
	Lee	A,	Esckilsen		1	Vales University		
Street A	Address				Street Addr	ess		
22 Blais	sdell Ave				8 Abbott Par	k Pl		
City			State Zip		City		State	Zip
Pawtuck	cet		RI 02860		Providence		RI	02903
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amoun
	Credit/Debit Card		Individual		11/17/2021			1,000.00
overlin	nit of 500 refunded 12/23/21		In Kind/Other Receipts De	scription				
Overim	nt 01 500 Termineed 12/25/21		tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Joseph		Esposito		Esposito Jew	velry		
Street A					Street Addr			
	ston Neck Rd				225 Dupont	Dr		
City	neett		State Zip RI 02882		City Providence		State RI	Zip 02907
Narraga					l			
Item	Transaction Type Check		Contribution Type Individual		11/09/2021	Deposit Date	Co	ntribution Amoun 300 00
	CHECK		In Kind/Other Receipts De		11/05/2021			300.00
			In Hind 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		
	Peter	T	Evangelista		RI Medical I			
Street A					Street Addr			
_	a Ricci Way		St. 4. 7.		20 Catamore	BLvd	64.4	77.
City Saunder	rstown		State Zip RI 02874		City East Provide	nce	State RI	<b>Zip</b> 02914
					l			ntribution Amoun
Item	Transaction Type Check		Contribution Type Individual		Receipt <b>D</b> ate 12/08/2021	Deposit Date	Co	ntribution Amoun 300.00
			In Kind/Other Receipts De					203.00
				1				
		Con	tributor Information			Employ	er Data	

#### Contributor Information Employer Data ΜI Last Name or PAC/Party Committee Name Suffix Prefix First Name **Employer Name** T RI Medical Imaging Peter Evangelista Street Address Street Address 24 Kayla Ricci Way 20 Catamore BLvd City State Zip City Zip State RI 02874 RI 02914 Saunderstown East Providence

Item	Transaction Type Credit/Debit Card		Contribution Type Individual	F	Receipt Date D 10/22/2021	eposit Date	Co	ntribution Amount
			In Kind/Other Recei	pts Description				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee N	ame Suffix	Employer Name			
6.	Peter		Everett		Housatonic Com	munity College		
	Address gs Court				Street Address 900 Lafayette Bl	v.d		
City	gs Court		State Zip		City	va	State	Zip
Milford	l		CT 06460		Bridgeport		CT	21p 06604
						it D-t-		ntribution Amount
Item	Transaction Type Check		Contribution Type Individual	r	Receipt Date D 12/04/2021	eposit Date	Co	250.00
	Check		In Kind/Other Recei	nts Description				250.00
			In Time State Recei	pto Description				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee N	ame Suffix	Employer Name	9		
	Paul	G	Farley	Jr.	Cardinal Health	Inc.		
Street A	Address				Street Address			
52 Ono	ndega Road				7000 Cardinal Pl	ace		
City			State Zip		City		State	Zip
Narraga	nsett		RI 02882		Dublin		OH	43017
Item	Transaction Type		Contribution Type	F		eposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/21/2021			10.00
			In Kind/Other Recei	pts Description				
		~					<b>-</b>	
D C .	First Name		tributor Information	SCC	F1N	Employe	r Data	
Prenx	Temple	MI	Last Name or PAC/Party Committee N Fawcett	ame Suffix	Employer Name Not Employed	•		
Street	Address		Tawccu		Street Address			
	dway St				Sir eet Autiress			
City	,		State Zip		City		State	Zip
Provide	nce		RI 02906					
Item	Transaction Type		Contribution Type	F	Receipt Date D	eposit Date	Co	ntribution Amount
	Check		Individual		12/07/2021			500.00
			In Kind/Other Recei	pts Description				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee N	ame Suffix	Employer Name	•		
	Joseph	I.	Ferreira		JIF Investment C	Co., Inc		
	Address				Street Address			
PO Box	: 156		_		PO Box 156			
City	11		State Zip		City		State	Zip
Cumbe			RI 02864		Cumberland		RI	02864
Item	Transaction Type		Contribution Type	F	•	eposit Date	Co	ntribution Amount
	Check		Individual		12/01/2021			200.00

In Kind/Other Receipts Description

Zip

02745

Suffix

**Employer Name** 

Street Address

New Bedford

City

862 Ashley Blvd

DBA Positive Livin'

Employer Data

Zip

02745

State

MA

Contributor Information

Figueiredo

Prefix First Name

862 Ashley Blvd

New Bedford

City

Susan Street Address Last Name or PAC/Party Committee Name

State

MA

Item	Transaction Type Check		Contribution Type Individual		eceipt <b>Date</b> 12/01/2021	Deposit Date	Con	ntribution Amount 1,000.00
			In Kind/Other Receipts De	escription				
		C	1			F	D. 4-	
Profix	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
Tienx	Lauren	A	Filippi	Sum	Ballard's Inn			
Street A	Address				Street Addr	ess		
10 Presi	dential Way				42 Water St			
City			State Zip		City		State	Zip
Lincoln			RI 02865		New Shoreh	am	RI	02807
Item	Transaction Type Check		Contribution Type Individual		eceipt <b>Date</b> 12/01/2021	Deposit Date	Con	ntribution Amount
	Chock		In Kind/Other Receipts De		12/01/2021			1,000.00
			•	•				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
644 /	Marion		Filippi		Ballard's Far			
Street A	eat Road				Street Addre 1092 Great F			
City	cut Roud		State Zip		City	coud	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		12/29/2021			1,000.00
			In Kind/Other Receipts De	escription				
		Cont	tributor Information			Employ	or Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		ei Data	
	Sean		Flaherty		Keches Law			
Street A	Address				Street Addr	ess		
2 Lakes	hore Center				2 Lakeshore	Center		
City			State Zip		City		State	Zip
Bridgev			MA 02324		Bridgewater		MA	02324
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Con	ntribution Amount
	Credit/Debit Card		Individual  In Kind/Other Receipts De		10/31/2021			10.00
			III Killa Otlici Keccipis De	scription				
		Con	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Patricia		Force		Not Employe			
Street A					Street Addr			
	Tree Rd		St. t. 7:-		18 Pine Tree	Kd	64-4-	7:-
City	d Haven		State Zip MA 02568		City Vineyard Ha	ven	State MA	Zip 02568
Item	Transaction Type		Contribution Type	ъ	eceipt Date	Deposit Date		ntribution Amount
rem	Check		Individual		12/09/2021	Deposit Date	Col	250.00
			In Kind/Other Receipts De					
				1				

State

RI

Zip

02865

Fox

Prefix First Name

Street Address

City

Lincoln

Jack

41 Breakneck Hill Rd

Suffix

Employer Name

Street Address

500 Taunton Ave

East Providence

Zip

02914

State

RI

Fox Toyota

City

Item	Transaction Type Check		Contribution Type Individual		Receipt <b>Date</b> 12/08/2021	Deposit Date	Co	ntribution Amoun 250.00
			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	
	Vincent		Fraioli		Edge Realty			
Street A	Address				Street Addr	ess		
291 Ha	milton Allenton Rd				1007 Boston	Neck Rd		
City			State Zip		City		State	Zip
North K	ingstown		RI 02852		Narraganset	t	RI	02882
Item	Transaction Type Check		Contribution Type Individual		Receipt <b>Date</b> 11/03/2021	Deposit Date	Co	ntribution Amoun 300.00
			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			
C4 4 4	Michael		Furman		RI Medical			
Street A	vale Road				Street Addr 125 Metro C			
City	vale Road		State Zip		City	eniei Bivd	State	Zip
Provide	nce		RI 02906		Warwick		RI	02886
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Co	ntribution Amoun
11111	Credit/Debit Card		Individual		12/29/2021	Deposit Date		500.00
			In Kind/Other Receipts De	scription				
			tributor Information		T =	Employ	er Data	
Prefix	First Name Gary	MI E	Last Name or PAC/Party Committee Name Furtado	Suffix	Employer N Navigant Cr			
Street A	,	Е	ruido		Street Addr			
15 Beth					1005 Dougla			
City			State Zip		City		State	Zip
Warren			RI 02885		Smithfield		RI	02916
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amoun
	Check		Individual		12/07/2021	-		250.00
			In Kind/Other Receipts De	scription				
		~						
Prefix	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
Frenx	John	E	Gage	Sumx		d Health Care Associ	iation	
Street A		_	ouge.		Street Addr			
	ford Place				57 Kilvert S	t		
City			State Zip		City		State	Zip
Warwic	k		RI 02888		Warwick		RI	02886
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Co	ntribution Amoun
	Credit/Debit Card		Individual		12/31/2021			10.00
			In Kind/Other Receipts De	scription				
		_				_	_	
		Con	tributor Information			Employ	er Data	

State

RI

Zip

02920

Galicia

Prefix First Name

Street Address

18 Puritan Ave

City

Cranston

Michelle

Suffix

Employer Name

Not Employed

Street Address

18 Puritan Ave

State

RI

Zip

02920

City

Cranston

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		leceipt <b>Date</b> 12/29/2021	Deposit Date	Co	ntribution Amount 500.00
			In Kind/Other Receipts De	scription				
		Cont	ributor Information			Employ	yer Data	
Prefix First		MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Frank	_		Galleshaw		Wright's Fan	-		
Street Address 15 Brushwood					Street Addr 84 Inman Ro			
	Dr		S4-4- 7:			1	64-4-	7:
City Linoln			State Zip RI 02865		City Harrisville		State RI	Zip 02830
	T			n		D		
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		10/25/2021	Deposit Date	Co	ntribution Amount 100.00
	Credit Debit Card		In Kind/Other Receipts De		10/23/2021			100.00
			in rand other receipts be	scription				
		Cont	ributor Information			Employ	yer Data	
Prefix First	Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
Frank	c		Gallucci		Gilbane Bui	lding Company		
Street Address	s				Street Addr	ess		
20 Lupine Cou	urt				7 Jackson W	alkway		
City			State Zip		City		State	Zip
Wakefield			RI 02879		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/08/2021			250.00
			In Kind/Other Receipts De	scription				
		•				г	D 4	
Prefix First	Name	MI	ributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N		yer Data	
Deboi		WII	Galvin	Sum	Retired	ame		
Street Address			S		Street Addr	229		
41 Bear Hill Ro					41 Bear Hill			
City			State Zip		City		State	Zip
Seekonk			MA 02771		Seekonk		MA	02771
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/15/2021	•		1,000.00
			In Kind/Other Receipts De	scription				
		Cont	ributor Information				yer Data	
	Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Richa			Galvin		CV Propertie			
Street Address					Street Addr			
136 Eastover R	Ca		0		250 Summer	r <b>S</b> t	C: :	<b>7</b> .
City			State Zip RI 02871		City		State MA	<b>Zip</b> 02110
Portsmouth					Boston		MA	
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/23/2021			500.00
			In Kind/Other Receipts De	scription				

Employer Data

Zip

02904

State

RI

Contributor Information

Garofalo

Last Name or PAC/Party Committee Name

State

RI

Zip

02879

Suffix

Employer Name

Street Address

85 Corliss St

Providence

City

Garofalo & Associates, Inc.

ΜI

B.

Prefix First Name

Street Address

City

61 Canterbury Rd

South Kingstown

Steven

Item	Transaction Type Check		Contribution Type Individual		leceipt <b>Date</b> 10/01/2021	Deposit Date	Co	ntribution Amount 500.00
			In Kind/Other Receipts De	scription				
D 6 E:	. 37		tributor Information	0 66	I	Employer	Data	
Prefix Fir		MI E	Last Name or PAC/Party Committee Name Garvey	Suffix	Employer N	vame vanagh & Cooney, LLP		
Street Addre		L	Garvey		Street Addr			
207 Kenyon					123 Dyer St			
City			State Zip		City		State	Zip
Wakefield			RI 02879		Providence		RI	02903
Item	Transaction Type Credit/Debit Card		Contribution Type		eceipt Date 12/02/2021	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual  In Kind/Other Receipts De		12/02/2021			50.00
			In Kind Other Receipts De	scription				
		Con	tributor Information			Employer	Data	
Prefix Fir	st Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	lame		
Ale	exandra		Gauthier		Lincolnwoo	d Rehab		
Street Addre					Street Addr			
43 Urban Av	re		O		610 Smithfie	eld Ave		
City North Provid	lence		State Zip RI 02904		City North Provid	dence	State RI	<b>Zip</b> 02904
					<u> </u>			
Item	Transaction Type Check		Contribution Type Individual		eceipt <b>D</b> ate 12/08/2021	Deposit Date	Co	ntribution Amount 500.00
			In Kind/Other Receipts De					
			-	•				
		Con	tributor Information			Employer	Data	
Prefix Fir		MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Street Addre	wrence	T	Gemma		Gemma Law			
20 Rosewood					Street Addr 231 Reservo			
City			State Zip		City		State	Zip
Lincoln			RI 02865		Providence		RI	02907
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		11/26/2021			50.00
			In Kind/Other Receipts De	scription				
							_	
DC. E:	rst Name		tributor Information	Suffix	Employer N	Employer	Data	
Prefix Fir		MI	Last Name or PAC/Party Committee Name Geraghty	Sumx		vame alth Consultant Services	:	
Street Addre			Geraginy		Street Addr		•	
	hipple Highway				50 Maude St			
City			State Zip		City		State	Zip
Cumberland			RI 02864		Providence		RI	02908
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		11/08/2021			200.00
			In Kind/Other Receipts De	scription				
						<b>.</b> .	D 4	
Duefer Fin	est Name	Con	tributor Information		Employer N	Employer	Data	

State

RI

**Zip** 02806

Gil

Suffix

Employer Name

Kent Hospital

City

Warwick

Street Address

455 Toll Gate Rd

State

RI

Zip

02886

Prefix First Name

Street Address

City

Barrington

17 Adams Point Rd

Alfredo

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		leceipt <b>Date</b> 10/28/2021	Deposit Date	Co	ntribution Amount 250.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	on Doto	
Prefix Firs	st Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
Man		.,,,,	Gilbane	Sum	Retired	vanie		
Street Addre	ess				Street Addr	ess		
206 Dunbar I	Rd				206 Dunbar	Rd		
City			State Zip		City		State	Zip
Palm Beach			FL 33480		Palm Beach		FL	33480
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt <b>Date</b> 10/28/2021	Deposit Date	Co	ntribution Amount 250.00
			In Kind/Other Receipts De					200.00
			-	•				
		Con	tributor Information			Employ	er Data	
	st Name omas	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	lame		
Street Addre			Gilbane		Gilbane Street Addr			
206 Dunbar l					7 Jackson W			
City			State Zip		City		State	Zip
Palm Beach			FL 33480		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/27/2021			250.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	on Doto	
Prefix Firs	st Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ Jame	er Data	
Day		M.	Gilden			now & Hahn, LLP		
Street Addre	ess				Street Addr	ress		
21 Britts Rdg	g				40 Westmins	ster St, Ste 1100		
City			State Zip		City		State	Zip
Cumberland			RI 02864		Providence		RI	02903
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual  In Kind/Other Receipts De		12/22/2021			1,000.00
			In Kind Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix Fire	st Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer N	lame		
Jeff	frey	H.	Gladstone	Esq.	Partridge, St	now & Hahn, LLP		
Street Addre					Street Addr			
1180 High H	awk Rd		St. 4. 77			ster St, Ste 1100	G	7.
City East Greenw	ich		State Zip RI 02818		City Providence		State RI	Zip 02903
				n	·	Danasit Data		
Item	Transaction Type Check		Contribution Type Individual		eceipt <b>D</b> ate 11/03/2021	Deposit Date	Co	ntribution Amount 300.00
			In Kind/Other Receipts De					
			•	-				
			tributor Information			Employ	er Data	
Duefir Fin	et Name	MI	Last Name on DAC/Party Committee Name		Employer N			

State

RI

**Zip** 02903

Gold

Suffix

Employer Name

Street Address

690 Eddy St

Providence

City

RI Medical Imaging

State

RI

Zip

02903

Prefix First Name

Street Address

City

Providence

200 Exchange St

Richard

Item	Transaction Type Check		Contribution Type Individual		leceipt <b>Date</b> 11/09/2021	Deposit Date	Co	ntribution Amount 300.00
			In Kind/Other Receipts D	escription				
		~						
Prefix Firs	4 N		tributor Information	Suffix	Fl.	Employ	er Data	
Dav		MI J	Last Name or PAC/Party Committee Name Grand	Sumx	Employer N RI Medical I			
Street Addre		•			Street Addr	0 0		
17 Nayatt Rd					1525 Wampa			
City			State Zip		City		State	Zip
Barrington			RI 02806		East Provide	nce	RI	02915
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		11/30/2021	-		100.00
			In Kind/Other Receipts D	escription				
		Con	tributor Information			Employ	er Data	
	t Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Lun			Greenway		Not Employ			
Street Addre 17 Camden C					Street Addr	ess		
City	ı		State Zip		City		State	Zip
Wakefield			RI 02879		City		State	Zip
	T					D	C-	
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		12/03/2021	Deposit Date	Co	ntribution Amount 125.00
	Crear Dear Card		In Kind/Other Receipts D		12,03,2021			125.00
			in mino other receipts D	scription				
		Con	tributor Information			Employ	er Data	
Prefix Firs	t Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
Free	1	J.	Guarino		Rubiano & O	Company		
Street Addre	ss				Street Addr	ess		
9 Harvest Rd					7 Austin Ave	, Ste 1		
City			State Zip		City		State	Zip
Rehoboth			MA 02769		Greenville		RI	02828
Item	Transaction Type		Contribution Type		leceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual D. L. D. L. D.		12/15/2021			500.00
			In Kind/Other Receipts D	escription				
		Cont	tributor Information			Employ	or Data	
Prefix Firs	t Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		er Data	
Fred		J.	Guarino	Julia	Rubiano & C			
Street Addre	SS				Street Addr			
9 Harvest Rd					7 Austin Ave	e, Ste 1		
City			State Zip		City		State	Zip
Rehoboth			MA 02769		Greenville		RI	02828
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/08/2021			500.00
			In Kind/Other Receipts D	escription				
			tributor Information			Employ	er Data	
Prefix Firs	t Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		

Seacoast Mortgage Corporation

Zip

02861

State

RI

Street Address

City

Pawtucket

267 Newport Ave

Matthew

Street Address

3 Meadow Rd

City

Lincoln

P

Guerra

State

RI

Zip

Item	Transaction Type Check		Contribution Type Individual		Receipt <b>Date</b> 11/03/2021	Deposit Date	Co	ntribution Amount 300.00
			In Kind/Other Receipts 1	Description				
		Contributor Info					er Data	
Prefix Fi	rst Name chard	MI Last Name A Haas	or PAC/Party Committee Name	Suffix	Employer N RI Medical I			
Street Add		A flads			Street Addr	0 0		
405 Seaside					20 Catamore			
City			State Zip		City	Biva	State	Zip
Jamestown			RI 02835		East Provide	ence	RI	02835
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
Tiem .	Check		Individual		10/04/2021	Deposit Date		250.00
			In Kind/Other Receipts 1					
			•	•				
		Contributor Info	rmation			Employ	er Data	
Prefix Fi	rst Name	MI Last Name	or PAC/Party Committee Name	Suffix	Employer N	Vame		
Cl	neryl	A Hall			Info Reques	ted		
Street Add					Street Addr	ess		
31 Oakdell	Street						_	
City			State Zip		City		State	Zip
Peace Dale			RI 02879					
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		11/02/2021			300.00
			In Kind/Other Receipts 1	Description				
		Contributor Info	mation			Funley	er Data	
Prefix Fi	rst Name		or PAC/Party Committee Name	Suffix	Employer N		er Data	
	son	I Halpern	of TAC/Tarty Committee Name	Sum	RI Medical			
Street Add	ress	•			Street Addr			
	Winkle Cir				593 Eddy St			
City			State Zip		City		State	Zip
Warwick			RI 02886		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/06/2021	_		500.00
			In Kind/Other Receipts 1	Description				
		Contributor Info					er Data	
	rst Name		or PAC/Party Committee Name	Suffix	Employer N			
	seph	RaymolHame1			Hamel Who			
Street Add 1160 Mend					Street Addr 1160 Mendo			
City	OII IXG		State Zip		City	л ка	State	Zip
City Cumberland	d		RI 02864		Cumberland	l	RI	02864
				ъ	Receipt Date			
Item	Transaction Type Check		Contribution Type Individual		12/13/2021	Deposit Date	Co	ntribution Amount 1,000.00
	Carca		In Kind/Other Receipts 1		22/12/2021			1,000.00
			in initial difference in the company	- Local Prior				
		Contributor Info	rmation			Employ	er Data	
Prefix Fi	rst Name		or PAC/Party Committee Name	Suffix	Employer N			
			-					

State

RI

**Zip** 02857

Haverty

Street Address

City

N Scituate

1243 Hartford Pike

Richard

Kelly & Mancini

Street Address

128 Dorrance St

State

RI

Zip

02903

City

Providence

Item	Transaction Type Check		Contribution Type Individual		eceipt Date Deposi 12/16/2021	t Date	Con	atribution Amount
			In Kind/Other Receipts De	scription				
			ributor Information		T	Employer Da	ıta	
Prefix	First Name Annmarie	MI H	Last Name or PAC/Party Committee Name Hedden	Suffix	Employer Name Burns & Levinson LL	D		
Street A		11	Heddell		Street Address	r		
72 Julia					1 Citizens Plaza			
City			State Zip		City	S	tate	Zip
•	rovidence		RI 02911		Providence		u	02903
Item	Transaction Type		Contribution Type	R	eceipt Date Deposi	t Date	Cor	ntribution Amount
	Credit/Debit Card		Individual		12/31/2021			500.00
			In Kind/Other Receipts De	scription				
D 4	71 37		ributor Information	C. 60	I	Employer Da	ıta	
Prefix	First Name Nicholas	MI J.	Last Name or PAC/Party Committee Name Hemond	Suffix	Employer Name Cox Communication			
Street A		J.	riemond		Street Address			
	asant Valley Pkwy				9 JP Murphy Hwy			
City	asant vancy rawy		State Zip		City	S	tate	Zip
Provide	nce		RI 02908		West Warwick		II.	02893
Item	Transaction Type		Contribution Type	R	eceipt Date Deposi	t Date	Cor	ntribution Amount
	Check		Individual		11/02/2021			300.00
			In Kind/Other Receipts De	escription				
		Cont	ributor Information			F D.	4-	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	Employer Da	ita	
Tiena	Thaddeus	W	Herliczek	Suma	RI Medical Imaging			
Street A	Address				Street Address			
50 Pard	on Hill Rd				20 Catamore BLvd			
City			State Zip		City	S	tate	Zip
South I	artmouth		MA 02748		East Providence	F	u	02914
Item	Transaction Type		Contribution Type	R	eceipt Date Deposi	t Date	Cor	ntribution Amount
	Check		Individual		11/08/2021			300.00
			In Kind/Other Receipts De	escription				
		Cont	ributor Information			Employer Da	ıta	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Julie	Song	Herrmann		State Street Bank			
Street A	Address				Street Address			
9 Lu St	ubbs Ln				One Clincoln Street			
City			State Zip		City		tate	Zip
Sharon			MA 02067		Boston	N	ΛA	02111
Item	Transaction Type Check		Contribution Type Individual		eceipt Date Deposi 11/05/2021	t Date	Cor	atribution Amount 300.00

In Kind/Other Receipts Description

Zip

02865

Suffix

**Employer Name** 

Street Address 1 Randall Square

City

Providence

RI Medical Imaging

Employer Data

Zip

02904

State

RI

Contributor Information

Hillstrom

Last Name or PAC/Party Committee Name

State

RI

ΜI

M

Prefix First Name

Street Address

5 Whitney Dr

City

Lincoln

Mary

Item	Transaction Type		Contribution Type Individual		eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		In Kind/Other Receipts De		12/16/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employer	Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	lame		
	Thomas	P	Hogan		F/S Capitol	Consulting		
Street A					Street Addr			
1 Newla	ands St		0		1 West Exch	ange	<b>.</b>	<b></b>
City Chevy C	hace		State Zip MD 20815		City Providence		State RI	Zip 02903
				D.		Dit D-t-		
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt <b>D</b> ate 11/03/2021	Deposit Date	Co	ntribution Amount 50.00
	Ordan Dean Card		In Kind/Other Receipts De		11,03,2021			50.00
				•				
		Con	tributor Information			Employer	Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Robert		Horner		Not Employ			
Street A					Street Addr			
City	eau Trail		State Zip		18 Thoreau 'City	Irail	State	Zip
Milford			State Zip MA 01757		Milford		MA	21p 01757
Item	Transaction Type		Contribution Type	D	eceipt Date	Deposit Date		ntribution Amount
Hein	Credit/Debit Card		Individual		12/31/2021	Deposit Date	Cu	1,000.00
			In Kind/Other Receipts De					-
			•	•				
		Con	tributor Information			Employer	Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Michael		Hull			Metal & Roofing, Inc.		
Street A	Address soit Pass				Street Addr 9 Industrial			
	SOIT Pass		S4-4- 7:			way	64-4-	7:
City Cumber	land		State Zip RI 02864		City Riverside		State RI	Zip 02915
Item	Transaction Type		Contribution Type	D	eceipt Date	Deposit Date		ntribution Amount
item	Credit/Debit Card		Individual		12/06/2021	Deposit Date	Cu	250.00
			In Kind/Other Receipts De					
			•	•				
		Con	tributor Information			Employer	Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	lame		
	Christopher	D	Hunter		Advocacy S			
Street A					Street Addr			
	centennial Way		S4-4- 7:			ond Square, Suite 300	Stata	7in
City North Pr	rovidence		State Zip RI 02911		City Providence		State RI	<b>Zip</b> 02906
					·	Demosit Dete		
Item	Transaction Type Check		Contribution Type Individual		leceipt <b>D</b> ate 12/01/2021	Deposit Date	Co	ntribution Amount 200.00
			In Kind/Other Receipts De	scription				

Employer Data

State

RI

Zip

02910

Contributor Information

Hurley

Last Name or PAC/Party Committee Name

State

RI

Zip

02908

Suffix

Employer Name

Street Address

1052 Park Ave

CODAC

City

Cranston

MI

E.

Prefix First Name

Street Address

City

Providence

54 Lyndhurst Ave

Linda

Item	Transaction Type Credit/Debit Card	Contribution Type Individual		pt Date Deposit Date	Co	ntribution Amount
		In Kind/Other Receipts				
		•	•			
		Contributor Information		Emplo	yer Data	
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix E1	nployer Name		
	Ryan	Hutchins	Gi	lbane		
	Address			reet Address		
8 Jennis	son Circle		10	Channel Center St, Ste 100		
City		State Zip	Ci	ity	State	Zip
Natick		MA 01760	Bo	oston	MA	02110
Item	Transaction Type	Contribution Type	Recei	pt Date Deposit Date	Co	ntribution Amount
	Credit/Debit Card	Individual	12/3	1/2021		500.00
		In Kind/Other Receipts	Description			
		Contributor Information		Emplo	yer Data	
Prefix		MI Last Name or PAC/Party Committee Name	I .	nployer Name		
	Kevin	Huther	W	aldorf Capital Management		
Street A	Address			reet Address		
9 Oriole	e Rd		76	Westminster St		
City		State Zip	Ci	ity	State	Zip
Medfiel	ld	MA 02052	Pr	ovidence	RI	02903
Item	Transaction Type	Contribution Type	Recei	pt Date Deposit Date	Co	ntribution Amount
	Check	Individual	12/3	1/2021		1,000.00
		In Kind/Other Receipts	Description			
		Contributor Information		Emplo	yer Data	
Prefix		MI Last Name or PAC/Party Committee Name		nployer Name		
	Bruce	R Iannuccillo		P. Iannuccillo & Sons Constru	uction	
	Address		l l	reet Address		
70 Calv	erly St		70	Calvery Strreet		
City		State Zip	Ci	•	State	Zip
Provide	nce	RI 02908	Pr	ovidence	RI	02908
Item	Transaction Type	Contribution Type	Recei	pt Date Deposit Date	Co	ntribution Amount
	Check	Individual		6/2021		100.00
		In Kind/Other Receipts	Description			
		Contributor Information			yer Data	
Prefix	First Name	MI Last Name or PAC/Party Committee Name		nployer Name		
	Muyideen	AderojıIbiyemi		ashamif International		
	Address			reet Address		
151 Oce	ean St	St. 1. 77		1 Ocean St	G	7.
City		State Zip RI 02905	Ci	•	State	Zip
Provide		RI 02905		ovidence	RI	02905
Item	Transaction Type Credit/Debit Card	Contribution Type Individual		pt Date Deposit Date 26/2021	Co	ntribution Amount 150.00
		In Kind/Other Receipts	Description			
		•	•			
		Contributor Information		Emplo	yer Data	
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix E1	nployer Name		
				5 D C T -		

State

RI

Zip

02909

Ijaduola

Street Address

355 Boylston St

City

Boston

Community Resources for Justices

State

MA

Zip

02116

Street Address

5 Gage St

Providence

City

Olasunkanmi

Item	Transaction Type Check		Contribution Type Individual		Receipt <b>Date</b> 12/16/2021	Deposit Date	Co	ntribution Amo	ount 60.00
			In Kind/Other Receipts De	scription					
		Con	tributor Information			Funler	ou Doto		
Profix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na	Employ	er Data		
Tienx	Stephen	A	Izzi	Suma	Self Employe				
Street A	Address				Street Addre	-			
8 Penny					Street Addite	33			
City			State Zip		City		State	Zip	
Cransto	ın.		RI 02921		City		State	Zip	
				_					
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amo	
	Check		Individual		12/15/2021			1,000	0.00
			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				
	Anthony	R	Izzo		Self Employe	ed.			
Street A	Address				Street Addre	ess			
18 LeBa	aron Ct								
City			State Zip		City		State	Zip	
Cransto	m		RI 02921		Cally		51111	P	
						D '/ D /	-		_
Item	Transaction Type Credit/Debit Card		Contribution Type		Receipt Date 11/29/2021	Deposit Date	Co	ntribution Am	
	Credit/Debit Card		Individual P. 14 P.					30	0.00
			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				_
	Claudia		Jacobs		Village B and				
Street A	Address				Street Addre	SS			
	ımbus St				69 Columbus				
City			State Zip		City		State	Zip	
Newton	1		MA 02461		Newton		MA	02461	
					<u> </u>	D'4 D-4-		4-11-41-A	
Item	Transaction Type Check		Contribution Type Individual	· ·	Receipt <b>D</b> ate 12/13/2021	Deposit Date	Cu	ntribution Amo	0.00
	CHECK		In Kind/Other Receipts De	scription				500	0.00
				<b>-</b>					
		Con	tributor Information			Employ	er Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na				
	Bennett	S	James		City of Provi	dence			
Street A	Address				Street Addre	SS			
146 Bos	ston Neck Rd				10 Dorrance	St			
City			State Zip		City		State	Zip	
Narraga	ansett		RI 02882		Providence		RI	02903	
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amo	ount
	Check		Individual		11/09/2021			300	00.00
			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		CI Data		
rienz	Mahesh	.,11	Jayaraman	Sama	RI Hospital	anne.			
64 44			<i>y</i>		C. A.11				

State

MA

Street Address

593 Eddt Street

Providence

City

**Zip** 02903

State

RI

Street Address

4 Kingsbury Ln

City

Foxboro

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt Date 12/01/2021	Deposit Date	Co	ntribution	Amount 50.00
			In Kind/Other Receipts De	scription					
		•				т.	D (		
Duefin	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer Na	Employ	er Data		
Tienx	Norma	M	Jenckes	Sum	Not Employe				
Street A	Address				Street Addre				
	scent Rd				Sirectifulite	33			
City			State Zip		City		State	Zip	
Pawtucl	ket		RI 02861						
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution	Amount
Tiem.	Check		Individual		12/02/2021	Deposit Date	Cu	ati isution	200.00
	- Carren		In Kind/Other Receipts De						200.00
			_						
			tributor Information			Employ	er Data		
Prefix		MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na	ame			
_	Herbert	Α	Jeschke		Retired				
	Address				Street Addre	SS			
40 Prog	gress St		a		- C.		~		
City	1.		State Zip		City		State	Zip	
Pawtucl	ket		RI 02860						
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution	
	Credit/Debit Card		Individual		12/29/2021				500.00
			In Kind/Other Receipts De	scription					
		Con	tributor Information			Employ	ou Doto		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na		ei Data		
richa	Brett	.,	Johnson	Junia	Fortuitous Par				
Street A	Address				Street Addre	SS			
	attanooga Ave				15115 W. Sun				
City			State Zip		City		State	Zip	
Los Ang	geles		CA 90272		Los Angeles		CA	90272	
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution	Amount
	Check		Individual		12/14/2021	•			1,000.00
			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				
	Dennis		Johnston			Rocha & Parmente	r, P.C.		
	Address				Street Addre				
	aconsett Ave		C		128 Dorrance	St	C	7.	
City Warwic	.t.		State Zip RI 02888		City Providence		State RI	Zip 02903	
					1	<b>.</b>			
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt <b>D</b> ate 12/07/2021	Deposit Date	Co	ntribution	Amount 500.00
	Credit/Debit Card		In Kind/Other Receipts De						500.00
			in Kniw Other Receipts De	ser thrion					
		Con	tributor Information			Employ	er Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Na		_		
	Jonathan		Jones		Peck Madigar				
Ct	4.11				644 4.23				

State

VA

Zip

22043

Street Address

Washington

City

1300 Connecticut Ave NW

**Zip** 20036

State

DC

Street Address

Falls Church

City

2000 Freedom Lane

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt Date 11/09/2021	Deposit Date	Co	ntribution Am 10
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employe	n Data	
Drofin	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	Employe	er Data	
пенх	David	R.	Kaloupek	Sumx		egacy Group LLC		
Street A					Street Addre	-		
330 Sch					330 School S			
City			State Zip		City		State	Zip
•	ingstown		RI 02852		North Kingst	town	RI	02852
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Am
цеш	Check		Individual		12/08/2021	Deposit Date	Cu	50
	Check		In Kind/Other Receipts De		12/00/2021			30
			<b></b>					
		Con	tributor Information			Employe	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Paul	F	Kawolis		Linder's Inc			
Street A	Address				Street Addre	ess		
95 W. S	utton Rd				211 Granite	St		
City			State Zip		City		State	Zip
Sutton			MA 01590-1335		Worcester		MA	01607
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Am
	Credit/Debit Card		Individual		10/28/2021			1:
			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			
	Calaen		Kelleher		Not Employe			
Street A					Street Addre			
50 Intre	pid Ln				50 Intrepid I	n		
City			State Zip		City		State	Zip
Jamesto	wn		RI 02835		Jamestown		RI	02835
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Am
	Check		Individual		12/16/2021			1,00
			In Kind/Other Receipts De	scription				
							<b>.</b>	
D C	E' AN		tributor Information	C . CC	I I N	Employe	er Data	
Prefix	First Name Michael	MI P	Last Name or PAC/Party Committee Name Kelly	Suffix	Employer N Info Request			
Street A		r	Kelly		Street Addre			
Info Re					Street Addre	ess		
City	quesieu		State Zip		City		State	Zip
City			State Zip		City		State	Zip
Itore	Tunti T		Contribution Ton-	n	Pagaint Data	Denosit Data	C	ntribution Am
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt <b>D</b> ate 12/01/2021	Deposit Date	Ca	ntribution Am 20
	Creativi Debit Calid		In Kind/Other Receipts De		12/01/2021			200
			In Mills Other Receipts De	A I PHOI				
		Con	tributor Information			Employe	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		201111	
	Raquel		Kennedy		Not Employe			
	•		*		1			

State CT Street Address

State Zip

City

Street Address

184 Pewuot Ave

City New London

Item	Transaction Type Check		Contribution Type Individual		eceipt <b>Date</b> 11/09/2021	Deposit Date	Co	ntribution Amount 300.00
			In Kind/Other Receipts De	scription				
			ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
a	Hanan	I	Khalil		RI Medical I			
Street Au 10 Elizab					Street Addre 1 Randall Sq			
	eth Di		St. 4. 7:-		1	uare	64-4-	7.
City Lincoln			State Zip RI 02865		City Providence		State RI	Zip 02904
_	m m					D 11D 1		
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual  In Kind/Other Receipts De		11/03/2021			300.00
			III Kiliu/Other Receipts De	scription				
		Cont	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Daehee		Kim		RI Medical I			
Street A	ldress				Street Addre	ess		
8 Kimbal	1 Ct				1 Randall Sq	uare		
City			State Zip		City		State	Zip
Burlingto	n		MA 01803		Providence		RI	02904
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/08/2021			250.00
			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			
	Lowell		Kinch		Tripp Mobile			
Street A					Street Addre			
	Barn Road		St. 4		548 Kenyon	Ave	64.4	77.
City North At	laboro		State Zip MA 02870		City Pawtucket		State RI	Zip 02861
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/08/2021			250.00
			In Kind/Other Receipts De	scription				
		Cont	ributor Information			Employ	or Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		ei Data	
TICHA	Michael	L.	Kinch	Suma	State of RI -			
Street A					Street Addre			
25 Murpl					82 Smith St			
City			State Zip		City		State	Zip
Cumberla	and		RI 02864		Providence		RI	02903
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/08/2021			500.00
			In Kind/Other Receipts De	scription				
		Cont	ributor Information			Employ	on Doto	
Profie	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		er Data	
renx	rn st Name	IVII	Last Ivame of TAC/Tarty Committee Name	Sumx	Employer N	ame		

State

RI

**Zip** 02865

Kishfy

Street Address

City

Lincoln

Madison Investment

One Morning Star Court

State

RI

Zip

02865

Street Address

15 Paddock Dr

City

Lincoln

Joseph

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date 12/29/2021	Deposit Date	Con	ntribution Amount
			In Kind/Other Receipts De	scription				
		•				ъ. 1	D 4	
Profix	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
Tienx	Charlotte	WII	Kiss	Sum	Not Employe			
Street A	Address				Street Addr			
76 Roge	ers Lane							
City			State Zip		City		State	Zip
Middlet	town		RI 02842					
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Con	ntribution Amount
	Check		Individual		10/01/2021			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			
	Timothy	L	Knapp		Allstate			
Street A	Address				Street Addr	ess		
	mstead Cir				2775 Sander	s Road		
City			State Zip		City		State	Zip
Lebano			PA 17042		Northbrook		IL	60062
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt <b>D</b> ate 11/29/2021	Deposit Date	Con	ntribution Amount 500.00
	Orean Dean care		In Kind/Other Receipts De		11,23,2021			500.00
			•	•				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
a	Michael		Knipper		_	y & Procurement		
	Address tcher Rd				Street Addr Citizens Ban			
City	icher Ku		State Zip		City	ik way	State	Zip
•	Kingstown		RI 02852		Johnston		RI	02919
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Con	ntribution Amount
	Check		Individual		11/06/2021	•		300.00
			In Kind/Other Receipts De	scription				
Prefix	First Name	Con MI	tributor Information	Suffix	F1 N	Employ	er Data	
rrenx	Susan	L	Last Name or PAC/Party Committee Name Koelliker	Sumx	Employer N RI Medical I			
Street A	Address	_	Toolike!		Street Addr			
5 Lightl	house Ln				593 Eddy St			
City			State Zip		City		State	Zip
Barring	ton		RI 02806		Providence		RI	02903
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Cor	ntribution Amount
	Credit/Debit Card		Individual		11/19/2021			25.00
			In Kind/Other Receipts De	scription				
		C-	tributor Information			Employ	au Data	

State

MA

Zip

02021

Kohn

Suffix

Employer Name

Not Employed

Street Address

State Zip

City

Prefix First Name

Street Address

City

Canton

11 Westdale Road

Judith

Item	Transaction Type Check		Contribution Type Individual		Receipt Date 10/18/2021	Deposit Date	Co	ntribution Amount 200.00
			In Kind/Other Receipts De	scription				
		~						
Prefix Fi	not Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N		er Data	
	lius	0	Kolawole	Sullix		munity College		
Street Add	ress				Street Addr			
242 Warring					777 Elsbree			
City			State Zip		City		State	Zip
Providence			RI 02907		Fall River		MA	02720
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/15/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	on Data	
Prefix Fi	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		er Data	
Ga			Korn			uity Partners		
Street Add	ress				Street Addr	ess		
75 Cavalry	Rd				505 Park Av	e		
City			State Zip		City		State	Zip
Westport			CT 06880		New York		NY	10022
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		11/29/2021			1,000.00
			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			
Th	neodoros		Koutsoubas		CVS Health			
Street Add	ress				Street Addr	ress		
2120 16th S	St NW				1 CVS Dr			
City			State Zip		City		State	Zip
Washington	l		DC 20009		Woonsocket		RI	02895
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		10/26/2021			5.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix Fi	rst Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer N	lame		
Lo	puise		Koval		Not Employ	ed		
Street Add	ress				Street Addr	ress		
7 Willard H	ill Rd				7 Willard Hi	11 Rd		
City			State Zip		City		State	Zip
West Stockl			MA 01266		West Stockb	_	MA	01266
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual  In Kind/Other Receipts De		10/22/2021			1.50
			in Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
					T			

State

CT

Zip

06250

Lambert

Suffix

Employer Name

Not Employed

Street Address

Mansfield Center

State

CT

Zip

06250

27 Centre St

Prefix First Name

Street Address

Mansfield Center

27 Centre St

City

Sandra

Item	Transaction Type Check		Contribution Type Individual		eceipt <b>D</b> ate	Deposit Date	Co	ntribution A	Amount 200.00
	Check		In Kind/Other Receipts De		10/20/2021				200.00
			-	_					
			ibutor Information		,	Employer	Data		
	First Name Kwame	MI	Last Name or PAC/Party Committee Name Larbi	Suffix	Employer N State of Rho				
Street A			Lator		Street Addr				
42 Shern					82 Smith St	ess			
City			State Zip		City		State	Zip	
Pawtucke	et		RI 02860		Providence		RI	02903	
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution A	mount
	Credit/Debit Card		Individual		11/23/2021				25.00
			In Kind/Other Receipts De	scription					
D ~	TO AN		ibutor Information		I	Employer	· Data		
	First Name Bonnie	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N Diamond Hi				
Street A			Large		Street Addr	••			
	ott Run Valley Rd					Run Valley Rd			
City	,		State Zip		City		State	Zip	
Cumberl	and		RI 02864		Cumberland		RI	02864	
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution A	mount
	Check		Individual		12/08/2021				250.00
			In Kind/Other Receipts De	scription					
		~ .					<b>.</b>		
Prefix	First Name	MI	ibutor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employer	· Data		
	BONNIE	A	LARGE	Sumx		HILL APPRAISAL IN	IC.		
Street A	ddress				Street Addr	ess			
106 ABB	OTT RUN VALLEY RD				106 ABBOT	T RUN VALLEY RD			
City			State Zip		City		State	Zip	
CUMBE	RLAND		RI 02864		CUMBERL	AND	RI	02864	
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution A	Mount
	Credit/Debit Card		Individual		12/02/2021				700.00
			In Kind/Other Receipts De	scription					
		Contr	ibutor Information			Employe	Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		Data		
	Lindsey		Ledwin	Julia	Tiber Creek				
Street A	ddress				Street Addr	-			
3459 S U	Jta <b>h</b>				750 9th Stre	et NW			
City			State Zip		City		State	Zip	
Arlington	1		VA 22206		Washington		DC	20001	
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution A	
	Check		Individual Post A Post		10/26/2021				100.00
			In Kind/Other Receipts De	scription					
			•	•					
		Contr	ibutor Information	•		Employe	Data		

State

RI

**Zip** 02806

Suffix

Employer Name

Info Requested

Street Address

State Zip

City

ΜI

Lee

Α

Prefix First Name

Street Address

City

Barrington

2 Sandy Point Rd

Darrel

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		leceipt <b>Date</b> 12/01/2021	Deposit Date	Co	ntribution Amount 500.00
			In Kind/Other Receipts De	scription				
		C	tributor Information			F	. D.4.	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	Employer	r Data	
Ticha	Robert	.,,,,	Leonard	Julia		House Restaurant		
Street A	ddress				Street Addr	ress		
26 Wild	erness Dr				40 Ocean Ro	d		
City			State Zip		City		State	Zip
Narraga	nsett		RI 02882		Narragansett	t	RI	02882
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		leceipt <b>Date</b> 11/26/2021	Deposit Date	Co	ntribution Amount 50.00
			In Kind/Other Receipts De					
			-	_				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
C44 A	Catia		Lestage		_	alth Consulting Service	es	
Street A 59 Cam					Street Addr 50 Maude St			
City	iden En		State Zip		City	·	State	Zip
Cranston	n		RI 02921		Providence		RI	02908
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		11/26/2021	•		50.00
			In Kind/Other Receipts De	scription				
		-					<b>.</b>	
Prefix	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employe	r Data	
Tienx	Catia	IVII	Lestage	Sumx		alth Consulting Service	es	
Street A					Street Addr	_		
59 Cam					50 Maude St			
City			State Zip		City		State	Zip
Cranston	n		RI 02921		Providence		RI	02908
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		10/04/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Com	tributor Information			Employe	Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		r Data	
	Eric	K.	Leung	Julia	Dassault Sys			
Street A	ddress				Street Addr			
3 Lori E	illen Dr				1301 Atwoo	d Ave		
City			State Zip		City		State	Zip
Lincoln			RI 02865		Johnston		RI	02919
Item	Transaction Type		Contribution Type		leceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		10/19/2021			500.00
			In Kind/Other Receipts De	scription				
		C-	tributor Information			F1-	n Dete	
		Con	trioutor imolination	C . CC		Employe	Data	

State

DC

Zip

20011

Levene

Prefix First Name

605 Decatur St NW

City

Washington

Ann Street Address Suffix

Employer Name

Street Address

1250 H St NW

Washington

City

Rising Tide Interactive

State

DC

Zip

20005

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	12/30/2021		1,000.00
		In Kind/Other Receipts	Description		

		Con	tributor Information		Employe	r Data	
Prefix First	t Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
Allis	son		Liguori		Self Employed Psychotherapist		
Street Addres	ss				Street Address		
43 Womantam	n Ln			43 Womantam Ln			
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
	Credit/Debit Card		Individual		12/28/2021		10.00

## In Kind/Other Receipts Description

		Con	tributor Information		Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Joan		Lins-Morstadt		Not Employed			
Street A	Address				Street Address			
135 Hav	verhill Ave				135 Haverhill Ave			
City			State Zip		City	State	Zip	
North K	ingstown		RI 02852		North Kingstown	RI	02852	
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	Co	ntribution Amount	
	Credit/Debit Card		Individual		11/06/2021		500.00	

### In Kind/Other Receipts Description

		Con	tributor Information	Employer Data			
Prefix	First Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Robert	S	Little		Woodard & Curran		
Street A	Address				Street Address		
39 Talb	ot Street				33 Broad St, F1 7		
City			State Zip		City	State Zip	
Lowell			MA 01852		Providence	RI 02903	
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	Contribution Amount	
	Credit/Debit Card		Individual		12/20/2021	100.00	

# In Kind/Other Receipts Description

	Contributor Information				Employer Data			
Prefix	First Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Chris		Littlefield		The Nature Conservancy			
Street A	Address				Street Address			
P.O. Bo	x 514				352 High St			
City			State Zip		City	State	Zip	
Block Is	sland		RI 02807		Block Island	RI	02807	
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	Co	ntribution Amount	
	Check		Individual		12/16/2021		200.00	

### In Kind/Other Receipts Description

		Employer Data					
Prefix	First Name	MI	Last Name or PAC/Party Com	mittee Name Suffix	Employer Name		
	Michael	D	Logee		Litgistics, LLC		
Street A	Street Address				Street Address		
4 Sebgo	Trl				128 Dorrance St		
City			State	Zip	City	State	Zip
Narraga	nsett		RI	02882	Providence	RI	02903

Item	Transaction Type Check	Contribution Type Individual	Receipt Date Deposit Date 12/07/2021	Contribution Amount 250.00
	Check	In Kind/Other Receipts		230.00
		III Kiliu/Otilei Receipts	Description	
		Contributor Information	Employe	er Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	
	Carol	Lombardi	Homemaker	
Street A			Street Address	
	omuc Trail	C	30G Nipmuc Trail	C
City North P	rovidence	State Zip RI 02904	City North Providence	State Zip RI 02904
			l e e e e e e e e e e e e e e e e e e e	
Item	Transaction Type Check	Contribution Type Individual	Receipt Date Deposit Date 11/05/2021	Contribution Amount 300.00
	CHECK	In Kind/Other Receipts		300.00
		in initia outer Attripts	P.1104	
		Contributor Information	Employe	er Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	
	Michael	VincentLongo	RI Medical Imaging	
Street A			Street Address	
40 Pros	pect St		125 Metro Center Blvd	
City		State Zip	City	State Zip
Norwal	_	CT 06850	Warwick	RI 02886
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	12/28/2021 Description	5.00
		In Kind/Other Receipts	Description	
		Contributor Information	Employe	er Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name		
	Crystal	Lorgeree	Not Employed	
Street A	Address		Street Address	
193 For	est Ave			
City		State Zip	City	State Zip
Middlet	own	RI 02842		
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Check	Individual P. L.	11/02/2021	300.00
		In Kind/Other Receipts	Description	
		Contributor Information	Employe	or Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name		el Data
	Ana	P Lourenco	RI Medical Imaging	
Street A	Address		Street Address	
7 Westo	n Ave		1 Randall Square	
City		State Zip	City	State Zip
Foxboro	)	MA 02035	Providence	RI 02904
	mm	C		6 . 7
Item	Transaction Type Credit/Debit Card	Contribution Type Individual	Receipt Date Deposit Date 12/15/2021	Contribution Amount 10.00

Employer Data

State

RI

Zip

02903

Contributor Information

Lucier

Prefix First Name

Street Address 20 Irondale St

City

Warwick

Karin

Last Name or PAC/Party Committee Name

State

RI

**Zip** 02886

Suffix

Employer Name

Street Address

8 Abbott Park Pl

JWU

City

Providence

Item	Transaction Type	Contribution Type	R	eceipt Date	Deposit Date	Contribution Amount			
	Check	Individual	Individual		•	1,000.00			
	In Kind/Other Receipts Description								
		-	-						
	Contributor Information Employer Data								
DC. 1	Eine Nama	MI I 4 N DA C/D C	CCC	E1 N	T				

		tributor Information		Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	David		Lucivero		Hayes & Sherry Real Estate Serv	ices	
Street Address Street A					Street Address		
85 Basil	St				146 Westminster Street		
City			State Zip		City	State	Zip
Cransto	n		RI 02921		Providence	RI	02903
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		11/23/2021		250.00

In	Kin	d/Oth	er Rec	eints T	escrint)	ion

		tributor Information		Employer Data			
Prefix	First Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	John	J.	Lund		Lundco Painting LLC		
Street A	Address				Street Address		
10 Cana	ıl St				10 Canal St		
City			State Zip		City	State	Zip
Cumber	land		RI 02864		Cumberland	RI	02864
Item	Transaction Type		Contribution Type		Receipt Date Deposit Date	Co	ntribution Amount
	Check		Individual		10/04/2021		500.00

### In Kind/Other Receipts Description

		tributor Information	Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Gregory	P.	Lynch		JH Lynch and Sons		
Street A	Address				Street Address		
6 Cobb	lestone St				50 Lynch Place		
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		10/04/2021		500.00

# In Kind/Other Receipts Description

		tributor Information		Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Trisha		Lynch		Homemaker		
Street A	Address				Street Address		
85 Tagg	art Court				85 Taggart Court		
City			State Zip		City	State	Zip
East Gr	eenwich		RI 02818		East Greenwich	RI	02818
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	Co	ntribution Amount
	Check		Individual		10/04/2021		500.00

### In Kind/Other Receipts Description

		Con	Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Na	me Suffix	Employer Name		
	Stephen		Lynch	Jr	J H Lynch & Sons		
Street A	Address				Street Address		
11 Fred	erick Lane				50 Lynch Pl		
City			State Zip		City	State	Zip
Cumber	land		RI 02864		Cumberland	RI	02864

Item	Transaction Type Check		Contribution Type Individual		eceipt <b>Date</b> 10/04/2021	Deposit Date	Ca	ntribution Amount 500.00
			In Kind/Other Receipts De	scription				
		•				F 1	D (	
Prefix Fir	et Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
	vid	C.	Lynch	Sr.	JH Lynch an			
Street Addr	ess				Street Addr			
85 Taggart C	Court				50 Lynch Pl	ace		
City			State Zip		City		State	Zip
East Greenw	vich		RI 02818		Cumberland	l	RI	02864
Item	Transaction Type Check		Contribution Type Individual		eceipt <b>D</b> ate	Deposit Date	Co	ntribution Amount
	CHOCK		In Kind/Other Receipts De		12/2//2021			1,000.00
			•	•				
		Con	tributor Information			Employ	er Data	
	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			_
Ke	_		Macarthur Coates		Carpionato (	•		
75 Mashuen					Street Addr 1414 Atwoo			
City	a Di		State Zip		City	d Ave	State	Zip
Warwick			RI 02888		Johnston		RI	02919
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date		ntribution Amount
Tem .	Credit/Debit Card		Individual		12/31/2021	Deposit Date	Cu	1,000.00
			In Kind/Other Receipts De	scription				
			tributor Information		,	Employ	er Data	
Prefix Fir	rst Name	MI	Last Name or PAC/Party Committee Name Madden	Suffix	Employer N Bain and Co			
Street Addr			Madden		Street Addr			
65 Pearl St	ess				131 Dartmo			
City			State Zip		City		State	Zip
Holliston			MA 01746		Boston		MA	02116
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/27/2021			1,000.00
			In Kind/Other Receipts De	scription				
							_	
D C E:	rst Name		tributor Information	Suffix	le i v	Employ	er Data	
	rst Name irley	MI	Last Name or PAC/Party Committee Name Madhere-Weil	Sumx	Employer N	vame etics and Plastic Sur	Teru	
Street Addr			Madicie-Weii		Street Addr		scry	
259 Tuckern					594 Broadw			
City			State Zip		City		State	Zip
Middletown	<u> </u>		RI 02842		New York		NY	10012
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/30/2021			1,000.00
			In Kind/Other Receipts De	scription				
							_	
		Con	tributor Information	0.65		Employ	er Data	

State

FL

Zip

34685

Magazine

Prefix First Name

Street Address

Palm Harbor

City

Elizabeth

2661 Hawks Landing Blvd.

Suffix

Employer Name

Freelance Writer

Street Address

Palm Harbor

City

2661 Hawks Landing Blvd

Zip

34685

State

FL

<b>.</b>				_				
Item	Transaction Type Check		Contribution Type Individual	1	Receipt Date 12/16/2021	Deposit Date	Co	ntribution Amount 500.00
	CHECK		In Kind/Other Receipts Do	escription				300.00
			in line other receips be	scription				
		Cont	ributor Information			Employe	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Edward	L.	Maggiacomo	Esq.	Woodstock F	inancial, LLC		
Street A	Address				Street Addre	ess		
PO Box	8459				PO Box 8459	9		
City			State Zip		City		State	Zip
Cransto	n		RI 02920		Cranston		RI	02920
Item	Transaction Type		Contribution Type	1	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/16/2021			250.00
			In Kind/Other Receipts Do	escription	l			
		Cont	ributor Information			Employe	er Data	
Prefix		MI	Last Name or PAC/Party Committee Name	Suffix	1			
	Edward	L	Maggiacomo	Jr	Info Request			
	Address				Street Addre	ess		
P.O. Bo	x 8459							
City			State Zip		City		State	Zip
Cransto	n		RI 02920					
Item	Transaction Type		Contribution Type	1	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		11/09/2021			100.00
			In Kind/Other Receipts De	escription	l			
			ributor Information		I	Employe	er Data	
Prefix	First Name Siobhain	MI	Last Name or PAC/Party Committee Name Maher	Suffix	Employer N NHCC	ame		
64 44		iviane	Waner					
	Address ntic Ave				Street Addre			
	nuc Ave		S4-4- 7:-		1	p St	84-4-	7:
City Warwic	ւ		State Zip RI 02888		City Newport		State RI	Zip 02840
Item	Transaction Type		Contribution Type	1	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/07/2021			500.00
			In Kind/Other Receipts Do	escription	l			
		Cont	ributor Information			Employe	Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	1 1	er Data	
Tienx	Anthony	C	Manfredi	Sums	Info Request			
Street A	Address	•	Trainine of		Street Addre			
Info Re					Street Autili			
City	quesico		State Zip		City		State	Zip
City			State Zip		City		State	Zip
T4	T		Contail of a T		December 4 Thur	Dono-it D. (		
Item	Transaction Type Check		Contribution Type Individual	,	Receipt Date 12/07/2021	Deposit Date	Co	ntribution Amount 125.00
	CHCK		In Kind/Other Receipts Do	servintion				123.00
			In Kind Other Receipts De	escribinon				
		Cont	ributor Information			Employe	ar Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		. Data	
LICHA	Frank		Manfredi	Sum	1	ame Ballroom & Theatre		

State

RI

Street Address

City

Providence

79 Washington St

**Zip** 02903

State

RI

Street Address

37 Carriage Way

North Providence

Item	Transaction Type Check		Contribution Type Individual		eceipt <b>Date</b> 12/05/2021	Deposit Date	Ca	ntribution Amount 125.00
			In Kind/Other Receipts De	scription				
		6				т.	D 4	
Drofin	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employe	r Data	
Tienx	Frank	A	Manfredi	Jr		Ballroom & Theatre		
Street A	Address				Street Addr	ess		
10 Prim	rose Lane				79 Washingt	on St		
City			State Zip		City		State	Zip
North P	rovidence		RI 02904		Providence		RI	02903
Item	Transaction Type Check		Contribution Type Individual		eceipt <b>Date</b> 12/03/2021	Deposit Date	Co	ntribution Amount 200.00
			In Kind/Other Receipts De					
			_	_				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
644 /	Frank	J	Manni		Frank J. Mar	•		
Street A	wood Ave				Street Addr 1405 Plainfi			
City	WOOdilic		State Zip		City	cia si	State	Zip
Johnston	n		RI 02919		Johnston		RI	02919
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/15/2021			500.00
			In Kind/Other Receipts De	scription				
							<b>-</b>	
Prefix	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employe	r Data	
гтепх	Kenneth	J	Marandola	Jr		ting & Real Estate		
Street A	Address				Street Addr			
9 Tameo	<b>o</b>				One Waterm	an Avenue		
City			State Zip		City		State	Zip
Smithfie	eld		RI 02917		North Provid	dence	RI	02911
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/03/2021			25.00
			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		Data	
	Jim		Marsh		Not Employ			
Street A	Address				Street Addr	ess		
79 Peck	ham Rd				79 Peckham	Rd		
City			State Zip		City		State	Zip
Little C	-		RI 02837		Little Comp		RI	02837
	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
Item								1,000.00
Item	Check		Individual		12/27/2021			1,000.00
Item	Check		In Kind/Other Receipts De		12/2//2021			1,000.00

State

RI

Zip

02864

Marsland

Prefix First Name

Street Address

 ${\bf Cumberland}$ 

City

6 Valley Stream Dr

John

Suffix

Employer Name

Street Address

City

Manville

100 New River Rd

Blackstone River Watershed Council

Zip

02838

State

Ri

Item	Transaction Typ Credit/Debit Card		Contribution Type Individual		Receipt Date 12/28/2021	Deposit Date	Co	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	
	Elaine		Martin		Not Employ			
Street A	Address				Street Addr	ress		
65 Lilac	: St							
City			State Zip		City		State	Zip
Cumber			RI 02864					-
Item	Transaction Typ	e	Contribution Type		12/07/2021	Deposit Date	Co	ntribution Amount
	Check		Individual  In Kind/Other Receipts De		12/07/2021			100.00
			III Killo/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Joseph	P	Maruszczak		Nuestro Mu			
Street A					Street Addr 17-21 Gordo			
15 Crys City	tal Dr		State Zip		City	on Ave	State	Zip
East Gre	eenwich		RI 02818		Providence		RI	02903
Item	Transaction Typ	p	Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Check	_	Individual		12/08/2021	Depusit Date		1,000.00
			In Kind/Other Receipts De	scription				
							_	
D6	First Name		tributor Information	Suffix	Employer N	Employ	er Data	
Frenx	Jeffrey	MI H	Last Name or PAC/Party Committee Name Massey	Sumx	Massey and			
Street A	-				Street Addr			
108 Acr	es of Pine Road				250F Center	ville Rd		
City			State Zip		City		State	Zip
Coventr	у		RI 02816		Warwick		RI	02886
Item	Transaction Typ	e	Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		11/05/2021			300.00
			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		CI Data	
Dr	Aaron	W.P.	Maxwell		RI Medical			
Street A	Address				Street Addr	ress		
262 Doy	yle Avenue				1 Randall So	quare		
City			State Zip		City		State	Zip
Provide			RI 02906		Providence		RI	02904
Item	Transaction Typ	e	Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		10/04/2021			500.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
			I AN DACOD A C 344 N	C . CC		17		

MI

P.

McCarthy

Prefix First Name

Street Address

94 First Ave

Osterville

City

Lawrence

Last Name or PAC/Party Committee Name

State

MA

Zip

02655

Suffix

Employer Name

J H Lynch & Sons

State

RI

Zip

02864

Street Address

50 Lynch Place

Cumberland

Item	Transaction Type Check		Contribution Type Individual		Receipt <b>Date</b> 12/06/2021	Deposit Date	Co	ntribution Amount 500.00
			In Kind/Other Receipts De	scription				
		-					<b>D</b> .	
Profir	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
пенх	Thomas	J.	McDonald	Sumx	Bonnet Liqu			
Street A	Address				Street Addr			
15 Mett	atuxet Rd				965 Boston	Neck Rd		
City			State Zip		City		State	Zip
Narraga	nsett		RI 02882		Narragansett	t	RI	02882
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		leceipt <b>Date</b> 12/04/2021	Deposit Date	Co	ntribution Amount 150.00
	Ciculo Debit cuits		In Kind/Other Receipts De		12/01/2021			150.00
			•	•				
		Con	tributor Information			Employ	er Data	
Prefix	First Name Margaret	MI	Last Name or PAC/Party Committee Name McDuff	Suffix	Employer N FSRI	lame		
Street A					Street Addr	ess		
43 Pinel	hurst Rd				55 Hope St			
City			State Zip		City		State	Zip
Riversio	de		RI 02915		Providence		RI	02940
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		10/31/2021			25.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Bruce		McIntyre		Not Employ	ed		
Street A					Street Addr			
	niak Ave		a		103 Umiak A	Ave	<b>.</b>	~.
City Jamesto	aran		State Zip RI 02835		City Jamestown		State RI	Zip 02835
Item				D	l	Demosit Data		ntribution Amount
Hein	Transaction Type Check		Contribution Type Individual		12/30/2021	Deposit Date	Cu	1,000.00
			In Kind/Other Receipts De					-,
			_	_				
			tributor Information			Employ	er Data	
Prefix	First Name Daniel	MI	Last Name or PAC/Party Committee Name McKee	Suffix	Employer N State of Rho			
Street A			Wickee		Street Addr			
	ide Road				82 Smith Str			
City			State Zip		City		State	Zip
Cumber	rland	_	RI 02864		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		10/20/2021			1,000.00
			In Kind/Other Receipts De	scription				
		-				<b>.</b>	ъ.	
		Con	Last Name or PAC/Porty Committee Name		Employer N	Employ	er Data	

Prefix First Name

10 Cherry Brook Rd

Street Address

City

Weston

Michael

MI

McKelvy

E

Last Name or PAC/Party Committee Name

State

MA

Zip

02493

Suffix

Employer Name

Street Address

Providence

City

Gilbane Building Co.

7 Jackson Walkway

State

RI

Zip

02903

Item	Transaction Type Check		Contribution Type Individual		eceipt <b>Date</b> 10/25/2021	Deposit Date	Co	ntribution Amount 500.00
			In Kind/Other Receipts De	scription				
		-					<b>D</b> .	
Duefer	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employe	er Data	
Tienx	Christopher	P	McPherson	Sum	Central Ceili			
Street A	ddress				Street Addr			
72 Allert	on Rd				36 Norfolk A	Ave		
City			State Zip		City		State	Zip
Milton			MA 02186		South Eastor	n	MA	02375
Item	Transaction Type Check		Contribution Type Individual		eceipt <b>Date</b> 10/25/2021	Deposit Date	Co	ntribution Amount 1,000.00
	Check		In Kind/Other Receipts De		10/25/2021			1,000.00
			-	•				
			tributor Information			Employe	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Street A	Joseph	В	McPherson		Central Ceili Street Addr			
PO Box					36 Norfolk A			
City			State Zip		City		State	Zip
Boston			MA 02114		South Easton	n	MA	02375
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/28/2021			500.00
			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	
	David	J	Medeiros		DJM Consul			
Street A	ddress				Street Addr	ess		
56 Deerf	ield Ct				1130 Ten Ro	od Rd		
City			State Zip		City		State	Zip
North Ki	_		RI 02852		North Kings	town	RI	02852
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual  In Kind/Other Receipts De		11/23/2021			125.00
			In Kind Other Receipts De	scription				
		Con	tributor Information			Employe	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Oscar	<b>A</b> .	Mejias		_	Chamber of Commer	rce	
Street A					Street Addr			
11 Ander	ton Ave		St. 1. 7:-			inister St, 2nd F1	C4-4-	7:
City North Pr	ovidence		State Zip RI 02904		City Providence		State RI	Zip 02909
Item	Transaction Type		Contribution Type	ъ	eceipt Date	Deposit Date		ntribution Amount
riein	Credit/Debit Card		Individual		12/08/2021	Deposit Date	Co	250.00
			In Kind/Other Receipts De					
			•	-				
			tributor Information			Employe	er Data	
Duefir	First Name	MI			Employen N			

State

MA

Zip

02127

Messenger

Suffix

Employer Name

Messenger Capital

3 Redwood Circle

State

MA

Zip

01921

Street Address

City

Boxford

Prefix First Name

Street Address

City

Boston

225 Dorchester St

Nick

Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Ca	ntribution Amount
	Check		Individual		10/04/2021			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			
	Joan	P.	Milas		JPM & Asso			
Street A	Address				Street Addre	ess		
1 Terrac	ce Way				245 Waterma	n St, Ste 403		
City			State Zip		City		State	Zip
Lincoln	ı		RI 02865		Providence		RI	02906
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/08/2021			200.00
			In Kind/Other Receipts De	scription				
			tributor Information			Employ	er Data	
Prefix		MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Ellen	J	Millea		Millea Law (			
	Address				Street Addre			
	nmere Dr		St. 4. 77		37 Sockanos	set	64.4	·
City Cransto	_		State Zip RI 02920		City Cranston		State RI	Zip 02920
				_	<u> </u>			
Item	Transaction Type Credit/Debit Card		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/16/2021			10.00
			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			
	Anne	В	Miller		Not Employe			
Street A	Address				Street Addre	ess		
604 S V	Vashington Sq							
City			State Zip		City		State	Zip
Philade	lphia		PA 19106					
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/06/2021			500.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			1 :	er Data	
Prefix		MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
_	Jeffrey	Α	Millette		JMAC			
	Address				Street Addre	ess		
	ldwood Ave		St. 4. 77		30 Mann St		<b>G</b>	<b>7.</b>
City Seekonl	L		State Zip MA 02771		City Attleboro		State MA	Zip 02703
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/31/2021			20.00
			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	
A I CHA	Saidi	1711	Mkusa	Sama	Walmart			
_								

State

Ma

Street Address

**Zip** 01905

State

MA

780 Lynnway

City

Lynn

Street Address

90 Park St

City

Lynn

Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual  In Kind/Other Pessints De		10/20/2021			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			
	Timothy		Molino		Peck Madiga	n Jones		
Street A	ddress				Street Addre	ess		
2725 36	th P1 NW				1300 Connec	cticut Ave NW		
City			State Zip		City		State	Zip
Washing	gton		DC 20007		Washington		DC	20036
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		11/24/2021			10.00
			In Kind/Other Receipts De	scription				
							_	
			tributor Information				er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Rev	Lehlohonolo	H	Montjane	MDV		State University		
Street A	ddress				95 Burrill Av			
Apt 2C			St. t. 77			re	64.4	77.
City Norwoo			State Zip MA 02062		City		State MA	Zip 02325
					Bridgewater			
Item	Transaction Type		Contribution Type Individual		10/23/2021	Deposit Date	Co	ntribution Amount
	Credit/Debit Card				10/23/2021			5.00
			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		CI Data	
Rev.	Shirle		Moone Childs		Not Employe			
Street A	ddress				Street Addre	ess		
31 Woo	dland St, Apt 2K				31 Woodland	l St, Apt 2K		
City			State Zip		City		State	Zip
Hartford	1		CT 06105		Hartford		CT	06105
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/15/2021			1,000.00
			In Kind/Other Receipts De	scription				
			tributor Information				er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Melissa	F	Morgan			lic School District		
Street A					Street Addre			
	twood Rd		<b>~</b> —		355 E Centra	ıl St	~.	<b></b>
City	_		State Zip		City		State	Zip
Cransto			RI 02920		Franklin		MA	02038
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual P. 151 NO. 1 P. 151 P.		11/28/2021			250.00
			In Kind/Other Receipts De	scription				

Employer Data

State

Zip

Contributor Information

Mouradian

Last Name or PAC/Party Committee Name

State

Ri

Zip

02904

Suffix

Employer Name

Info Requested

Street Address

City

ΜI

 $\mathbf{C}$ 

Prefix First Name

Street Address

City

201Woodlawn Ave

North Providence

Philip

Item	Transaction Type Check		Contribution Type Individual		Receipt Date I 11/09/2021	Deposit Date	Con	ntribution Amount 300.00
			In Kind/Other Receipts De	scription				
			tributor Information			Employe	r Data	
Prefix	First Name Jonathan	MI S	Last Name or PAC/Party Committee Name Movson	Suffix	Employer Nam RI Medical Imag			
Street	Address	3	MOVSOII		Street Address	Rms		
	yland Ave				1 Randall Square	e		
City	<b>,</b>		State Zip		City		State	Zip
Provide	ence		RI 02906		Providence		RI	02904
Item	Transaction Type		Contribution Type	R	eceipt Date I	Deposit Date	Cor	ntribution Amount
	Credit/Debit Card		Individual		12/03/2021			250.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employe	u Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Nam		1 Data	
	Christopher	M	Mulhearn			Christopher Mulhe	earn	
Street A	Address				Street Address			
45 Wate	ch Hill				45 Watch Hill			
City			State Zip		City		State	Zip
East Gr	reenwich		RI 02818		East Greenwich		RI	02818
Item	Transaction Type		Contribution Type		-	Deposit Date	Cor	ntribution Amount
	Credit/Debit Card		Individual		10/21/2021			250.00
			In Kind/Other Receipts De	escription				
		Con	tributor Information			Employe	r Data	
Prefix		MI	Last Name or PAC/Party Committee Name	Suffix	Employer Nam	e		
a	Anthony		Murgida		Gilbane			
Street A	Address				Street Address 7 Jackson Walky	1/91/		
City	za ru		State Zip		City	way	State	Zip
Chepac	het		RI 02814		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	Leceipt Date I	Deposit Date	Cor	ntribution Amount
	Check		Individual		11/09/2021	•		300.00
			In Kind/Other Receipts De	escription				
		Con	tributor Information			Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Nam		1 Data	
	Brian	L	Murphy		RI Medical Imag			
	Address				Street Address			
Street A					1 Randall Square	e		
	hewson Rd				1			
81 Matl City			State Zip		City		State	Zip
81 Matl			State Zip RI 02806		1		State RI	<b>Zip</b> 02904
81 Matl City					City Providence	Deposit Date	RI	_

In Kind/Other Receipts Description

Zip

02864

Suffix

**Employer Name** 

Street Address

City

Providence

F/S Capitol Consulting, LLC

One West Exchange St

Employer Data

Zip

02903

State

RI

Contributor Information

Murray

Last Name or PAC/Party Committee Name

State

RI

MI

M.

Prefix First Name

Street Address

39 Newell Dr

Cumberland

City

Carolyn

Item	Transaction Type Credit/Debit Card	Contribution Type Individual	Receipt Date Deposit Date 12/28/2021	Contribution Amount 25.00
		In Kind/Other Receipts D	Description	
				_
D . C	First Name	Contributor Information		ver Data
Prenx	Judith	MI Last Name or PAC/Party Committee Name Neilson	Suffix Employer Name Not Employed	
Street A		2.02002	Street Address	
100 Key	yes Rd			
City		State Zip	City	State Zip
Concord	d	MA 01742		
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Check	Individual	11/04/2021	300.00
		In Kind/Other Receipts D	Description	
		Contributor Information	Employ	ver Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	
	David	P Neumann	RI Medical Imaging	
Street A			Street Address	
	ons Wood Ln		164 Summit Ave	
City Fact Gra	eenwich	State Zip RI 02818	City Providence	State Zip RI 02906
Item	Transaction Type Credit/Debit Card	Contribution Type Individual	Receipt Date Deposit Date 11/24/2021	Contribution Amount 100.00
		In Kind/Other Receipts I		
		Contributor Information		ver Data
Prefix	First Name Avishai	MI Last Name or PAC/Party Committee Name Nevel	Suffix Employer Name Not Employed	
Street A		Nevel	Street Address	
7 Winfie			7 Winfield Rd	
City		State Zip	City	State Zip
Provide	nce	RI 02906	Providence	RI 02906
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	12/24/2021	100.00
		In Kind/Other Receipts D	Description	
		Contributor Information	Familia	ver Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	ver Data
Tiena	Avishai	Nevel	Not Employed	
Street A	Address		Street Address	
7 Winfie	eld Rd		7 Winfield Rd	
		State Zip	City	State Zip
City		RI 02906	Providence	RI 02906
City Provider				
•	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
Provide		Individual	12/24/2021	Contribution Amount 1,000.00
Provide	Transaction Type		12/24/2021	

State

RI

**Zip** 02818

Ng

Prefix First Name

Street Address

East Greenwich

76 Middle Rd

City

Amy

Suffix

Employer Name

Info Requested

Street Address

State Zip

Item	Transaction Type Check		Contribution Type Individual		leceipt <b>Date</b> 11/09/2021	Deposit Date	Con	ntribution Amount 300.00
			In Kind/Other Receipts D	escription				
			butor Information		T	Employ	er Data	
Prefix Fir			Last Name or PAC/Party Committee Name Nguyen	Suffix	Employer N RI Medical I			
Street Addı		1 .	reguyen		Street Addr			
47 Pojac Po					1 Randall Sq			
City	mi res		State Zip		City	iune	State	Zip
N Kingstow	m.		RI 02852		Providence		RI	02904
Item	Transaction Type		Contribution Type	D	leceipt Date	Deposit Date	Cox	ntribution Amount
Item	Credit/Debit Card		Individual		12/28/2021	Deposit Date	Cu	500.00
	Ciculi Deoit Card		In Kind/Other Receipts D		12/20/2021			500.00
			In Island Other Receipts D	cocription				
		Contri	butor Information			Employ	er Data	
Prefix Fi	rst Name		Last Name or PAC/Party Committee Name	Suffix	Employer N			
Do	onald		Nokes		Netcenergy I			
Street Addı	ress				Street Addr	ess		
41 Elm St					1125 Pontiac	Ave		
City			State Zip		City		State	Zip
Rehoboth			MA 02769		Cranston		RI	02920
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Con	ntribution Amount
	Check		Individual		12/19/2021			1,000.00
			In Kind/Other Receipts D	escription				
		Contri	butor Information			Employ	er Data	
	rst Name		Last Name or PAC/Party Committee Name	Suffix	Employer N			
	seph		Nolan		Info Request			
Street Add					Street Addr	ess		
11 Phillip R	.d		C		C.			
City Belmont			State Zip MA 02478		City		State	Zip
Item	Transaction Type		Contribution Type		leceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/17/2021			1,000.00
			In Kind/Other Receipts D	escription				
		Contri	butor Information			Employ	on Doto	
Prefix Fi	rst Name		Last Name or PAC/Party Committee Name	Suffix	Employer N		er Data	
	nerese		Nolan	Juna		ry Group, Inc		
Street Add					Street Addr	3		
11 Philip Ro					101 Plain St			
City			State Zip		City		State	Zip
Belmont			MA 02478		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		11/04/2021		20	100.00
			In Kind/Other Receipts D	escription				
			•	•				
		Contri	butor Information			Employ	er Data	
Prefix Fi	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
			N_1C_		DT M - 4: 1 T			

RI Medical Imaging

State

RI

Zip

02904

Street Address

City

Providence

1 Randall Square

Alexan/Nolfe

State

RI

Zip

02852

Dana

Street Address

City

105 Georgia Ave

North Kingstown

Item	Transaction Trans		Contribution Type	D	eceipt Date	Deposit Date	Co	ntribution Amount
Item	Transaction Type Check		Individual		12/07/2021	Deposit Date	Cu	250.00
			In Kind/Other Receipts	Description				
			_	-				
		Contril	butor Information			Employ	er Data	
Prefix	First Name		Last Name or PAC/Party Committee Nam	e Suffix	Employer N			
	Katherine	M I	Norman		Rhode Island	d Health Care Assoc	iation	
	Address				Street Addr			
228 Wii	ndstone Dr				57 Kilvert S	t		
City			State Zip		City		State	Zip
Portsmo	outh		RI 02871		Warwick		RI	02886
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/31/2021			500.00
			In Kind/Other Receipts	Description				
			butor Information			Employ	er Data	
Prefix			Last Name or PAC/Party Committee Nam	e Suffix	Employer N			
	Colm	(	D'Comartun		1	ed Consultant		
	Address				Street Addr			
	oland Ave		C		3811 Roland	Ave	G	7.
City Baltimo			State Zip MD 21211		City		State	<b>Zip</b> 21211
Baltimo					Baltimore		MD	21211
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/08/2021			1,000.00
			In Kind/Other Receipts	Description				
		Contril	butor Information			Employ	or Data	
Prefix	First Name		Last Name or PAC/Party Committee Nam	e Suffix	Employer N		ei Data	
пспа	Robert	Ryan (		c Suma	Info Request			
Street A	Address				Street Addr			
83 Park					Street Fatter	Coo		
City			State Zip		City		State	Zip
Warwic	k		RI 02888		,			
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
Ticin.	Credit/Debit Card		Individual		12/31/2021	Deposit Date	Cu	25.00
			In Kind/Other Receipts					
			•	•				
		Contril	butor Information			Employ	er Data	
Prefix	First Name	MI I	Last Name or PAC/Party Committee Nam	e Suffix	Employer N	ame		
	Kathleen	C. (	D'Leary		N			
Street A	Address				Street Addr	ress		
196 Old	l River Rd				196 Old Riv	er Rd		
City			State Zip		City		State	Zip
Lincoln	ı		RI 02865-111	4	Lincoln		RI	02865-1114
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt <b>Date</b> 12/31/2021	Deposit Date	Co	ntribution Amount 25.00
			In Kind/Other Receipts					
				-F				
		Contril	butor Information			Employ	er Data	
Prefix	First Name		Last Name or PAC/Party Committee Nam	e Suffix	Employer N			
	25.4		OIT		L 37 . F .			

#### Not Employed Michael O'Leary Street Address Street Address 196 Old River Rd 196 Old River Rd **Zip** 02865 **Zip** 02865 City City State State

RI

Lincoln

RI

Lincoln

Item	Transaction Type Check	pe	Contribution Type Individual	I	Receipt <b>Date</b> 10/26/2021	Deposit Date	Co	ntribution Amount 50.00
			In Kind/Other Receipts	s Description	ı			
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Nam	ne Suffix	Employer N		ei Data	
110111	Celestina		koOkai			althcare, Inc.		
Street A	Address				Street Addr	ess		
102 Bel	llevue Ave				101-103 Bac	con St		
City			State Zip		City		State	Zip
North P	Providence		RI 02911		Pawtucket		RI	02860
Item	Transaction Ty	je	Contribution Type	I	Receipt Date	Deposit Date	Co	ntribution Amount
	Check	•	Individual		10/26/2021	-		100.00
			In Kind/Other Receipts	s Description	l			
		-						
Drof-	First Name	Con	tributor Information  Last Name or PAC/Party Committee Nam	ne Suffix	Employer N	Employ	er Data	
rrenx	Raphael		alOkeola	ie Suilix	Info Request			
Street A	Address	Oliw	ano acom		Street Addr			
2 Devoi					Sirect Addi	633		
City			State Zip		City		State	Zip
Provide	ence		RI 02904				51111	<b>-</b>
Item	Transaction Ty	10	Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
пеш	Check	Je	Individual		10/26/2021	Deposit Date	Cu	150.00
			In Kind/Other Receipts	s Description				
			In India State Interpr	o Description				
		Con	tributor Information			Employ	er Data	
Prefix		MI	Last Name or PAC/Party Committee Nam	ne Suffix	1 2			
	Flora		Oladapo		Homemaker			
	Address				Street Addr	ess		
94 Kim	ball St				94 Kimball			
City			State Zip		City		State	Zip
Provide			RI 02908		Providence		RI	02911
Item	Transaction Ty		Contribution Type	I	Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Car	d	Individual	D 1.11	12/07/2021			1.00
			In Kind/Other Receipts	s Description	l			
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Nam	ne Suffix	Employer N	ame		
	Joanna		Olaoye		Not Employ	ed		
Street A	Address				Street Addr	ess		
19 Dani	iels St							
City			State Zip		City		State	Zip
Pawtucl	ket		RI 02860					
Item	Transaction Ty	pe	Contribution Type	I	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		10/27/2021			300.00
			In Kind/Other Receipts	s Description	ı			
		C-	tuibutou Information			F1	on Data	
Prefix	First Name	MI	tributor Information  Last Name or PAC/Party Committee Nam	ie Suffix	Employer N	Employ	er Data	
rienx	Andrew	O	Omigie	ie Suinx	1	ame ent of Children, You	th & Family	
		•			C. A. I.	or cameron, rou	c. 1 miniy	

State

RI

Street Address

City

Providence

101 Friendship St

State

RI

Zip

02903

Street Address

5 Dutchess Dr

City

Cranston

Item	Transaction Type Check		Contribution Type Individual		leceipt <b>Date</b> 10/26/2021	Deposit Date	Co	ntribution Amount 200.00
			In Kind/Other Receipts De	scription				
		•				F 1	D 4	
Duefer	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employer	Data	
	First Name Harold	A.	Omisore	Sumx		Dept. of Transportation	1	
Street Ad	ldress				Street Addr		_	
213 Sascl					82 Smith St			
City			State Zip		City		State	Zip
Providence	ce		RI 02907		Providence		RI	02903
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt Date 10/22/2021	Deposit Date	Co	ntribution Amount 50.00
	Credit Deoit Curd		In Kind/Other Receipts De		10/22/2021			30.00
			<u> </u>	ser-puon				
		Con	tributor Information			Employer	Data	
	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Joseph		Oyer		Not Employ			
Street Ad					Street Addr			
8 Garside	Dr		St. 4. 77		8 Garside Dr	r	64.4	7.
City West Boy	lston		State Zip MA 01583		City West Boylsto	on	State MA	Zip 01583
Item	Transaction Type Check		Contribution Type Individual		leceipt <b>D</b> ate 10/26/2021	Deposit Date	Co	ntribution Amount 100.00
			In Kind/Other Receipts De					
			•	•				
		Con	tributor Information			Employer	Data	
	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Richard	Α	Pacheco	П	RI Medical I			
Street Ad 19 Micha					Street Addr 1 Randall So			
City	ei Di		State Zip		City	quare	State	Zip
Bristol			RI 02809		Providence		RI	02904
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
Titlii.	Check		Individual		12/15/2021	Deposit Date	-	1,000.00
			In Kind/Other Receipts De	scription				·
			-	_				
		Con	tributor Information			Employer	Data	
	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Diane		Palumbo		1	y Renewable Energy		
Street Ad	ldress t Stuart Dr				Street Addr 117 Metro C			
City	t Stuart Dr		State Zip		City	enter BIVd	State	Zip
East Gree	enwich		RI 02818		Warwick		RI	02886
	Transaction Type			ъ	Receipt Date	Deposit Date		ntribution Amount
Item	Check		Contribution Type Individual		12/10/2021	Deposit Date	Co	1,000.00
			In Kind/Other Receipts De					2,000.00
		Con	tributor Information			Employer	Data	
			T AND DACOD A CO 144 M	0 00	1 -			

State

RI

Zip

02903

Paolino

Prefix First Name

Street Address

P.O. Box 1576

Providence

City

Christina

Suffix

**Employer Name** Paolino Properties

Street Address

City

Providence

100 Westminster St

Zip

02903

State

RI

Item	Transaction Type Check		Contribution Type Individual		Receipt <b>Date</b> 12/07/2021	Deposit Date	Co	ntribution Amount 500.00
			In Kind/Other Receipts De	scription				
		_						
D C E	" A NT		tributor Information	C . CC	I E . I N	Employ	er Data	
Prefix F	irst Name homas	MI L.	Last Name or PAC/Party Committee Name Papa	Suffix	Employer N F/S Capitol (	came Consulting, LLC		
Street Add					Street Addr			
25 Holly L					1 West Exch			
City			State Zip		City		State	Zip
Cumberlan	nd		RI 02864		Providence		RI	02903
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt Date 12/17/2021	Deposit Date	Co	ntribution Amount
	Cicuis Debit Card		In Kind/Other Receipts De		12/11/2021			100.00
			<u> </u>	oct-puon				
		Con	tributor Information			Employ	er Data	
Prefix F	irst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
_	dward		Pare		Brown Rudn			
Street Add					Street Addr			
70 Fox Ru	n		S4-4- 7:		10 Memoria	I BIVa	64-4-	7:
City East Green	wich		State Zip RI 02818		City Providence		State RI	Zip 02903
Item	Transaction Type		Contribution Type	р	eceipt Date	Deposit Date		ntribution Amount
itein	Credit/Debit Card		Individual		12/17/2021	Deposit Date	Cu	200.00
			In Kind/Other Receipts De					
			-	-				
		Con	ributor Information				er Data	
Prefix F		MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Street Add	dward		Pare		Brown Rudr			
70 Fox Ru					Street Addr			
City	-		State Zip		City		State	Zip
East Green	wich		RI 02818		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/31/2021			100.00
			In Kind/Other Receipts De	scription				
			tributor Information	~ ~~	T=	Employ	er Data	
	ïrst Name Iiguel	MI	Last Name or PAC/Party Committee Name Payano	Suffix	Employer N Uber	ame		
Street Add	_		Payano		Street Addr	nes.		
36 Stanwoo					1455 Market			
City			State Zip		City		State	Zip
Providence	<del>.</del>		RI 02907		San Francisc	co	CA	94103
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		10/08/2021			100.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	

State

RI

Zip

02864

Pereira

Prefix First Name

Street Address

377 Bryant St

Cumberland

City

Fatima

Suffix

Employer Name

Best Beverage

Street Address

City

Pawtucket

5 Carpenter St, #202

Zip

02860

State

RI

Item	Transaction Type Check		Contribution Type Individual	]	Receipt Date 12/23/2021	Deposit Date	Co	ntribution Amount 1,000.00
			In Kind/Other Receipts D	<b>Description</b>	ı			
		•				т. 1	D 4	
D . C	First Name		tributor Information	Suffix	I E		yer Data	
rrenx	John	MI	Last Name or PAC/Party Committee Name Petrarca	Sumx	Employer N Providence			
Street A	Address				Street Addr	-		
2 Micha	nel Dr				350 Silver S	pring St		
City			State Zip		City		State	Zip
Lincoln			RI 02865		Providence		RI	02904
Item	Transaction Type		Contribution Type	1	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/23/2021			1,000.00
			In Kind/Other Receipts D	<b>Description</b>	ı			
		Con	tributor Information			Emplo	yer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		yer Data	
	Sandra		Petrarca		Providence A			
Street A	Address				Street Addr	ess		
2 Micha	iel Dr				350 Silver S	pring St		
City			State Zip		City		State	Zip
Lincoln			RI 02865		Providence		RI	02904
Item	Transaction Type		Contribution Type	1	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		10/16/2021			1,000.00
			In Kind/Other Receipts D	Description	l			
		Con	tributor Information			Emplo	yer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Alexander		Petrucci		5A Builders	LLC		
Street A	Address				Street Addr			
15 Robe	ertson Rd				15 Robertson	n Rd		
City			State Zip		City		State	Zip
Narraga	nsett		RI 02882-5133		Narraganset	t	RI	02882-5133
Item	Transaction Type		Contribution Type	]	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		10/14/2021			1,000.00
			In Kind/Other Receipts D	еѕстриоп				
		Con	tributor Information			Emplo	yer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Ann	M.	Petrucci		Providence S	School District		
Street A	Address				Street Addr			
	owlesway Ext				797 Westmin	nster St		
City			State Zip		City		State	Zip
Narraga			RI 02882		Providence		RI	02903
Item	Transaction Type Check		Contribution Type Individual	]	Receipt Date 11/09/2021	Deposit Date	Ca	ntribution Amount 300.00
			In Kind/Other Receipts D	Description	1			

Employer Data

State

RI

Zip

02903

Contributor Information

Pezzullo

Last Name or PAC/Party Committee Name

State

RI

**Zip** 02919

Suffix

Employer Name RI Medical Imaging

Street Address

593 Eddy St

Providence

City

ΜI

Α

Prefix First Name

Street Address

City

Johnston

175 Downing Dr

John

Item	Transaction T		Contribution Type Individual		Receipt Date 10/31/2021	Deposit Date	Co	ntribution Amount 10.00
			In Kind/Other Receipts De					
			ributor Information		_	Employe	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
_	Tom		Philo		Not Employe			
	Address				Street Addre	ess		
	nith Ave		a		02835		~	
City	.:n_		State Zip RI 02828		City		State	Zip 02828
Greenv					Greenville		RI	02828
Item	Transaction 7	Type	Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/15/2021			1,000.00
			In Kind/Other Receipts De	scription				
							_	
			tributor Information		T = -	Employe	er Data	
Prefix		MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Phaykham		Phrachanhsiri		Info Request			
	Address				Street Addre	ess		
	agansett Ave							
City			State Zip		City		State	Zip
Provide	ence		RI 02909					
Item	Transaction T	ype	Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/08/2021			250.00
			In Kind/Other Receipts De	scription				
		Con	ributor Information			Employe	er Data	
Prefix		MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Dr	Brian	J	Pickett		South County			
	Address				Street Addre			
5 Rock	y Way				905 Pontiac	Ave		
City			State Zip		City		State	Zip
West K	inston		RI 02892		Cranston		RI	02920
Item	Transaction 7	Гуре	Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit C	Card	Individual		12/02/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employe	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	John		Ponte		Greenwich B	Susiness Capital LLC		
Street A	Address				Street Addre	ess		
1000 C	hapel View				1300 Divisio	n Rd		
City			State Zip		City		State	Zip
West W	/arwick		RI 02920		West Warwic	k	RI	02893
Item	Transaction T	уре	Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/14/2021	•		1,000.00
			In Kind/Other Receipts De					
			4	•				
		Con	tributor Information			Employe	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		-	
	Norma		Ponte		Retired			
					1			

State

RI

Street Address

City

State Zip

Street Address

City

Lincoln

1683 Lonsdale Ave

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt <b>Date</b> 12/08/2021	Deposit Date	Co	ntribution Amou 1,000.0
			In Kind/Other Recei	pts Description				
			tributor Information	~ ~~	I	Employ	er Data	
	First Name David	MI	Last Name or PAC/Party Committee N Preston	ame Suffix	Employer N New Harbor			
Street Ad			Teston		Street Addr	-		
	ol Square #300				400 Westmir			
City	-		State Zip		City		State	Zip
Providenc	ce		RI 02903		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amou
	Check		Individual		12/15/2021			500.0
			In Kind/Other Recei	pts Description				
D 6 1	F2 4 37		tributor Information	0.65	I	Employ	er Data	
	First Name Cynthia	MI	Last Name or PAC/Party Committee N Provost	ame Suffix	Employer N Rhode Island			
Street Ad	_		Flovosi		Street Addr			
27 Holly					600 Mt Pleas			
City			State Zip		City		State	Zip
Cranston			RI 02921		Providence		RI	02908
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amou
	Check		Individual		10/25/2021	•		500.0
			In Kind/Other Rece	pts Description				
			tributor Information			Employ	er Data	
	First Name	MI	Last Name or PAC/Party Committee N	ame Suffix	Employer N		110	
	John	Antne	onPuniello			eering Constructors,	LLC	
Street Ad 23 King P					Street Address	ess nsett Park Dr		
City	mip iiic		State Zip		City		State	Zip
Bristol			RI 02809		Pawtucket		RI	02861
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amou
	Check		Individual		10/25/2021			250.0
			In Kind/Other Recei	pts Description				
			tributor Information			Employ	er Data	
	First Name	MI	Last Name or PAC/Party Committee N		Employer N			
	Thomas	E	Purcell	JR	H. Carr & So			
Street Ad 235 Keny					Street Addre 100 Royal L			
City	OHAVE		State Zip		City	inio Di	State	Zip
East Gree	nwich		RI 02818		Providence		RI	02904
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date		ntribution Amou
r.em	Check		Individual		12/07/2021	Deposit Date	Cu	250.0
			In Kind/Other Rece					

		Con	tributor Information		Employer	Data		
Prefix	First Name	MI	Last Name or PAC/Party Comm	nittee Name Suffi	Empl	oyer Name		
	Donald	P.	Quinn		M & S	S Claims Service		
Street Address					Street	Address		
PO Box	331				535 A	twood Ave		
City			State	Zip	City		State	Zip
Lincoln		RI	02865	Crans	ton	RI	02920	

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt <b>Date</b> 10/22/2021	Deposit Date	Con	ntribution Amount 25.00
				eceipts Description				
		Contributor	Information			Employe	er Data	
	First Name		ame or PAC/Party Committee	e Name Suffix	Employer N			
	Jack	Raffel			Not Employ			
Street Ac					Street Addr			
209 Spen	cer Dar		S		209 Spencer	Dr	G	
City Amherst			State Zip MA 0100		City Amherst		State MA	Zip 01002
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Con	ntribution Amount
	Credit/Debit Card		Individual		12/22/2021			1,000.00
			In Kind/Other Re	eceipts Description				
		Contributor	Information			Employe	r Data	
Prefix	First Name		ame or PAC/Party Committee	e Name Suffix	Employer N		. Data	
	Robert	Ragosi	-		Ragosta Law			
Street Ac	ldress				Street Addr	ess		
39 Ashbu	rton Dr				481 Atwood	Ave		
City			State Zip		City		State	Zip
Cranston			RI 0292	21	Cranston		RI	02920
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Cor	ntribution Amount
	Credit/Debit Card		Individual		12/31/2021			1,000.00
			In Kind/Other Re	eceipts Description				
		Contributor	Information			Employ	er Data	
	First Name		ame or PAC/Party Committee	e Name Suffix	Employer N			
	David	F. Rampo	one		Hart Engine			
Street Ac					Street Addr			
	Sutterfly Way		St. 4 77		800 Scenic V	new Drive	64.4	7.
City Lincoln			State Zip RI 0286		City Cumberland		State RI	Zip 02864
					l			
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Cor	ntribution Amount
	Credit/Debit Card		Individual		11/19/2021			50.00
			In Kind/Other Re	eceipts Description				
		Contributor	Information			Employe	or Data	
Prefix	First Name		Tame or PAC/Party Committee	e Name Suffix	Employer N		1 Data	
	Sharon	Raymo			Not Employe			
Street Ac		,			Street Addr			
145 Bake	r Rd							
City			State Zip		City		State	Zip
Shutesbu	ry		MA 0107	72				
Item	Transaction Type Check		Contribution Type Individual		eceipt <b>Date</b> 12/16/2021	Deposit Date	Cor	ntribution Amount 500.00
	CHOOK			eceipts Description				500.00
			In Line Other Re	ec.pts Description				
		Contributor	Information			Employe	er Data	
Prefix	First Name		Tame or PAC/Party Committee	e Name Suffix	Employer N			

State

RI

**Zip** 02893

Read

Street Address

62 Andrews Ave

West Warwick

City

Donna

Street Address

62 Andrews Ave

West Warwick

**Zip** 02893

State

RI

Retired

Item	Transaction Type Check		Contribution Type Individual		leceipt <b>Date</b> 12/01/2021	Deposit Date	Co	ntribution Amount 250.00
			In Kind/Other Receipts De	scription				
		•					<b>D</b> .	
Duefer	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
	Gary	J.	Rebelo	Sumx	1	rame irls Club of Northern	Rhode Isla	nd
Street A					Street Addr			
3310 Dia	mond Hill Rd				1 James Mcl			
City			State Zip		City		State	Zip
Cumberl	and		RI 02864-2900		Cumberland	l .	RI	02864-5342
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt Date 12/18/2021	Deposit Date	Co	ntribution Amount 25.00
	Cledit/Debit Cald		In Kind/Other Receipts De		12/16/2021			23.00
			in thing other receipts be	scription				
		Con	tributor Information			Employ	er Data	
Prefix	First Name Wayne	MI	Last Name or PAC/Party Committee Name Rego	Suffix	Employer N RIEMA	lame		
Street A	ddress				Street Addr	ress		
127 Brov	vn St				645 London	Ave		
City			State Zip		City		State	Zip
Fall Rive	r .		MA 02724		Cranston		RI	02777
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual P. 14 P.		12/30/2021			25.00
			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			
	Wayne		Rego		RIEMA			
Street A	ddress				Street Addr	ress		
127 Brov	vn St				645 London	Ave		
City			State Zip		City		State	Zip
Fall Rive			MA 02724		Cranston		RI	02777
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		10/31/2021			25.00
			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			
	James		Rice		Harvard Uni			
Street A	ddress				Street Addr	ress		
56 Fenno	St				29 Ocford S	t		
City			State Zip		City		State	Zip
Cambrid			MA 02138		Cambridge		MA	02138
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/02/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Com	tributor Information			Employ	or Data	
		CON	Trioutor information	C . CC		Linploy	er Data	

MI

Richardson

Prefix First Name

Street Address

City

Arlington

Sean

3023 18th Street South

Last Name or PAC/Party Committee Name

State

VA

Zip

22204

Suffix

Employer Name

Street Address

1300 Connecticut Ave

Zip

20036

State

DC

Consultant

Washington

T4	T		Cont. To Con. To		Descion Desc	D'4 D-4-	6-	-
Item	Transaction Type Check		Contribution Type Individual		Receipt <b>D</b> ate 12/16/2021	Deposit Date	Co	ntribution Amount 500.00
	CHCCK		In Kind/Other Receipts De					300.00
			-	_				
			tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Larry	D	Riggs		Info Request			
Street A					Street Addr	ess		
8 Black	stone Valley Place							
City			State Zip		City		State	Zip
Lincoln			RI 02865					
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/08/2021			250.00
			In Kind/Other Receipts De	scription				
D C.	First Name		tributor Information  Last Name or PAC/Party Committee Name	Suffix	F N	Employ	er Data	
Prefix	Nicholas	MI P.	Rivello	Sumx	Employer N			
G		P.	Rivello			ruction Co, Inc.		
Street A					Street Addr	ess		
1144 Pa	rk St				PO Box 157			
City			State Zip		City		State	Zip
Attlebo	го		MA 02703		Cumberland		RI	02864
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		10/18/2021			250.00
			In Kind/Other Receipts De	scription				
			tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Jim		Rogers		LeftField, LI			
Street A					Street Addr			
17 High	ifield Lane				101 Federal	St		
City			State Zip		City		State	Zip
Norwell	l		MA 02061		Boston		MA	02110
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		11/30/2021			250.00
			In Kind/Other Receipts De	scription				
						ъ.	D (	
Prefix	First Name		tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
Frenx	Tim	МІ	_	Sumx	WSU	ame		
C			Rooke					
Street A					Street Addr			
	dcrest Rd				63 Woodcres	it Kd		
City			State Zip		City		State	Zip
Springfi	ield		Ma 01129		Springfield		MA	01129
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/14/2021			1,000.00
			In Kind/Other Receipts De	scription				
		-					D :	
D 5	TH 37		tributor Information	~	I	Employ	er Data	
Prefix	First Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Cynthia		Rosato		Info Request	ed		

State

RI

Street Address 159 Oak Park Dr

North Providence

City

Street Address

State Zip

Item	Transaction Type Check		Contribution Type Individual		eceipt <b>Date</b> 12/15/2021	Deposit Date	Co	ntribution Amount 1,000.00
			In Kind/Other Receipts De	scription				
							_	
D C F	* . T		ributor Information	C . CC	le i si	Employe	r Data	
	ïrst Name 'yler	MI A	Last Name or PAC/Party Committee Name Rosciti	Suffix	Employer N Coldwell Bar			
Street Add		A	Rosciii		Street Addre	-		
170 Westm					196 Waterma			
City			State Zip		City		State	Zip
Providence	e		RI 02903		Providence		RI	02906
Item	Transaction Type		Contribution Type	P	eceipt Date	Deposit Date	Co	ntribution Amount
Item	Check		Individual		12/15/2021	Deposit Date	Cu	1,000.00
	Circu		In Kind/Other Receipts De		12/15/2021			1,000.00
			<b></b>					
		Cont	ributor Information			Employe	r Data	
Prefix F	irst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
A	Anthony		Rosciti	Sr.	Rosciti Cons	truction		
Street Add	lress				Street Addre	ess		
PO Box 19	9120				139 King Ph	illip Street		
City			State Zip		City		State	Zip
Johnston			RI 02919		Johnston		RI	02919
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		12/01/2021			250.00
			In Kind/Other Receipts De	scription				
			ributor Information		I	Employe	r Data	
	irst Name ranklin	MI A	Last Name or PAC/Party Committee Name Ross	Suffix	Employer N TriRock Inc	ame		
Street Add		A	Ross		Street Addre			
188 Brook					177 Hunting			
City	mic 11vc		State Zip		City	ion i i i	State	Zip
Boston			MA 02215		Boston		MA	02115
Item	Transaction Type			D		Demosit Data	Co	ntribution Amount
Hein	Check		Contribution Type Individual		eceipt <b>D</b> ate 12/19/2021	Deposit Date	Co	1,000.00
	CHCK		In Kind/Other Receipts De		12/17/2021			1,000.00
			In Island Other Receipts De	scription				
		Cont	ributor Information			Employe	r Data	
Prefix F	irst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
P	atrick	J	Ross			itality Group, L.C.		
Street Add	lress				Street Addre	ess		
14 Quail R	lidge Lane				300 Centervi	ille Rd		
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
	Credit/Debit Card		Individual		11/23/2021			100.00
			In Kind/Other Receipts De	scription				
		Cont	ributor Information			Employe	r Data	
	ïrst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	\_l							

State of RI Street Address

82 Smith St

Providence

State

RI

Zip

02903

City

Debra

Street Address 91 Main St

City

Warren

Rota

State

RI

Zip

02885

Item	Transaction Type Check		Contribution Type Individual		Receipt Date 10/01/2021	Deposit Date	Co	ntribution Amount 500.00
			In Kind/Other Receipts De	scription				
		•	. 7 . 7			F 1	D 4	
Drofin	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employer	Data	
Tienx	James	A	Ruggeri	Sum		vanagh & Cooney, LLP		
Street A	ddress				Street Addr			
91 Main	St				123 Dyer St	, #4		
City			State Zip		City		State	Zip
Warren			RI 02885		Providence		RI	02903
Item	Transaction Type Check		Contribution Type Individual		Receipt Date 12/20/2021	Deposit Date	Co	ontribution Amount
			In Kind/Other Receipts De	scription				
			_	_				
		Con	tributor Information			Employer	Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
C44 A	Deana		Saccoccia		Prima Deana Street Addr			
Street A 405 Tiog					246 Centery			
City	300 1100		State Zip		City	inc rea	State	Zip
Coventry	ÿ		RI 02816		Warwick		RI	02886
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/20/2021			500.00
			In Kind/Other Receipts De	scription				
		C	4-11-4 I-6			F1	D-4-	
Prefix	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employer	Data	
Ticha	Michael	T.	Saccoccia	Surria		a's Construction & Lan	dscaping	LLC
Street A	ddress				Street Addr	ress		
405 Tiog	gue Ave				405 Tiogue	Ave		
City			State Zip		City		State	Zip
Coventr	у		RI 02816-7117		Coventry		RI	02816-7117
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/16/2021			1,000.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employer	Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	James	S	Safford		Self Employ	red Consultant		
Street A	ddress				Street Addr	ess		
1208					1208 Hartfo	rd Park		
City			State Zip		City		State	Zip
Scituate			RI 02857		Scituate		RI	02857
Item	Transaction Type Credit/Debit Card		Contribution Type		Receipt <b>Date</b> 11/06/2021	Deposit Date	Co	ntribution Amount 293.00
	Credit/Debit Card		Individual  In Kind/Other Receipts De		11/00/2021			293.00
			ii Kiid/Other Receipts De	scription				
		Con	tributor Information			Employer	Data	
				C .CC		* V		

State

FL

Zip

33441

Sahagian

Prefix First Name

Street Address

Deerfield Beach

City

Christine

1629 Riverview Rd, #117

Suffix

Employer Name

Street Address

Deerfield Beach

1629 Riverview Rd, #117

Zip

33441

State

FL

Retired

Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/08/2021			1,000.00
			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	1 7	ei Data	
1 I CHA	Jenry	.,,,,	Sahagian	Sr	Retired	anic .		
Street A	Address				Street Addr	ess		
	iverview Rd				1629 Rivery	iew Rd		
City			State Zip		City		State	Zip
•	ld Beach		FL 33441		Deerfield Be	ach	FL	33441
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/01/2021			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			
	Frank		Salisbury		Best Practice	Energy		
Street A	Address				Street Addr	ess		
16 Sand	ly Way				24 Salt Pond	Rd, Ste H3		
City			State Zip		City		State	Zip
Cumber	rland		RI 02864		Wakefield		RI	02879
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		11/08/2021			300.00
			In Kind/Other Receipts De	scription				
							D .	
Duefir	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data	
гтепх	Cassandra	MII	Sams	Sumx	RI Medical I			
Street /	Address				Street Addr	2 2		
	rwood Rd				593 Eddy St			
City	I WOOd Ita		State Zip		City		State	Zip
Lincoln	ı		RI 02865		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		10/26/2021			1,000.00
			In Kind/Other Receipts De	scription				
		•	. 7 . 7			т.	D.	
DC	Einst Name		tributor Information	C- CC	I E 32	Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
	Anthony	M.	Santoro		Santoro Oil			

		Con	tributor Information		Employe	r Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Anthony	M.	Santoro		Santoro Oil		
Street A	Address				Street Address		
3 Avalor	n Place				101 Corliss St		
City			State Zip		City	State	Zip
Cumber	land		RI 02864		Providence	RI	02904
Item	Transaction Type		Contribution Type	R	Receipt Date Deposit Date	Co	ontribution Amount
	Check		Individual		10/26/2021		1,000.00

## In Kind/Other Receipts Description

		tributor Information	Employer Data					
Prefix	First Name	MI	Last Name or PAC/Party Con	nmittee Name Su	ıffix	Employer Name		
	John	C.	Santoro			Santoro Oil		
Street A	Street Address					Street Address		
16 Ever	green Parkway					101 Corliss St		
City	City		State	Zip		City	State	Zip
North Pr	rovidence		RI	02904		Providence	RI	02904

Item	Transaction Type Check		Contribution Type Individual		Receipt Date 12/08/2021	Deposit Date	Co	ntribution Amount 500.00
			In Kind/Other Receipts De	scription				
							<b>D</b> .	
Duefer I	irst Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N		er Data	
	Aaria	L	Santos	Sumx	Hairworks P			
Street Add	dress				Street Addr	ess		
271 Curran	n Rd				391 Mendon	Rd Suite A		
City			State Zip		City		State	Zip
Cumberlar	nd		RI 02864		Cumberland	l	RI	02864
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		leceipt <b>Date</b> 12/31/2021	Deposit Date	Co	ntribution Amount
			In Kind/Other Receipts De					2,000.00
			-	•				
		Con	tributor Information				er Data	
	irst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Street Add	eremy		Savage		Savage Law Street Addr			
98 Greenv					564 S Water			
City	70007170		State Zip		City	5.	State	Zip
Rumford			RI 02916		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		11/09/2021			300.00
			In Kind/Other Receipts De	scription				
		C	tributor Information			Familia	D-4-	
Prefix F	irst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N		er Data	
	Alessandra	J	Sax		RI Medical			
Street Add	dress				Street Addr	ress		
914 Clinto	n St				593 Eddy St	:		
City			State Zip		City		State	Zip
Philadelph	iia		PA 19107		Providence		RI	02903
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual  In Kind/Other Receipts De		11/08/2021			300.00
			III Killa Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix F	irst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	lame		
A	Albert	Α	Scappaticci		RI Medical			
Street Add					Street Addr			
14 Aztec V	Vay		64.4		1 Randall So	quare	64 4	7:-
City Sharon			State Zip Ma 02067		City Providence		State RI	<b>Zip</b> 02904
	Tunneration Tree		Contribution Type	n	l	Deposit Date		ntribution Amount
Item	Transaction Type Credit/Debit Card		Individual		Receipt <b>D</b> ate 10/22/2021	Deposit Date	Co	2.00
			In Kind/Other Receipts De					
			•	-				
			tributor Information				er Data	
Duofin I	ingt Name	MI	Last Name on DAC/Party Committee Name	C CC	Employer N	T		

Prefix First Name

Street Address

736 Summer St

City

Lynnfield

Deborah

ΜI

Scarborough

Last Name or PAC/Party Committee Name

State

MA

Zip

01940

Suffix

Employer Name

Street Address

5 Lowell St

Lynnfield

City

Owner-Assisted Property Services

Zip

01940

State

MA

Item	Transaction Type Check		Contribution Typ Individual	e		eceipt <b>Date</b> 12/08/2021	Deposit Date	Co	ntribution Amoun 1,000.00
			In Kind/Oth	er Receipts De	scription				
D C	E' A N		utor Information	····· N	C . CC	E L N	Employer	Data	
	First Name Michael		ast Name or PAC/Party Com chulz	imittee Name	Suffix	Employer N Money Man	ame agement International		
Street Ad		L St	inuiz			Street Addr			
48 Spruce						101 Federal			
City	. 50		State	Zip		City	51	State	Zip
Foxboro			MA	02035		Boston		MA	02110
	Transaction True				D		Danasit Data		
Item	Transaction Type Check		Contribution Typ Individual	e		eceipt <b>D</b> ate 12/28/2021	Deposit Date	Co	ntribution Amoun 1,000.00
	CHECK			er Receipts De		12/26/2021			1,000.00
			III IIIII OU	er receipts De	scription				
		Contrib	utor Information				Employer	Data	
Prefix	First Name	MI L:	ast Name or PAC/Party Com	ımittee Name	Suffix	Employer N			
	Nicholas	R So	cola			Baruti & Sco	ola PC		
Street Ad	ldress					Street Addr	ess		
P.O. Box	2965					286 Main St	reet		
City			State	Zip		City		State	Zip
Westerly			RI	02891		Danielson		CT	06239
Item	Transaction Type		Contribution Typ	e	R	eceipt Date	Deposit Date	Co	ntribution Amoun
	Credit/Debit Card		Individual			12/11/2021			100.00
			In Kind/Oth	er Receipts De	scription				
			utor Information				Employer	Data	
	First Name Carol		ast Name or PAC/Party Com cotto Brotman	ımittee Name	Suffix	Employer N			
		30	cono Broman			Not Employ			
Street Ad	ford Point Rd					Street Addr	ess		
City	iora i omi Ra		State	Zip		City		State	Zip
North Kir	ngstown		RI	02852		City		State	Zip
	_				D		D	C	
Item	Transaction Type Check		Contribution Typ Individual	e		eceipt <b>D</b> ate 11/01/2021	Deposit Date	Co	ntribution Amoun 300.00
	CHCCK			er Receipts De		11/01/2021			300.00
			III Itilia oti	er receipts be	scription				
		Contrib	utor Information				Employer	Data	
Prefix	First Name		ast Name or PAC/Party Com	ımittee Name	Suffix	Employer N			
	Michael		eidler			RI Medical			
Street Ad	ldress					Street Addr	ess		
6 Mckenz	rie Dr					593 Eddy St			
City			State	Zip		City		State	Zip
Chepache	t		RI	02814		Providence		RI	02903
Item	Transaction Type		Contribution Typ	e	R	eceipt Date	Deposit Date	Co	ntribution Amoun
	Credit/Debit Card		Individual			11/26/2021			50.00
			In Kind/Oth	er Receipts De	scription				
			utor Information				Employer	Data	
	First Name	MI L	ast Name or PAC/Party Com	ımittee Name	Suffix	Employer N	ame		

State Zip

Marqui Health Consultant Services

State

RI

Zip

02908

Street Address

50 Maude St

Providence

City

Sepe

Armani

Street Address

15 Poppy Circle

City

Cranston

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt <b>Date</b> 12/02/2021	Deposit Date	Co	ntribution Amount 125.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employe	n Data	
Prefix Fir	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	Employe	r Data	
	man	.,,,,	Shah	Julia		Data Science LLC		
Street Addr	ress				Street Addr	ress		
257 Randall	St				24 Corliss S	t		
City			State Zip		City		State	Zip
Pawtucket			RI 02860		Providence		RI	02940
Item	Transaction Type Check		Contribution Type Individual		leceipt <b>Date</b> 12/16/2021	Deposit Date	Co	ntribution Amount 250.00
			In Kind/Other Receipts De					
			•	_				
		Con	tributor Information			Employe	r Data	
	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Joh		E	Shekarchi		Self Employ			
Street Addr 20 Seaview					Street Addr	ess		
City	Ave		State Zip		City		State	Zip
Jamestown			RI 02835		City		State	Zip
Item	Transaction Type		Contribution Type	P	leceipt Date	Deposit Date	Co	ntribution Amount
Tiem .	Check		Individual		12/16/2021	Deposit Date	Cu	500.00
			In Kind/Other Receipts De	scription				
			tributor Information			Employe	r Data	
Prefix Fir	rst Name	MI P.	Last Name or PAC/Party Committee Name Shevlin	Suffix	Employer N			
Street Addr		P.	Snevim		Pare Engine Street Addr	_		
34 Bishop D					8 Blackstone			
City	-		State Zip		City		State	Zip
Cumberland	ı		RI 02864-3308		Lincoln		RI	02865
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/30/2021			1,000.00
			In Kind/Other Receipts De	scription				
			tributor Information			Employe	r Data	
	rst Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
Street Addr	seph	Α	Simon		Street Addr	notive Group		
5 Stillwater					1300 Pontia			
City			State Zip		City		State	Zip
Providence			RI 02908		Cranston		RI	02920
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		11/09/2021			300.00
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employe	r Data	
Duefer Ein	est Name	MI	Last Name on DAC/Party Committee Name		Employer N			

Last Name or PAC/Party Committee Name

State

MA

Zip

02067

Sinayuk

Suffix

Employer Name

Street Address

593 Eddy St

Providence

City

RI Medical Imaging

State

RI

Zip

02903

Prefix First Name

6 Wadsworth Way

City

Sharon

Boris Street Address

Item	Transaction Type Credit/Debit Card	Contribution Type Individual	Receipt Date Deposit Date 11/26/2021	Contribution Amount 50.00
		In Kind/Other Receipts D	escription	
				_
D . C	E' AN	Contributor Information	Employ	er Data
Prenx	First Name Catherine	MI Last Name or PAC/Party Committee Name Smith	Suffix Employer Name Marquis Health Consultant service	ces
Street A			Street Address	
11 Midv			50 Maude Street	
City		State Zip	City	State Zip
Warwic	k	RI 02886	Providence	RI 02908
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Check	Individual	12/16/2021	1,000.00
		In Kind/Other Receipts D	escription	
		Contail atom Information	Formlan	Data
Prefix	First Name	Contributor Information  MI Last Name or PAC/Party Committee Name	Suffix Employer Name	er Data
richa	Kaitlin	Kelly Smith	Adler Pollock & Sheehan P.C.	
Street A	ddress		Street Address	
903 Pro	videce Place, Unit 258		1 Citizens Plaza	
City		State Zip	City	State Zip
Provide	nce	RI 02903	Providence	RI 02903
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Check	Individual	12/04/2021	5.00
		In Kind/Other Receipts D	escription	
		Contributor Information	Employ	er Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	
	Susan	Smith	Not Employed	
Street A	ddress		Street Address	
2 Lakev	iew Rd			
City		State Zip	City	State Zip
Westpor	t	CT 06880		
Item	Transaction Type	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Check	Individual In Kind/Other Receipts De	11/06/2021	300.00
		III Kliid/Other Receipts De	escription	
		Contributor Information	Employ	er Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Name	
	Gregory	M Soares	RI Medical Imaging	
Street A	ddress		Street Address	
11 Robb	oins Dr		593 Eddy St	
City		State Zip	City	State Zip
Barring		RI 02806	Providence	RI 02903
Item	Transaction Type Credit/Debit Card	Contribution Type	Receipt Date Deposit Date	Contribution Amount
	Credit/Debit Card	Individual In Kind/Other Receipts De	12/06/2021	1,000.00
		In Kind/Other Receipts De	cocription	
		_		

Last Name or PAC/Party Committee Name

State

FL

Zip

33139

Sorbo

Prefix First Name

1000 South Point Dr

Street Address

Miami Beach

City

Umberto

Suffix

Employer Name

Not Employed

Street Address

State Zip

City

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt Date 10/23/2021	Deposit Date	Ca	ntribution Amount 5.00
			In Kind/Other Receipts De	scription				
		C	1			Fl	D-4-	
Profix	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N		er Data	
Tienx	Thomas	.,,,,,	Stafford	Sum	Not Employ			
Street A	ddress				Street Addr			
414 Lake	eview Dr				414 Lakevie	w Dr		
City			State Zip		City		State	Zip
West Suf	field		CT 06093		West Suffiel	d	CT	06093
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		Receipt <b>Date</b> 11/18/2021	Deposit Date	Co	ntribution Amount
			In Kind/Other Receipts De					200.00
			•	•				
		Cont	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			_
	Brian	W.	Sullivan		Town of Lin			
Street A					Street Addr			
	nsdale Ave		St. t. 7:-		100 Old Riv	er Kd	64-4-	7:-
City Lincoln			State Zip RI 02865		City Lincoln		State RI	Zip 02802
	T T.				<u> </u>	D '(D)		
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		11/23/2021	Deposit Date	Co	ntribution Amount 5.00
			In Kind/Other Receipts De					
			•	•				
		Cont	ributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Paul		Sullivan		Not Employ			
Street A					Street Addr	ess		
	ii Si		State Zip		C:t		64-4-	7:
City Walpole			State Zip Ma 02081		City		State	Zip
Item	Transaction Type		Contribution Type	D	Leceipt Date	Deposit Date	Co	ntribution Amount
Item	Credit/Debit Card		Individual		12/31/2021	Deposit Date	Cu	1.000.00
			In Kind/Other Receipts De	scription				-3
			•	•				
		Cont	tributor Information				er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			_
	David		Sweetser		_	Management		
Street A					Street Addr			
	ower Circle		St. t. 7:-		275 Grove S	ot	64-4-	7:-
City Wellesle	v		State Zip Ma 02482		City Newton		State MA	<b>Zip</b> 02466
	,				l	Damasit Data		
Item	Transaction Type Check		Contribution Type Individual		Receipt <b>D</b> ate 11/09/2021	Deposit Date	Co	ntribution Amount 300.00
	CHECK		In Kind/Other Receipts De		22/05/2021			300.00
				- Puon				
		Cont	ributor Information			Employ	er Data	
				0.00				

ΜI

 $\mathbf{W}$ 

Swenson

Prefix First Name

Street Address

349 Pomfret St

Pomfret Center

City

David

Last Name or PAC/Party Committee Name

State

CT

Zip

06259

Suffix

Employer Name RI Medical Imaging

Street Address

Zip

02903

State

RI

593 Eddy St

Providence

City

T <sub>4</sub>	Towns of a Tree		Contribution Trans	n		D'4 D-4-	C	17.6.1
Item	Transaction Type Credit/Debit Card		Contribution Type Individual		leceipt <b>D</b> ate 10/25/2021	Deposit Date	Con	ntribution Amount 150.00
			In Kind/Other Rece					200.00
		Contribut	or Information			Employ	er Data	
Prefix	First Name	MI Las	t Name or PAC/Party Committee N	ame Suffix	Employer N	ame		
	Reyna	Syn	nonds		Not Employ	ed		
Street A					Street Addr			
43 Simp	oson St				43 Simpson	St		
City			State Zip		City		State	Zip
North P	rovidence		RI 02911		North Provid	dence	RI	02911
Item	Transaction Type		Contribution Type		leceipt Date	Deposit Date	Cor	ntribution Amount
	Check		Individual		10/26/2021			100.00
			In Kind/Other Rece	ipts Description				
		0	T.C				D :	
D. C	Einst Name		or Information	6 <b>6</b>	F1- N		er Data	
Prefix	First Name Emanuel	MI Las S Taiv	t Name or PAC/Party Committee N	Jame Suffix	Employer N Info Reques			
Street A		5 1aiv	NO .		Street Addr			
	iterville Rd				Street Audi	ess		
City	110		State Zip		City		State	Zip
Warwic	k		RI 02886				511110	<b>-</b> -
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Con	ntribution Amount
Rem	Credit/Debit Card		Individual		12/07/2021	Deposit Date	Cui	5.00
			In Kind/Other Rece					
		Contribut	or Information			Employ	er Data	
Prefix	First Name	MI Las	t Name or PAC/Party Committee N	ame Suffix	Employer N	lame		
	Justine	Thia	are		Not Employ	ed		
Street A	ddress				Street Addr	ress		
99 Fran	k Ave							
City			State Zip		City		State	Zip
West Ki	ngston		RI 02892					
Item	Transaction Type		Contribution Type	R	leceipt Date	Deposit Date	Cor	ntribution Amount
	Credit/Debit Card		Individual		11/29/2021			25.00
			In Kind/Other Rece	ipts Description				
						_	_	
D ~	T2 . 31		or Information		In		er Data	
Prefix	First Name Joel	MI Las	t Name or PAC/Party Committee N	Jame Suffix	Employer N Not Employ			
Street A		11111	d		Street Addr			
	oect Ridge				Street Addr	ess		
City	occi Muge		State Zip		City		State	Zip
Ridgefie	eld		CT 06877				State	~·p
Item	Transaction Type		Contribution Type		leceipt Date	Deposit Date	Cor	ntribution Amount
	Credit/Debit Card		Individual		12/21/2021			5.00
			In Kind/Other Rece	ipts Description				
			T. 6				ъ.	
D C	E' AN		or Information	0.65	E 1 2		er Data	
Prefix	First Name	MI Las	t Name or PAC/Party Committee N	lame Suffix	Employer N	ame		

## Not Employed Louanne Thomas Street Address Street Address 24 Mary St 24 Mary St City **Zip** 02840 **Zip** 02840 City State State Newport RI Newport RI

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Сол	ntribution Amount
	Credit/Debit Card	Individual	12/31/2021			500.00
		In Kind/Other Receipts De	ription			
		Contributor Information	T	Employe	er Data	
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Nat			
<b>.</b>	Dacia	Toll	Achievement I			
	Address		Street Addres	S		
127 Eve	erett St	St. 4. 77	403 James St		6	77.
City New Ha	077040	State Zip CT 06511	City New Haven		State CT	Zip
			<u> </u>			
Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Cor	tribution Amount
	Credit/Debit Card	Individual	12/14/2021			250.00
		In Kind/Other Receipts De	ription			
		Contailed Toformation		F1	D-4-	
Prefix	First Name	Contributor Information  MI Last Name or PAC/Party Committee Name	Suffix Employer Na	Employe	er Data	
Frenx	Lisa	Tomasso		me ciation of Rhode Isl	and	
Street	Address	Tomasso	Street Addres		anu	
40 York			405 Promenad			
City	Dive	State Zip	City	e Succe	State	Zip
Coventi	rv	RI 02816	Providence		RI	02908
	-		<b>!</b>	Damasit Data		
Item	Transaction Type Credit/Debit Card	Contribution Type Individual	Receipt Date 10/23/2021	Deposit Date	Cor	tribution Amount 5.00
	Cicuit Debit Cald	In Kind/Other Receipts De				5.00
		in Kind/Other Receipts De	Прион			
		Contributor Information		Employe	r Data	
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Nat		. Dutu	
	Margaret	Townsend	Not Employed			
Street A	Address		Street Addres	s		
3809 K	ingman Blvd		3809 Kingmar	n Blvd		
City		State Zip	City		State	Zip
Des Mo	oines	IA 50311	Des Moines		IA	50311
Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Cor	tribution Amount
	Credit/Debit Card	Individual	12/11/2021	•		10.00
		In Kind/Other Receipts De	ription			
		_	_			
		Contributor Information		Employe	er Data	
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Na	me		
	Raymond	Trabulsi	Not Employed	l		
Street A	Address		Street Addres	s		
419 Alb	pion Rd					
City		State Zip	City		State	Zip
Lincoln	1	RI 02865				
Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Cor	tribution Amount
	Credit/Debit Card	Individual	12/30/2021			1,000.00
		In Kind/Other Receipts De	ription			
		Contributor Information		Employe	er Data	
Prefix	First Name	MI Last Name or PAC/Party Committee Name	Suffix Employer Na	me		

State

NV

Zip

89012

Treese

Street Address

City

Henderson

Behavioral Health Solutions

1206 Macdonald Ranch Dr

Zip

89012

State

NV

Street Address

City

Henderson

William

1206 Macdonald Ranch Dr

Item	Transaction Type Credit/Debit Card		Contribution Type Individual		eceipt <b>Date</b> 12/31/2021	Deposit Date	Co	ntribution Amount
	Credit Debit Card		In Kind/Other Receipts De		12/31/2021			100.00
		Con	tributor Information			Employ	er Data	
Prefix	First Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	William		Trezvant		Pannone Lo	pes Devereaux & O'O	Бага	
	Address				Street Addr	ress		
98 Ethe	1 W				1301 Atwoo	d Ave		
City			State Zip		City		State	Zip
Portsmo	outh		RI 02871		Johnston		RI	02903
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/08/2021			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			
	Michael	D	Troiano			iano, Producer		
Street A	Address				Street Addr	ress		
132 Wa	rwick Road				132 Warwick	k Road		
City			State Zip		City		State	Zip
Pawtuc	ket		RI 02861		Pawtucket		RI	02861
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		11/03/2021			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 N	lame		
	Joshua	J	Varone		RI Medical	Imaging		
	Address				Street Addr			
4 Herita	nge Rrd				1 Randall So	quare		
City			State Zip		City		State	Zip
Barring	ton		RI 02806		Providence		RI	02904
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		10/01/2021			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	lame		
	Paul	M.	Vicario			Vicario CPAS		
Street A	Address				Street Addr	ess		
240 Ch	estnut St				240 Chestnu	nt St		
City			State Zip		City		State	Zip
<b>337</b>	1.		DI 02000		Warmint		DT	02000

		Con	tributor Information		Employe	r Data	
Prefix	First Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Paul	M.	Vicario		Leonelli & Vicario CPAS		
Street A	Address				Street Address		
240 Che	estnut St				240 Chestnut St		
City			State Zip		City	State	Zip
Warwic	k		RI 02888		Warwick	RI	02888
Item	Transaction Type		Contribution Type	R	eceipt Date Deposit Date	Co	ntribution Amount
	Check		Individual		12/09/2021		1,000.00

## In Kind/Other Receipts Description

		Cont	ributor Information				Employer Data			
Prefix	First Name	MI	Last Name or PAC/Pa	rty Com	mittee Name	Suffix	Employer Name			
	Louis		Vinagro			Ш	Full Circle Recycling			
Street A	Street Address						Street Address			
203 Ha	rtford Pike						23 Green Hill Rd			
City				State	Zip		City	State	Zip	
Foster				RI	02825		Johnston	RI	02919	

Item	Transaction Type Check		Contribution Type Individual		Receipt Date 11/30/2021	Deposit Date	Co	ntribution A	<b>moun</b> 500.00
			In Kind/Other Receipts De	scription					
		C	4			F	D-4-		
Drofin	First Name	MI	tributor Information  Last Name or PAC/Party Committee Name	Suffix	Employer N	Employ	er Data		
пенх	Diane	Н	Von Hoffer	Sum	Info Request				
Street A	ddress				Street Addre				
	mbia Ln				Street Haur				
City			State Zip		City		State	Zip	
Jamesto	wn		RI 02835						
Item	Transaction Type		Contribution Type	D	Receipt Date	Deposit Date	Co	ntribution A	moun
пеш	Check		Individual		12/07/2021	Deposit Date	Cu		500.00
	CHCCK		In Kind/Other Receipts De		12/07/2021				500.00
			in industries in its industries in it in its industries in its industries in its industries in its ind	Pull					
		Con	tributor Information			Employ	er Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N				
	Joseph	W	Walsh		Self Employ				
Street A	Address				Street Addre	ess			
291 Cha	ntham Circle				10 Weybosse	et St			
City			State Zip		City		State	Zip	
Warwic	k		RI 02886		Providence		RI	02903	
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution A	moun
	Check		Individual		12/28/2021				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			
	Kenneth		Wanschel		Info Request	ed			
Street A	Address				Street Addre	ess			
53 Kent	St								
City			State Zip		City		State	Zip	
Cumber	land		RI 02864						
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution A	moun
	Check		Individual		11/05/2021				300.00
			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			
	Robert	C	Ward		RI Medical I	maging			
Street A	Address				Street Addre	ess			
206 Nar	ragansett Ave				593 Eddy St				
City			State Zip		City		State	Zip	
Barring	ton		RI 02806		Providence		RI	02903	
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution A	moun
	Credit/Debit Card		Individual		11/16/2021				5.00
			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			
	Dianne		Wardyga		Not Employe	ed			

**Zip** 02861

State

RI

Street Address

City

Pawtucket

201 Brookdale Blvd.

**Zip** 02861

State

RI

Street Address

City

Pawtucket

201 Brookdale Blvd

Item	Transaction Type Check		Contribution Type Individual		Receipt Date 12/27/2021	Deposit Date	Con	ntribution Amount
			In Kind/Other Receipts De	scription				
			tributor Information			Employ	er Data	
Prefix	First Name Edward	MI M	Last Name or PAC/Party Committee Name Weil	Suffix	Employer N AR Global	ame		
Stroot /	Address	IVI	wen		Street Addre	nee		
	kuuress kerman Ave				38 Washingto			
City			State Zip		City	•	State	Zip
Middlet	town		RI 02842		Newport		RI	02840
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Con	ntribution Amount
	Credit/Debit Card		Individual		10/07/2021			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		CI Data	
	Susan		Whipple		Cedar Nursir			
Street A	Address				Street Addre	ess		
24 Gree	enwood Lane				125 Scituate	Ave		
City			State Zip		City		State	Zip
Lincoln	ı		RI 02865		Cranston		RI	02921
Item	Transaction Type		Contribution Type		leceipt Date	Deposit Date	Cor	ntribution Amount
	Credit/Debit Card		Individual		12/31/2021			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 N			
	Glen	R	Whitehead			de Island Public Def	ender	
Street A	Address				Street Addre 160 Pine St	ess		
City	ics rive		State Zip		City		State	Zip
Warwic	k		RI 02886		Providence		RI	02903
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual		11/03/2021	•		25.00
			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			
	Candace		Wicks		Dellaria Salo			
					Street Addre	ess		
Street A	Address							
Street A					124 Wayne F	Rd		
124 Wa City	yne Rd		State Zip		City		State	Zip
124 Wa	yne Rd		State Zip MA 02459		1		State MA	<b>Zip</b> 02459
124 Wa City	yne Rd				City		MA	

In Kind/Other Receipts Description

Zip

02903

Suffix

**Employer Name** 

Street Address

City

Providence

340 Broadway, Ste 3

The Wilson Organization, LLC

Employer Data

Zip

02909

State

RI

Contributor Information

Wilson

Last Name or PAC/Party Committee Name

State

RI

Prefix First Name

Street Address

City

Providence

14 Cady St, Apt 1

Lawrence

Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Credit/Debit Card		Individual  In Kind/Other Pessints De		11/29/2021			250.00
			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	ame		
	Martha		Wofford		Blue Cross I	Blue Shield of RI		
Street A					Street Addr			
50 Harwo	ood Rd				500 Exchang	ge St		
City			State Zip		City		State	Zip
East Gree			RI 02818		Providence		RI	02903
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual D		10/26/2021			75.00
			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		2	
	Michael	J	Wreh		Info Request			
Street A	ddress				Street Addr	ess		
102 Com	iwall St							
City			State Zip		City		State	Zip
Providen	ce		RI 02908					
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/01/2021			500.00
			In Kind/Other Receipts De	scription				
		Com	tributor Information			Fl	D-4-	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	Employe	r Data	
	Bryan	P	Yagoobian	Julia	1	e Energy LLC		
Street A	ddress		_		Street Addr	ess		
608 Pond	l Dr				4160 Old Po	st Rd. Suite 104 & 10	5	
City			State Zip		City		State	Zip
Wakefiel	d		RI 02879-5504		Charlestown	ı	RI	02813
Item	Transaction Type		Contribution Type	R	Receipt Date	Deposit Date	Co	ntribution Amount
	Check		Individual		12/20/2021			1,000.00
			In Kind/Other Receipts De	scription				
			tributor Information			Employe	r Data	
	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N			
	Louis	C	Yip		China Inn R			
Street Ac 71 Winga					285 Main St			
City	ate Ru		State Zip		City	•	State	Zip
Providen	ce		RI 02906		Pawtucket		RI	02860
Item	Transaction Type		Contribution Type	п	Receipt Date	Deposit Date		ntribution Amount
Hein	Check		Individual		11/09/2021	Берози Бате	Co	300.00
			In Kind/Other Receipts De					255.00
			р.	T				
		Con	tributor Information			Employe	r Data	

МІ

Yoo

 $\mathbf{C}$ 

Last Name or PAC/Party Committee Name

State

RI

Zip

02818

Suffix

Employer Name RI Medical Imaging

Street Address

East Providence

City

20 Catamore Blvd

State

RI

Zip

02914

Prefix First Name

Street Address

East Greenwich

City

10 Wood Duck Ct

Don

Item	Transaction Type Check		Contribution Type NSF Check		eceipt Date 12/31/2021	Deposit Date	Co	ntribution Amour
			In Kind/Other Receipts De	scription				
NSF check		~						
D C E	4.37		tributor Information	C . CC	F 1 3	Employ	er Data	
Prefix First	at Name ald	MI F	Last Name or PAC/Party Committee Name Discullo	Suffix	Employer N Ladder 133	(ame Sports Bar & Grill		
Street Addre	ss				Street Addr	ress		
27 Arbor Dr					133 Douglas	s Ave		
City Providence			State Zip RI 02980		City Providence		State RI	Zip 02908
						D 11D 1		
Item	Transaction Type Check		Contribution Type NSF Check		eceipt <b>D</b> ate 10/14/2021	Deposit Date	Ca	ntribution Amour -500.0-
	CHECK		In Kind/Other Receipts De		10/14/2021			-300.0
NSF check			<b>.</b>	•				
		Con	tributor Information			Employ	er Data	
Prefix Firs	t Name	MI	Last Name or PAC/Party Committee Name RI PHYSICAL THERAPY PAC	Suffix	Employer N	lame		
Street Addre	SS		ATTITISETE TIERAN TITE		Street Addr	ess		
55 ESTELLE								
City			State Zip		City		State	Zip
WEST KING	STON		RI 02892					
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Co	ntribution Amour
	Check		PAC		11/30/2021			500.0
			In Kind/Other Receipts De	scription				
		Con	tributor Information			Employ	er Data	
Prefix Firs	t Name	МІ	Last Name or PAC/Party Committee Name	Suffix	Employer N			
			CITIZENS BANK PACOM					
Street Addre					Street Addr	ress		
	LAZA 12TH FLOOR		St. 4. 7.		C''		64.4	<b>7.</b>
City PROVIDENO	CE		State Zip RI 02903		City		State	Zip
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Co	ntribution Amour
rtem	Check		PAC		12/07/2021	Depusit Date	Cu	500.0
			In Kind/Other Receipts De	scription				
Prefix Firs	4 NT		tributor Information	C . CC	F 1 3	Employ	er Data	
Prefix Firs	it Name	MI	Last Name or PAC/Party Committee Name CITIZENS BANK PACOM	Suffix	Employer N	ame		
Street Addre	ss				Street Addr	ress		
	LAZA 12TH FLOOR							
City			State Zip		City		State	Zip
PROVIDENC	CE		RI 02903					
Item	Transaction Type Check		Contribution Type PAC		eceipt <b>D</b> ate 10/07/2021	Deposit Date	Co	ntribution Amour
	Carca		In Kind/Other Receipts De		20,01,2021			1,000.0
		Con	tributor Information			Employ	er Data	
Prefix Firs	t Name	MI	Last Name or PAC/Party Committee Name CVS RHODE ISLAND STATE PAC	Suffix	Employer N	lame		
Street Addre	ss				Street Addr	ress		
1275 PENNS	YLVANIA AVE, SUITE	700						
City			State Zip		City		State	Zip
WASHINGT	037		DC 20004		I			

Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Cor	ntribution Amount
	Check		PAC		10/13/2021			500.00
			In Kind/Other Receipts Descri	ption				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	•	Suffix	Employer N	ame		
Street A	ddross		DISTRICT 1199 SEIU POLITICAL ACTION COM		Street Addr	055		
	OADWAY				Street Autil	ess		
City			State Zip		City		State	Zip
PROVII	DENCE		RI 02909					
Item	Transaction Type		Contribution Type		eceipt Date	Deposit Date	Con	ntribution Amount
	Check		PAC		12/14/2021			1,000.00
			In Kind/Other Receipts Descri	ption				
		Con	tributor Information			Employ	er Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer N	ame		
			ENTERPRISE HOLDINGS, INC. PAC OF RI					
Street A					Street Addr	ess		
City	RPORATE PARK DRIVE		State Zip		City		State	Zip
ST. LOU	лѕ		MO 63105		City		State	Zip
Item	Transaction Type		Contribution Type	R	eceipt Date	Deposit Date	Cor	ntribution Amount
	Check		PAC		11/23/2021	2 cpusit 2 are		500.00
			In Kind/Other Receipts Descri	iption				
			tributor Information				er Data	
Prefix	First Name	MI	•	Suffix	Employer N	ame		
			IREW LOCAL 99 PAC Unternational Brotherhood c					
Street A	ddress		IBEW LOCAL 99 PAC (International Brotherhood c		Street Addr	ess		
Street A 22 AMF	address LEX DRIVE		IBEW LOCAL 99 PAC (International Brotherhood c		Street Addr	ess		
			State Zip		Street Addr	ess	State	Zip
22 AMF	LEX DRIVE		·			ess	State	Zip
22 AMF	TON Transaction Type		State Zip RI 02921  Contribution Type	R	City eceipt Date	Deposit Date		ntribution Amount
22 AMF City CRANS	LEX DRIVE TON		State Zip RI 02921  Contribution Type PAC	R	City			
22 AMF City CRANS	TON Transaction Type		State Zip RI 02921  Contribution Type	R	City eceipt Date			ntribution Amount
22 AMF City CRANS	TON Transaction Type	Con	State Zip RI 02921  Contribution Type PAC	R	City eceipt Date	Deposit Date		ntribution Amount
22 AMF. City CRANS	TON Transaction Type	Con MI	State Zip RI 02921  Contribution Type PAC In Kind/Other Receipts Descri	R	City eceipt Date	Deposit Date  Employ	Cai	ntribution Amount
22 AMF. City CRANS	TEX DRIVE  TON  Transaction Type Check		State Zip RI 02921  Contribution Type PAC In Kind/Other Receipts Descri	Ro iption	City eceipt Date 12/09/2021	Deposit Date  Employ	Cai	ntribution Amount
22 AMF City CRANS Item Prefix Street A	TON  Transaction Type Check  First Name		State Zip RI 02921  Contribution Type PAC  In Kind/Other Receipts Descri	Ro iption	City eceipt Date 12/09/2021	Deposit Date  Employ	Cai	ntribution Amount
22 AMF City CRANS Item Prefix Street A 99 BALL	TON  Transaction Type Check  First Name		State Zip RI 02921  Contribution Type PAC  In Kind/Other Receipts Descritation  Last Name or PAC/Party Committee Name NEARI PACE (National Education Association of R	Ro iption	City eceipt Date 12/09/2021 Employer N Street Addre	Deposit Date  Employ	Cor ver Data	ntribution Amount 500.00
22 AMF City CRANS Item Prefix Street A	TON  Transaction Type Check  First Name  ddress D HILL ROAD		State Zip RI 02921  Contribution Type PAC  In Kind/Other Receipts Descri	Ro iption	City eceipt Date 12/09/2021 Employer N	Deposit Date  Employ	Cai	ntribution Amount
22 AMF City CRANS Item  Prefix Street A 99 BALL City CRANS	TON  Transaction Type Check  First Name Address D HILL ROAD		State Zip RI 02921  Contribution Type PAC  In Kind/Other Receipts Descritation  Last Name or PAC/Party Committee Name NEARI PACE (National Education Association of R  State Zip RI 02920	Rejiption	City  eccipt Date 12/09/2021  Employer N  Street Addre	Deposit Date  Employ ame	Conver Data	ntribution Amount 500.00
22 AMF City CRANS Item Prefix Street A 99 BALL City	TON  Transaction Type Check  First Name  ddress D HILL ROAD		State Zip RI 02921  Contribution Type PAC  In Kind/Other Receipts Descritation  Last Name or PAC/Party Committee Name NEARI PACE (National Education Association of R	Ro iption Suffix	City eceipt Date 12/09/2021 Employer N Street Addre	Deposit Date  Employ	Conver Data	ntribution Amount 500.00
22 AMF City CRANS Item  Prefix Street A 99 BALL City CRANS	TON  Transaction Type Check  First Name Address D HILL ROAD  TON  Transaction Type		State Zip RI 02921  Contribution Type PAC  In Kind/Other Receipts Descritation  Last Name or PAC/Party Committee Name NEARI PACE (National Education Association of R  State Zip RI 02920  Contribution Type	Refiption Suffix	City  eceipt Date 12/09/2021  Employer N  Street Addre  City  eceipt Date	Deposit Date  Employ ame	Conver Data	ntribution Amount 500.00  Zip
22 AMF City CRANS Item  Prefix Street A 99 BALL City CRANS	TON  Transaction Type Check  First Name Address D HILL ROAD  TON  Transaction Type	MI	State Zip RI 02921  Contribution Type PAC  In Kind/Other Receipts Descritation  Last Name or PAC/Party Committee Name NEARI PACE (National Education Association of R  State Zip RI 02920  Contribution Type PAC  In Kind/Other Receipts Descri	Refiption Suffix	City  eceipt Date 12/09/2021  Employer N  Street Addre  City  eceipt Date	Deposit Date  Employ ame ess  Deposit Date	Conver Data  State  Con	ntribution Amount 500.00  Zip
22 AMF City CRANS Item  Prefix  Street A 99 BALI City CRANS Item	TON  Transaction Type Check  First Name Address D HILL ROAD  TON  Transaction Type Check	MI	State Zip RI 02921  Contribution Type PAC  In Kind/Other Receipts Descritation  Last Name or PAC/Party Committee Name NEARI PACE (National Education Association of R  State Zip RI 02920  Contribution Type PAC  In Kind/Other Receipts Descritation of R	R iption Suffix R	City  eceipt Date 12/09/2021  Employer N  Street Addre City  eceipt Date 12/15/2021	Deposit Date  Employ ame ess  Deposit Date  Employ	Conver Data	ntribution Amount 500.00  Zip
22 AMF City CRANS Item  Prefix  Street A 99 BALI City CRANS Item	TON  Transaction Type Check  First Name Address D HILL ROAD  TON  Transaction Type	MI	State Zip RI 02921  Contribution Type PAC  In Kind/Other Receipts Descritation  Last Name or PAC/Party Committee Name NEARI PACE (National Education Association of R  State Zip RI 02920  Contribution Type PAC  In Kind/Other Receipts Descritation of R	Refiption Suffix	City  eceipt Date 12/09/2021  Employer N  Street Addre  City  eceipt Date	Deposit Date  Employ ame ess  Deposit Date  Employ	Conver Data  State  Con	ntribution Amount 500.00  Zip
22 AMF City CRANS Item  Prefix  Street A 99 BALI City CRANS Item	TON  Transaction Type Check  First Name Address D HILL ROAD  TON  Transaction Type Check	MI	State Zip RI 02921  Contribution Type PAC  In Kind/Other Receipts Descritation  Last Name or PAC/Party Committee Name NEARI PACE (National Education Association of R  State Zip RI 02920  Contribution Type PAC  In Kind/Other Receipts Descritation Information  Last Name or PAC/Party Committee Name	R iption Suffix R	City  eceipt Date 12/09/2021  Employer N  Street Addre City  eceipt Date 12/15/2021	Deposit Date  Employ ame  ess  Deposit Date  Employ ame	Conver Data  State  Con	ntribution Amount 500.00  Zip
22 AMF. City CRANS Item  Prefix Street A 99 BALI City CRANS Item  Prefix Street A	TON  Transaction Type Check  First Name Address D HILL ROAD  TON  Transaction Type Check	MI	State Zip RI 02921  Contribution Type PAC  In Kind/Other Receipts Descritation  Last Name or PAC/Party Committee Name NEARI PACE (National Education Association of R  State Zip RI 02920  Contribution Type PAC  In Kind/Other Receipts Descritation Information  Last Name or PAC/Party Committee Name	R iption Suffix R	City  eceipt Date 12/09/2021  Employer N  Street Addre City  eceipt Date 12/15/2021  Employer N	Deposit Date  Employ ame  ess  Deposit Date  Employ ame	Conver Data  State  Con	ntribution Amount 500.00  Zip

**Zip** 02903

State RI

City PROVIDENCE City

State Zip

Item	Transaction Type Check	Contribution Type PAC	Receipt Da 12/13/202	-	Contribution Amount 500.00
		In Kind/Other Receipts	Description		
		Contributor Information		Emplo	yer Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name REALTORS PAC OF RI	Suffix Employ	er Name	
Street A 100 BIG	ddress NALL STREET		Street A	Address	
City WARWI	CK	State <b>Zip</b> RI 02888	City		State Zip
Item	Transaction Type Check	Contribution Type PAC	Receipt Da 11/10/202	-	Contribution Amount 500.00
		In Kind/Other Receipts	Description		
		Contributor Information		Emplo	yer Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name RHODE ISLAND GOOD GOVERNMENT P		er Name	,
Street A	ddress LEGE HILL ROAD #15E		Street A	Address	
City WARWI	CK	State Zip RI 02886	City		State Zip
Item	Transaction Type Check	Contribution Type PAC	Receipt Da 12/07/202	-	Contribution Amount 600.00
		In Kind/Other Receipts	Description		
		Contributor Information		Emplo	yer Data
Prefix	First Name	MI Last Name or PAC/Party Committee Name RI RADIOLOGY SOCIETY PAC	Suffix Employ	er Name	
Street A RE: PET	ddress ER T EVANGELISTA		Street A	Address	
City PROVID	DENCE	State Zip RI 02903	City		State Zip
Item	Transaction Type Check	Contribution Type PAC	Receipt Da 12/17/202	<del>-</del>	Contribution Amount 500.00
		In Kind/Other Receipts	Description		

	Con	Employer Data			
Prefix First Name	MI	Last Name or PAC/Party Com	ımittee Name Suffix	Employer Name	
		UTILITY CONTRACTORS AS	SSOCIATION OF RI		
Street Address				Street Address	
184 BUTTONHOLE DR					
City		State	Zip	City	State Zip
PROVIDENCE		RI	02909		

CF-3 Rev. 3/0.

## SCHEDULE OF EXPENDITURES

Key#	Full Nan	ne of Candidate o	r Committee		Reportin	g Period			
2,235	DANIEL	J MCKEE			From:	10/01/2021	To:	12/31/2	2021
e							_		
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type			Expen	diture Ar	
DM	10/04/2021		Campaign Expenditure	Bank Fees					\$9.1
Purpose of	Expenditure								
			Pay	ee Information					
Prefix	First Name		MI	LastName or Vendor Name					Suffix
				Act Blue					
Street Addı	ress			City			State	Zip	
P. O. Box 44	41146			Somerville		]	MA	02144	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type			Expen	diture Ar	nount
DM	11/03/2021		Campaign Expenditure	Bank Fees					\$116.90
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	41146			Somerville		İ	MA	02144	
Check#	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type			Expen	diture Ar	nount
DM	12/03/2021	1 ayment Date	Campaign Expenditure	Bank Fees			Lapen	untur C 1 XI	\$106.99
Purpose of	Expenditure								
•	•								
			•	ee Information					
Prefix	First Name		MI	LastName or Vendor Name					Suffix
				Act Blue					
Street Add				City			State	Zip	
P. O. Box 44	41146			Somerville			MA	02144	
Check#	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type			Expen	diture Ar	nount
DM	11/22/2021		Campaign Expenditure	Employee Services					\$46.74
	Expenditure								
Payroll Proc	cessing		_						
			•	ee Information					~ ~~
Prefix	First Name		MI	LastName or Vendor Name Allianz Travel					Suffix
C4 4 1 1 1							64-4-	7:	
Street Adda PO Box 715				City Richmond			State VA	Zip 23255	
1 O BOX /13				Richinolid			VA	23233	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type			Expen	diture Ar	
DM	12/01/2021		Campaign Expenditure	Other					\$1.00
Purpose of	Expenditure								
			Pay	ee Information					
Prefix	First Name		MI	LastName or Vendor Name					Suffix
				Boston Globe					
Street Addı	ress			City			State	Zip	
	Place Suite 201			Boston			MA	02109	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
232	10/06/2021		Campaign Expenditure	Food, Beverages and Meals		\$669.60
Purpose of	Expenditure					
			_			
			•	ee Information		
Prefix	First Name		MI	LastName or Vendor Name Camille's		Suffix
Street Addı	ress			City	State	Zip
71 Bradford	l St			Providence	RI	02903
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
DM	12/16/2021		Campaign Expenditure	Entertainment		\$1,072.95
Purpose of	Expenditure					
			Paye	ee Information		
Prefix	First Name		MI	LastName or Vendor Name Capriccio		Suffix
Street Addı	ress			City	State	Zip
2 Pine st				Providence	RI	02903
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
267	12/09/2021	,	Campaign Expenditure	Employee Services		\$927.00
Purpose of	Expenditure			• •		<u> </u>
<b>F</b>	<b>F</b>					
			Paye	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				CNA Insurance	- ·	
Street Addi				City	State	Zip
PO Box 740	007619			Chicago	IL	60674
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
229	10/05/2021		Campaign Expenditure	Consultant & Professional Services		\$200.00
Purpose of	Expenditure					
			_			
			•	ee Information		
Prefix	First Name Daniel		MI	LastName or Vendor Name Costello		Suffix
G:					<b>0</b>	7.
Street Add	ress			City	State	Zip
5 Brett Dr				Foster	RI	02825
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
253	11/05/2021		Campaign Expenditure	Consultant & Professional Services		\$200 00
Purpose of	Expenditure					
			Dave	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
TTenx	Daniel		.111	Costello		Sum
Street Addı				City	State	Zip
Su eet Auu	l ess			Foster	RI	02825
5 Brett Dr						
5 Brett Dr				roster	- Ki	02023
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type		nditure Amount
Check #	11/23/2021	Payment Date	Disbursement Type Campaign Expenditure			
Check #		Payment Date		Expenditure Type		nditure Amount
Check # DM	11/23/2021	Payment Date	Campaign Expenditure	Expenditure Type Travel & Lodging		nditure Amount
Check # DM Purpose of	11/23/2021 Expenditure	Payment Date	Campaign Expenditure  Payo	Expenditure Type Travel & Lodging ee Information		nditure Amount \$632.40
Check # DM Purpose of	11/23/2021	Payment Date	Campaign Expenditure	Expenditure Type Travel & Lodging		nditure Amount
Check #	11/23/2021 Expenditure First Name	Payment Date	Campaign Expenditure  Payo	Expenditure Type Travel & Lodging  ee Information LastName or Vendor Name		nditure Amount \$632.40

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Exper	nditure Amount
DM	11/23/2021	I ny ment Dute	Campaign Expenditure	Travel & Lodging	Zape	\$1,309.00
Purpose of	Expenditure					
	_					
			Payee	Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Delta Air		
Street Addr	ress			City	State	Zip
1030 Delta 1	Blvd			Atlanta	GA	30354
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Evner	nditure Amount
263	12/07/2021	1 ayment Date	Campaign Expenditure	Consultant & Professional Services	Laper	\$1,000.00
Purpose of	Expenditure					
•	•					
			Payee	Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Estrada Bookkeeping/Political Consulting		
Street Addr	ress			City	State	Zip
60 Christopl	her Street			Providence	RI	02904
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
254	11/05/2021		Campaign Expenditure	Consultant & Professional Services		\$1,000.00
Purpose of	Expenditure					
			_			
			•	Information		
Prefix	First Name			LastName or Vendor Name		Suffix
				Estrada Bookkeeping/Political Consulting		
Street Addr				City	State	Zip
60 Christopl	her Street			Providence	RI	02904
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
230	10/05/2021	•	Campaign Expenditure	Consultant & Professional Services	•	\$1,000.00
Purpose of	Expenditure					
			Payee	Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Estrada Bookkeeping/Political Consulting		
Street Addr	ress			City	State	Zip
60 Christopl	her Street			Providence	RI	02904
61 1 "	F 11 F	D (D)	TO: 1	F. 15. T.	т.	T'. 4 .
Check # 270	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Exper	nditure Amount
270	12/21/2021		Camanaian East and items	Danatiana (Dalitiaal)		¢1 000 00
D C	12/31/2021		Campaign Expenditure	Donations (Political)		\$1,000 00
Purpose of	12/31/2021 Expenditure		Campaign Expenditure	Donations (Political)		\$1,000 00
Purpose of						\$1,000 00
•	Expenditure		Payee	Information		
Purpose of			Payee MI	Information LastName or Vendor Name		\$1,000 00 Suffix
Prefix	Expenditure First Name		Payee MI	Information LastName or Vendor Name Friends of Domenic Ruggerio	State	Suffix
Prefix Street Addr	Expenditure First Name		Payee MI	Information LastName or Vendor Name Friends of Domenic Ruggerio City	State RI	Suffix Zip
Prefix Street Addr	Expenditure First Name		Payee MI	Information LastName or Vendor Name Friends of Domenic Ruggerio	State RI	Suffix
Prefix	Expenditure First Name	Payment Date	Payee MI	Information LastName or Vendor Name Friends of Domenic Ruggerio City	RI	Suffix Zip
Prefix Street Addr 42 Countrys	Expenditure  First Name  ress side Drive	Payment Date	Payee MI	Information LastName or Vendor Name Friends of Domenic Ruggerio City North Providence	RI	Suffix Zip 02904
Prefix Street Addr 42 Countrys Check # 271	First Name ress side Drive  Expenditure Date	Payment Date	Payee MI Disbursement Type	Information  LastName or Vendor Name  Friends of Domenic Ruggerio  City  North Providence  Expenditure Type	RI	Suffix Zip 02904 aditure Amount
Prefix Street Addr 42 Countrys Check # 271	First Name  ress side Drive  Expenditure Date 12/31/2021	Payment Date	Payee MI Disbursement Type	Information  LastName or Vendor Name  Friends of Domenic Ruggerio  City  North Providence  Expenditure Type	RI	Suffix Zip 02904 aditure Amount
Prefix Street Addr 42 Countrys Check # 271	First Name  ress side Drive  Expenditure Date 12/31/2021	Payment Date	Payee MI  Disbursement Type Campaign Expenditure	Information  LastName or Vendor Name  Friends of Domenic Ruggerio  City  North Providence  Expenditure Type	RI	Suffix Zip 02904 aditure Amount
Prefix Street Addr 42 Countrys Check # 271 Purpose of	First Name  ress side Drive  Expenditure Date 12/31/2021	Payment Date	Payee MI  Disbursement Type Campaign Expenditure	Information  LastName or Vendor Name  Friends of Domenic Ruggerio  City  North Providence  Expenditure Type  Donations (Political)	RI	Suffix Zip 02904 aditure Amount
Prefix Street Addr 42 Countrys Check # 271	First Name  ress side Drive  Expenditure Date 12/31/2021  Expenditure	Payment Date	Payee MI  Disbursement Type Campaign Expenditure  Payee MI	Information LastName or Vendor Name Friends of Domenic Ruggerio City North Providence Expenditure Type Donations (Political)	RI	Suffix Zip 02904 aditure Amount \$1,000.00
Prefix Street Addr 42 Countrys Check # 271 Purpose of	First Name  ress side Drive  Expenditure Date 12/31/2021  Expenditure  First Name	Payment Date	Payee MI  Disbursement Type Campaign Expenditure  Payee MI	Information LastName or Vendor Name Friends of Domenic Ruggerio City North Providence Expenditure Type Donations (Political) Information LastName or Vendor Name	RI	Suffix Zip 02904 aditure Amount \$1,000.00

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
239	10/25/2021		Campaign Expenditure	Donations (Political)		\$500.00
Purpose of	Expenditure					
			D	Tr. 6 4		
Prefix	First Name		MI	ee Information LastName or Vendor Name		Suffix
гтепх	First Name		IVII	Friends of Sabina Matos		Sums
Street Add	2297			City	State	Zip
55 Pocasset				Providence	RI	02909
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
248	11/02/2021		Campaign Expenditure	Consultant & Professional Services		\$1,500.00
Purpose of	Expenditure					
			_			
				ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
o				Galvin & Associates	<b></b>	<b>~</b> .
Street Add				City Providence	State	Zip
One Park K	ow, 5th Floor			Providence	RI	02903
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
225	10/05/2021	1 11, 220 2 110	Campaign Expenditure	Consultant & Professional Services	Zape	\$1,500.00
Purpose of	Expenditure					
	•					
			Paye	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Galvin & Associates		
Street Add	ress			City	State	Zip
One Park R	ow, 5th Floor			Providence	RI	02903
Cl 1 //	E P. D.	D (D)	D' I AT	F 1'4 T	Б	714 4
Check # 259	Expenditure Date 12/01/2021	Payment Date	Disbursement Type Campaign Expenditure	Expenditure Type Consultant & Professional Services	Expe	nditure Amount \$1,500.00
	Expenditure		Campaign Expenditure	Consultant & Professional Services		\$1,500.00
I ui puse ui	Expenditure					
			Pave	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Galvin & Associates		
Street Add	ress			City	State	Zip
One Park R	ow, 5th Floor			Providence	RI	02903
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
DM	11/30/2021		Campaign Expenditure	Employee Services		\$795 09
Purpose of	Expenditure					
			D	- T. C		
D 6	T7 . 37		•	ee Information		0.55
Prefix	First Name Isobelle		MI	LastName or Vendor Name Hulme		Suffix
C4 4 4 1 1					64.4	7.
580 South V				City Providence	State RI	Zip 02903
				Providence	KI	02903
360 30uu v	vater St					
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
		Payment Date	Disbursement Type Campaign Expenditure	Expenditure Type Employee Services	Expe	nditure Amount \$795.08
Check # DM	Expenditure Date	Payment Date			Expe	
Check # DM	Expenditure Date	Payment Date			Expe	
Check # DM	Expenditure Date	Payment Date	Campaign Expenditure		Expe	
Check # DM	Expenditure Date	Payment Date	Campaign Expenditure	Employee Services	Expe	
Check # DM Purpose of	Expenditure Date 11/16/2021 Expenditure	Payment Date	Campaign Expenditure	Employee Services ee Information	Expe	\$795.08
Check # DM Purpose of	Expenditure Date 11/16/2021 Expenditure  First Name Isobelle	Payment Date	Campaign Expenditure	Employee Services ee Information LastName or Vendor Name	Expe	\$795.08

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Evnen	diture Amount
CHECK #	12/14/2021	1 ayment Date	Campaign Expenditure	Employee Services	Lapen	\$795.07
Purpose of	Expenditure			• 3		
			Payee	Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
	Isobelle			Hulme		
Street Addr	ress			City	State	Zip
580 South V	Vater St			Providence	RI	02903
Check#	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expen	diture Amount
236	10/14/2021		Campaign Expenditure	Employee Services		\$788.10
Purpose of	Expenditure					
			Payee	Information		
Prefix	First Name		•	LastName or Vendor Name		Suffix
TCHA	Isobelle			Hulme		Sulla
			·			
Street Addr				City	State	Zip
580 South V	Vater St			Providence	RI	02903
Check#	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expen	diture Amount
237	10/14/2021		Campaign Expenditure	Employee Services		\$1,823.56
Purpose of	Expenditure					
			Pavee	Information		
Prefix	First Name		•	LastName or Vendor Name		Suffix
Tena	Isobelle			Hulme		Suma
					a	~.
Street Addr				City	State	Zip
580 South V	Vater St			Providence	RI	02903
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expen	diture Amount
243	10/27/2021		Campaign Expenditure	Travel & Lodging		\$427.81
-	Expenditure					
Reimburse f	for Travel		<b>D</b>	I		
n						
Prefix			•	Information		~ ***
	First Name		MI	LastName or Vendor Name		Suffix
	First Name Isobelle		MI			Suffix
Street Addr	Isobelle		MI	LastName or Vendor Name	State	Suffix Zip
	Isobelle ress		MI	LastName or Vendor Name Hulme	State RI	
580 South V	Isobelle ress	Payment Date	MI	LastName or Vendor Name Hulme City	RI	Zip
580 South V	Isobelle ress Vater St	Payment Date	МІ	LastName or Vendor Name Hulme City Providence	RI	<b>Zip</b> 02903
580 South V C <b>heck</b> # 247	Isobelle ress Vater St  Expenditure Date	Payment Date	MI  Disbursement Type	LastName or Vendor Name Hulme City Providence Expenditure Type	RI	Zip 02903 diture Amount
580 South V Check # 247	Isobelle ress Vater St  Expenditure Date 10/29/2021	Payment Date	MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name  Hulme  City  Providence  Expenditure Type  Employee Services	RI	Zip 02903 diture Amount
580 South V Check # 247 Purpose of	Isobelle ress Vater St  Expenditure Date 10/29/2021 Expenditure	Payment Date	MI  Disbursement Type Campaign Expenditure  Payee	LastName or Vendor Name Hulme City Providence Expenditure Type Employee Services Information	RI	Zip 02903 diture Amount \$788.10
580 South V Check # 247 Purpose of	Isobelle ress Vater St  Expenditure Date 10/29/2021  Expenditure  First Name	Payment Date	MI  Disbursement Type Campaign Expenditure  Payee MI	LastName or Vendor Name Hulme City Providence Expenditure Type Employee Services  Information LastName or Vendor Name	RI	Zip 02903 diture Amount
580 South V Check # 247 Purpose of	Isobelle ress Vater St  Expenditure Date 10/29/2021 Expenditure  First Name Isobelle	Payment Date	MI  Disbursement Type Campaign Expenditure  Payee MI	LastName or Vendor Name Hulme City Providence Expenditure Type Employee Services  Information LastName or Vendor Name Hulme	RI Expen	Zip 02903  diture Amount \$788.10
580 South V Check # 247 Purpose of Prefix	Isobelle ress Vater St  Expenditure Date 10/29/2021 Expenditure  First Name Isobelle	Payment Date	MI  Disbursement Type Campaign Expenditure  Payee MI	LastName or Vendor Name Hulme City Providence Expenditure Type Employee Services  Information LastName or Vendor Name Hulme City	RI Expen	Zip 02903  diture Amount \$788.10  Suffix Zip
580 South V Check # 247 Purpose of Prefix	Isobelle ress Vater St  Expenditure Date 10/29/2021 Expenditure  First Name Isobelle	Payment Date	MI  Disbursement Type Campaign Expenditure  Payee MI	LastName or Vendor Name Hulme City Providence Expenditure Type Employee Services  Information LastName or Vendor Name Hulme	RI Expen	Zip 02903  diture Amount \$788.10
580 South V Check # 247 Purpose of Prefix Street Addr 580 South V Check #	Isobelle ress Vater St  Expenditure Date 10/29/2021 Expenditure  First Name Isobelle ress Vater St  Expenditure Date	Payment Date  Payment Date	MI  Disbursement Type Campaign Expenditure  Payee MI  Disbursement Type	LastName or Vendor Name Hulme City Providence  Expenditure Type Employee Services  Information LastName or Vendor Name Hulme City Providence  Expenditure Type	RI Expen	Zip 02903  diture Amount \$788.10  Suffix  Zip 02903  diture Amount
580 South V Check # 247 Purpose of Prefix Street Addr 580 South V Check #	Isobelle ress Vater St  Expenditure Date 10/29/2021 Expenditure  First Name Isobelle ress Vater St		MI  Disbursement Type Campaign Expenditure  Payee MI	LastName or Vendor Name Hulme City Providence  Expenditure Type Employee Services  Information LastName or Vendor Name Hulme City Providence	RI Expen	Zip 02903  diture Amount \$788.10  Suffix  Zip 02903
580 South V Check # 247 Purpose of Prefix Street Addr 580 South V Check # DM	Isobelle ress Vater St  Expenditure Date 10/29/2021 Expenditure  First Name Isobelle ress Vater St  Expenditure Date		MI  Disbursement Type Campaign Expenditure  Payee MI  Disbursement Type	LastName or Vendor Name Hulme City Providence  Expenditure Type Employee Services  Information LastName or Vendor Name Hulme City Providence  Expenditure Type	RI Expen	Zip 02903  diture Amount \$788.10  Suffix  Zip 02903  diture Amount
580 South V Check # 247 Purpose of Prefix Street Addr 580 South V Check # DM	Isobelle ress Vater St  Expenditure Date 10/29/2021 Expenditure  First Name Isobelle ress Vater St  Expenditure Date 11/16/2021		Disbursement Type Campaign Expenditure  Payee MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Hulme City Providence  Expenditure Type Employee Services  Information LastName or Vendor Name Hulme City Providence  Expenditure Type Employee Services	RI Expen	Zip 02903  diture Amount \$788.10  Suffix  Zip 02903  diture Amount
580 South V Check # 247 Purpose of Prefix Street Addr 580 South V Check # DM Purpose of	Isobelle ress Vater St  Expenditure Date 10/29/2021 Expenditure  First Name Isobelle ress Vater St  Expenditure Date 11/16/2021 Expenditure		Disbursement Type Campaign Expenditure  Payee MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Hulme City Providence  Expenditure Type Employee Services  Information LastName or Vendor Name Hulme City Providence  Expenditure Type Employee Services	RI Expen	Zip 02903  diture Amount \$788.10  Suffix  Zip 02903  diture Amount \$1,009 61
580 South V Check # 247 Purpose of Prefix Street Addr 580 South V Check # DM Purpose of	Isobelle ress Vater St  Expenditure Date 10/29/2021 Expenditure  First Name Isobelle ress Vater St  Expenditure Date 11/16/2021		Disbursement Type Campaign Expenditure  Payee MI  Disbursement Type Campaign Expenditure  Payee MI	LastName or Vendor Name Hulme City Providence  Expenditure Type Employee Services  Information LastName or Vendor Name Hulme City Providence  Expenditure Type Employee Services  Information LastName or Vendor Name	RI Expen	Zip 02903  diture Amount \$788.10  Suffix  Zip 02903  diture Amount
580 South V Check # 247 Purpose of Prefix Street Addr 580 South V Check # DM	Isobelle ress Vater St  Expenditure Date 10/29/2021 Expenditure  First Name Isobelle ress Vater St  Expenditure Date 11/16/2021 Expenditure		Disbursement Type Campaign Expenditure  Payee MI  Disbursement Type Campaign Expenditure  Payee MI	LastName or Vendor Name Hulme City Providence  Expenditure Type Employee Services  Information LastName or Vendor Name Hulme City Providence  Expenditure Type Employee Services	RI Expen	Zip 02903  diture Amount \$788.10  Suffix  Zip 02903  diture Amount \$1,009 61

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Exper	diture Amount
DM	11/16/2021		Campaign Expenditure	Employee Services	_	\$4,469.95
Purpose of	Expenditure					
			Davo	Information		
D . C	E' N		•			C - CC -
Prefix	First Name Brexton		MI	LastName or Vendor Name		Suffix
				Isaacs	_	
Street Addı				City	State	Zip
132 E Wilso	on St Apt 905			Madison	WI	53703
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Exper	diture Amount
DM	12/14/2021	•	Campaign Expenditure	Employee Services	•	\$4,469.95
Purnose of	Expenditure			***************************************		
ur pose or	Zapenumure					
			Payee	Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
	Brexton			Isaacs		
Street Addı	2202			City	State	Zip
	on St Apt 905			Madison	WI	53703
132 E W1180	on St Apt 905			iviadison	WI	33703
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Exper	diture Amount
266	12/09/2021		Campaign Expenditure	Employee Services		\$676.18
Purnose of	Expenditure					
-	nent for health insurance	e				
			Pavee	Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
LICHA	Brexton		.,111	Isaacs		Juna
N					G	771
Street Addı				City	State	Zip
132 E Wilso	on St Apt 905			Madison	WI	53703
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Exper	diture Amount
DM	11/30/2021	_	Campaign Expenditure	Employee Services		\$4,469.95
	II/JU/LULI					
Purpose of	Expenditure					
Purpose of						
Purpose of			Payee	Information		
			Payee MI	Information LastName or Vendor Name		Suffix
	Expenditure					Suffix
Prefix	Expenditure First Name Brexton			LastName or Vendor Name Isaacs	State	
Prefix Street Addi	Expenditure  First Name  Brexton			LastName or Vendor Name Isaacs City		Zip
Prefix Street Addı	Expenditure First Name Brexton			LastName or Vendor Name Isaacs	State WI	
Prefix Street Addi 132 E Wilso	Expenditure  First Name  Brexton	Payment Date		LastName or Vendor Name Isaacs City	WI	Zip
Prefix Street Addi 132 E Wilso Check #	First Name Brexton ress on St Apt 905	Payment Date	МІ	LastName or Vendor Name Isaacs City Madison	WI	<b>Zip</b> 53703
Prefix Street Addi 132 E Wilso Check # 247	First Name Brexton ress on St Apt 905  Expenditure Date	Payment Date	MI Disbursement Type	LastName or Vendor Name Isaacs City Madison Expenditure Type	WI	Zip 53703 aditure Amount
Prefix Street Addi 132 E Wilso Check # 247	First Name Brexton ress on St Apt 905  Expenditure Date 10/29/2021	Payment Date	MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Isaacs City Madison Expenditure Type Travel & Lodging	WI	Zip 53703 aditure Amount
Prefix Street Addi 132 E Wilso Check # 247 Purpose of	First Name Brexton ress on St Apt 905  Expenditure Date 10/29/2021  Expenditure	Payment Date	MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Isaacs City Madison Expenditure Type Travel & Lodging	WI	Zip 53703 aditure Amount \$815.77
Prefix Street Addi 132 E Wilso Check # 247 Purpose of	First Name Brexton ress on St Apt 905  Expenditure Date 10/29/2021  Expenditure	Payment Date	MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Isaacs City Madison Expenditure Type Travel & Lodging Information LastName or Vendor Name	WI	Zip 53703 aditure Amount
Prefix Street Addi 132 E Wilso Check # 247 Purpose of	First Name Brexton ress on St Apt 905  Expenditure Date 10/29/2021  Expenditure	Payment Date	MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Isaacs City Madison Expenditure Type Travel & Lodging	WI	Zip 53703 aditure Amount \$815.77
Prefix  Street Addi 132 E Wilso  Check # 247  Purpose of	First Name Brexton ress on St Apt 905  Expenditure Date 10/29/2021  Expenditure  First Name Brexton	Payment Date	MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Isaacs City Madison Expenditure Type Travel & Lodging Information LastName or Vendor Name	WI	Zip 53703 aditure Amount \$815.77
Prefix  Street Addi 132 E Wilso Check # 247 Purpose of Prefix  Street Addi	First Name Brexton ress on St Apt 905  Expenditure Date 10/29/2021  Expenditure  First Name Brexton	Payment Date	MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Isaacs City Madison  Expenditure Type Travel & Lodging  Information LastName or Vendor Name Isaacs	WI Exper	Zip 53703 aditure Amount \$815.77
Prefix  Street Addi 132 E Wilso  Check # 247  Purpose of  Prefix  Street Addi 132 E Wilso	First Name Brexton ress on St Apt 905  Expenditure Date 10/29/2021  Expenditure  First Name Brexton ress on St Apt 905		MI  Disbursement Type Campaign Expenditure  Payer MI	LastName or Vendor Name Isaacs City Madison  Expenditure Type Travel & Lodging  Information LastName or Vendor Name Isaacs City Madison	WI Exper State WI	Zip 53703  Iditure Amount \$815.77  Suffix  Zip 53703
Prefix Street Addi 132 E Wilso Check # 247 Purpose of Prefix Street Addi 132 E Wilso Check #	First Name Brexton ress on St Apt 905  Expenditure Date 10/29/2021  Expenditure  First Name Brexton ress on St Apt 905  Expenditure	Payment Date  Payment Date	MI  Disbursement Type Campaign Expenditure  Payer MI  Disbursement Type	LastName or Vendor Name Isaacs City Madison  Expenditure Type Travel & Lodging  Information LastName or Vendor Name Isaacs City Madison  Expenditure Type	WI Exper State WI	Zip 53703  Iditure Amount \$815.77  Suffix  Zip 53703  Iditure Amount
Prefix  Street Addi 132 E Wilso  Check # 247  Purpose of  Prefix  Street Addi 132 E Wilso  Check # 257	First Name Brexton ress on St Apt 905  Expenditure Date 10/29/2021  Expenditure  First Name Brexton ress on St Apt 905  Expenditure  First Name Brexton ress on St Apt 905		MI  Disbursement Type Campaign Expenditure  Payer MI	LastName or Vendor Name Isaacs City Madison  Expenditure Type Travel & Lodging  Information LastName or Vendor Name Isaacs City Madison	WI Exper State WI	Zip 53703  Iditure Amount \$815.77  Suffix  Zip 53703
Prefix  Street Addi 132 E Wilso  Check # 247  Purpose of  Prefix  Street Addi 132 E Wilso  Check # 257	First Name Brexton ress on St Apt 905  Expenditure Date 10/29/2021  Expenditure  First Name Brexton ress on St Apt 905  Expenditure		MI  Disbursement Type Campaign Expenditure  Payer MI  Disbursement Type	LastName or Vendor Name Isaacs City Madison  Expenditure Type Travel & Lodging  Information LastName or Vendor Name Isaacs City Madison  Expenditure Type	WI Exper State WI	Zip 53703  Iditure Amount \$815.77  Suffix  Zip 53703  Iditure Amount
Prefix  Street Addi 132 E Wilso  Check # 247  Purpose of  Prefix  Street Addi 132 E Wilso  Check # 257	First Name Brexton ress on St Apt 905  Expenditure Date 10/29/2021  Expenditure  First Name Brexton ress on St Apt 905  Expenditure  First Name Brexton ress on St Apt 905		MI  Disbursement Type Campaign Expenditure  Payer MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Isaacs City Madison  Expenditure Type Travel & Lodging  Information LastName or Vendor Name Isaacs City Madison  Expenditure Type Advertising	WI Exper State WI	Zip 53703  Iditure Amount \$815.77  Suffix  Zip 53703  Iditure Amount
Prefix Street Addi 132 E Wilso Check # 247 Purpose of Prefix Street Addi 132 E Wilso Check # 257 Purpose of	First Name Brexton ress on St Apt 905  Expenditure Date 10/29/2021  Expenditure  First Name Brexton ress on St Apt 905  Expenditure  Expenditure  Expenditure  Expenditure  Expenditure  Expenditure  Expenditure Date 11/17/2021  Expenditure		MI  Disbursement Type Campaign Expenditure  Payer  MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Isaacs City Madison  Expenditure Type Travel & Lodging  Information LastName or Vendor Name Isaacs City Madison  Expenditure Type Advertising	WI Exper State WI	Zip 53703  Iditure Amount \$815.77  Suffix  Zip 53703  Iditure Amount \$775 00
Prefix Street Addi 132 E Wilso Check # 247 Purpose of Prefix Street Addi 132 E Wilso Check # 257 Purpose of	First Name Brexton ress on St Apt 905  Expenditure Date 10/29/2021  Expenditure  First Name Brexton ress on St Apt 905  Expenditure  First Name Brexton ress on St Apt 905		MI  Disbursement Type Campaign Expenditure  Payer MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Isaacs City Madison  Expenditure Type Travel & Lodging  Information LastName or Vendor Name Isaacs City Madison  Expenditure Type Advertising	WI Exper State WI	Zip 53703  Iditure Amount \$815.77  Suffix  Zip 53703  Iditure Amount
Prefix  Street Addi 132 E Wilso Check # 247  Purpose of  Prefix  Street Addi 132 E Wilso Check # 257  Purpose of	First Name Brexton ress on St Apt 905  Expenditure Date 10/29/2021  Expenditure  First Name Brexton ress on St Apt 905  Expenditure Date 11/17/2021  Expenditure  First Name		MI  Disbursement Type Campaign Expenditure  Payer  MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Isaacs City Madison  Expenditure Type Travel & Lodging  Information LastName or Vendor Name Isaacs City Madison  Expenditure Type Advertising  Information LastName or Vendor Name Jewish Alliance of Greater Rhode Island	WI Exper	Zip 53703  Iditure Amount \$815.77  Suffix  Zip 53703  Iditure Amount \$775 00
Prefix  Street Addi 132 E Wilso Check # 247 Purpose of Prefix  Street Addi 132 E Wilso Check # 257	First Name Brexton ress on St Apt 905  Expenditure Date 10/29/2021  Expenditure  First Name Brexton ress on St Apt 905  Expenditure Date 11/17/2021  Expenditure  First Name		MI  Disbursement Type Campaign Expenditure  Payer  MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Isaacs City Madison  Expenditure Type Travel & Lodging  Information LastName or Vendor Name Isaacs City Madison  Expenditure Type Advertising	WI Exper State WI	Zip 53703  Iditure Amount \$815.77  Suffix  Zip 53703  Iditure Amount \$775 00

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
262	12/07/2021		Campaign Expenditure	Consultant & Professional Services		\$3,000.00
Purpose of	Expenditure					
			_			
			•	Information		~ ~~
Prefix	First Name			LastName or Vendor Name		Suffix
				LB Strategies	<b>0</b>	<b></b>
Street Addi				City	State	Zip
PO Box 365	57			Westport	MA	02790
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	aditure Amount
251	11/04/2021		Campaign Expenditure	Fundraising Expenses		\$6,000.0
Purpose of	Expenditure					
			D	T., C.,		
	T1 . 37		•	Information		0.00
refix	First Name			LastName or Vendor Name		Suffix
				LB Strategies	-	
Street Addı				City	State	Zip
PO Box 365	57			Westport	MA	02790
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
227	10/05/2021		Campaign Expenditure	Fundraising Expenses	•	\$12,000.0
Purpose of	Expenditure					
			Payee	Information		
Prefix	First Name		MI 1	LastName or Vendor Name		Suffix
			]	LB Strategies		
Street Addı	ress			City	State	Zip
PO Box 365	57			Westport	MA	02790
Check#	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
228	10/05/2021	•	Campaign Expenditure	Fundraising Expenses	•	\$6,000.0
Purpose of	Expenditure					
			Payee	Information		
Prefix	First Name			LastName or Vendor Name		Suffix
			]	LB Strategies		
Street Addı				City	State	Zip
PO Box 365	57			Westport	MA	02790
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	aditure Amount
244	10/27/2021		Campaign Expenditure	Consultant & Professional Services	_	\$1,000 0
Purpose of	Expenditure					
			_			
	E' AN		•	Information		e. e
Prefix	First Name			LastName or Vendor Name		Suffix
	Frank		1	Manfredi	<b>G</b>	<b>~</b> :
Street Addı				City	State	Zip
37 Carriage	Way			North Providence	RI	02904
Check#	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Exper	nditure Amount
261	12/01/2021		Campaign Expenditure	Consultant & Professional Services		\$1,000.0
	Expenditure					
curpose of						
Purpose of			_			
-			•	Information		
-	First Name		MI 1	LastName or Vendor Name		Suffix
Prefix	Frank		MI 1	LastName or Vendor Name Manfredi		
Purpose of Prefix Street Addi 37 Carriage	Frank ress		MI 1	LastName or Vendor Name	State RI	Suffix Zip 02904

Check #	Expenditure Date	Payment Date	Dishussament True	Expenditure Type	France	nditure Amount
DM	10/30/2021	Гаушені Даіе	Disbursement Type Campaign Expenditure	Travel & Lodging	Exper	\$1,365.75
Purpose of	Expenditure			0.0		
			Dav	as Information		
Prefix	First Name		MI	ee Information LastName or Vendor Name		Suffix
rrenx	First Name		MI	Marriott - Providence		Sumx
C44 A 1.1					54-4-	7:-
Street Add: 1 Orms Stre				City Providence	State RI	<b>Zip</b> 02904
1 Offis Suc	æi			Providence	NI .	02904
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Exper	nditure Amount
DM	10/01/2021		Campaign Expenditure	Bank Fees		\$15.00
Purpose of	Expenditure					
			<b>n</b>	T. 0		
D 6	T 37			ee Information		0.00
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Navigant Credit Union		
Street Add				City	State	Zip
1005 Dougl	las Pike			Smithfield	RI	02917
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
DM	10/05/2021	•	Campaign Expenditure	Bank Fees	•	\$15.00
Purpose of	Expenditure					
I ui pose oi	Lapenditure					
			Pay	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Navigant Credit Union		
Street Add	ress			City	State	Zip
1005 Dougl				Smithfield	RI	02917
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
DM	10/14/2021		Campaign Expenditure	Bank Fees		\$15.00
Purpose of	Expenditure					
			Pav	ee Information		
D . C	E' N		•			C-CC-
Prefix	First Name		MI	LastName or Vendor Name		Suffix
St 4 A 1.1				Navigant Credit Union	54-4-	7'-
Street Add				City	State	Zip
Street Addi 1005 Dougl				_	State RI	<b>Zip</b> 02917
		Payment Date	Disbursement Type	City	RI	-
1005 Dougl	las Pike	Payment Date	Disbursement Type Campaign Expenditure	City Smithfield	RI	02917
1005 Dougl Check # DM	las Pike  Expenditure Date	Payment Date		City Smithfield Expenditure Type	RI	02917 aditure Amount
1005 Dougl Check # DM	Expenditure Date 12/31/2021	Payment Date	Campaign Expenditure	City Smithfield Expenditure Type Bank Fees	RI	02917 aditure Amount
1005 Dougl Check # DM	Expenditure Date 12/31/2021	Payment Date	Campaign Expenditure Pay	City Smithfield  Expenditure Type Bank Fees  ee Information	RI	02917  nditure Amount \$15 00
1005 Dougl Check # DM	Expenditure Date 12/31/2021	Payment Date	Campaign Expenditure	City Smithfield  Expenditure Type Bank Fees  ee Information LastName or Vendor Name	RI	02917 aditure Amount
Check # DM Purpose of	Expenditure Date 12/31/2021 Expenditure	Payment Date	Campaign Expenditure Pay	City Smithfield  Expenditure Type Bank Fees  ee Information	RI	02917  nditure Amount \$15 00
Check # DM Purpose of	Expenditure Date 12/31/2021 Expenditure  First Name	Payment Date	Campaign Expenditure Pay	City Smithfield  Expenditure Type Bank Fees  ee Information LastName or Vendor Name	RI	02917  nditure Amount \$15 00
Check # DM Purpose of	Expenditure Date 12/31/2021 Expenditure  First Name	Payment Date	Campaign Expenditure Pay	City Smithfield  Expenditure Type Bank Fees  ee Information LastName or Vendor Name Navigant Credit Union	RI Expe	02917  aditure Amount \$15 00  Suffix
Check # DM Purpose of Prefix Street Add:	Expenditure Date 12/31/2021 Expenditure  First Name  ress las Pike		Campaign Expenditure  Pay  MI	City Smithfield  Expenditure Type Bank Fees  ee Information LastName or Vendor Name Navigant Credit Union City Smithfield	RI Exper State RI	02917  nditure Amount \$15 00  Suffix  Zip 02917
Check # DM Purpose of Prefix Street Add 1005 Dougl	Expenditure Date 12/31/2021 Expenditure  First Name  ress las Pike  Expenditure Date	Payment Date  Payment Date	Campaign Expenditure  Pay MI  Disbursement Type	City Smithfield  Expenditure Type Bank Fees  ee Information LastName or Vendor Name Navigant Credit Union City Smithfield  Expenditure Type	RI Exper State RI	02917  Inditure Amount \$15 00  Suffix  Zip 02917  Inditure Amount
Check # DM Purpose of Prefix Street Add: 1005 Dougl Check # DM	Expenditure Date 12/31/2021 Expenditure  First Name  ress las Pike  Expenditure Date 12/31/2021		Campaign Expenditure  Pay  MI	City Smithfield  Expenditure Type Bank Fees  ee Information LastName or Vendor Name Navigant Credit Union City Smithfield	RI Exper State RI	02917  nditure Amount \$15 00  Suffix  Zip 02917
Check # DM Purpose of Prefix Street Add: 1005 Dougl Check # DM	Expenditure Date 12/31/2021 Expenditure  First Name  ress las Pike  Expenditure Date		Campaign Expenditure  Pay MI  Disbursement Type	City Smithfield  Expenditure Type Bank Fees  ee Information LastName or Vendor Name Navigant Credit Union City Smithfield  Expenditure Type	RI Exper State RI	02917  Inditure Amount \$15 00  Suffix  Zip 02917  Inditure Amount
Check # DM Purpose of Prefix Street Add: 1005 Dougl Check # DM	Expenditure Date 12/31/2021 Expenditure  First Name  ress las Pike  Expenditure Date 12/31/2021		Pay MI  Disbursement Type Campaign Expenditure	City Smithfield  Expenditure Type Bank Fees  ee Information LastName or Vendor Name Navigant Credit Union City Smithfield  Expenditure Type	RI Exper State RI	02917  Inditure Amount \$15 00  Suffix  Zip 02917  Inditure Amount
Check # DM Purpose of Prefix Street Add: 1005 Dougl Check # DM	Expenditure Date 12/31/2021 Expenditure  First Name  ress las Pike  Expenditure Date 12/31/2021		Pay MI  Disbursement Type Campaign Expenditure	City Smithfield  Expenditure Type Bank Fees  ee Information LastName or Vendor Name Navigant Credit Union City Smithfield  Expenditure Type Bank Fees	RI Exper State RI	02917  Inditure Amount \$15 00  Suffix  Zip 02917  Inditure Amount
Check # DM Purpose of Prefix Street Add: 1005 Dougl Check # DM Purpose of	Expenditure Date 12/31/2021 Expenditure  First Name  ress las Pike  Expenditure Date 12/31/2021 Expenditure Date		Pay MI  Disbursement Type Campaign Expenditure  Pay	City Smithfield  Expenditure Type Bank Fees  ee Information LastName or Vendor Name Navigant Credit Union City Smithfield  Expenditure Type Bank Fees	RI Exper State RI	02917  nditure Amount \$15 00  Suffix  Zip 02917  nditure Amount \$15.00
Check # DM Purpose of Prefix Street Addi 1005 Dougl Check # DM Purpose of	Expenditure Date 12/31/2021 Expenditure  First Name  ress las Pike  Expenditure Date 12/31/2021 Expenditure First Name		Pay MI  Disbursement Type Campaign Expenditure  Pay	City Smithfield  Expenditure Type Bank Fees  ee Information LastName or Vendor Name Navigant Credit Union City Smithfield  Expenditure Type Bank Fees  ee Information LastName or Vendor Name Navigant Credit Union	RI Exper	02917  Inditure Amount \$15 00  Suffix  Zip 02917  Inditure Amount \$15.00
1005 Dougl Check # DM Purpose of Prefix Street Add: 1005 Dougl Check # DM Purpose of	Expenditure Date 12/31/2021 Expenditure  First Name  ress las Pike  Expenditure Date 12/31/2021 Expenditure First Name		Pay MI  Disbursement Type Campaign Expenditure  Pay	City Smithfield  Expenditure Type Bank Fees  ee Information LastName or Vendor Name Navigant Credit Union City Smithfield  Expenditure Type Bank Fees  ee Information LastName or Vendor Name	RI Exper State RI	02917  nditure Amount \$15 00  Suffix  Zip 02917  nditure Amount \$15.00

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Ex	penditure Amount
255	11/08/2021	1 aylıcın Date	Campaign Expenditure	Advertising	La	\$4,333.50
Purpose of	Expenditure		101			
•	•					
			Paye	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	Ex	penditure Amount
DM	12/01/2021		Campaign Expenditure	Employee Services		\$124.50
Purpose of	Expenditure					
			Paye	ee Information		
Prefix	First Name		МІ	LastName or Vendor Name		Suffix
				Paychex Inc		
Street Addı	ress			City	State	Zip
501 Wampa				Riverside	RI	02915
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Ex	penditure Amount
DM	11/16/2021		Campaign Expenditure	Employee Services		\$2,324.44
Purpose of	Expenditure			• •		
Payroll Tax	-					
,			Dave	ee Information		
DC	Einst Name		•			C
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Paychex Inc	_	
Street Addı				City	State	Zip
501 Wampa	noag Trail			Riverside	RI	02915
Cheels#	Franchitum Data	Payment Date	Dishunsament Trms	Francistus Trac	Г	nonditure Amount
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Ex	penditure Amount
DM	11/17/2021	Payment Date	Disbursement Type Campaign Expenditure	Expenditure Type Employee Services	Ex	penditure Amount \$324.50
DM	-	Payment Date			Ex	-
DM	11/17/2021	Payment Date	Campaign Expenditure	Employee Services	Ex	-
DM Purpose of	11/17/2021 Expenditure	Payment Date	Campaign Expenditure	Employee Services	Ex	\$324.50
DM	11/17/2021	Payment Date	Campaign Expenditure	Employee Services ee Information LastName or Vendor Name	Ex	-
DM Purpose of Prefix	11/17/2021 Expenditure First Name	Payment Date	Campaign Expenditure	Employee Services ee Information LastName or Vendor Name Paychex Inc		\$324.50
DM Purpose of Prefix Street Adda	11/17/2021 Expenditure  First Name	Payment Date	Campaign Expenditure	Employee Services  ee Information  LastName or Vendor Name  Paychex Inc  City	State	\$324.50  Suffix  Zip
DM Purpose of Prefix	11/17/2021 Expenditure  First Name	Payment Date	Campaign Expenditure	Employee Services ee Information LastName or Vendor Name Paychex Inc		\$324.50 Suffix
DM Purpose of Prefix Street Addr 501 Wampa	11/17/2021 Expenditure  First Name ress noag Trail		Paye	Employee Services  ee Information  LastName or Vendor Name  Paychex Inc  City  Riverside	State RI	\$324.50  Suffix  Zip 02915
Purpose of Prefix Street Addr 501 Wampa	11/17/2021 Expenditure  First Name ress noag Trail  Expenditure Date	Payment Date	Paye MI  Disbursement Type	Employee Services  ee Information  LastName or Vendor Name Paychex Inc  City Riverside  Expenditure Type	State RI	\$324.50  Suffix  Zip 02915  penditure Amount
DM Purpose of Prefix Street Addit 501 Wampa Check # DM	11/17/2021 Expenditure  First Name  ress noag Trail  Expenditure Date 11/30/2021		Paye	Employee Services  ee Information  LastName or Vendor Name  Paychex Inc  City  Riverside	State RI	\$324.50  Suffix  Zip 02915
DM Purpose of Prefix Street Addit 501 Wampa Check # DM	11/17/2021 Expenditure  First Name ress noag Trail  Expenditure Date		Paye MI  Disbursement Type	Employee Services  ee Information  LastName or Vendor Name Paychex Inc  City Riverside  Expenditure Type	State RI	\$324.50  Suffix  Zip 02915  penditure Amount
DM Purpose of Prefix Street Addit 501 Wampa Check # DM	11/17/2021 Expenditure  First Name  ress noag Trail  Expenditure Date 11/30/2021		Paye MI  Disbursement Type Campaign Expenditure	Employee Services  ee Information  LastName or Vendor Name  Paychex Inc  City  Riverside  Expenditure Type  Employee Services	State RI	\$324.50  Suffix  Zip 02915  penditure Amount
DM Purpose of Prefix Street Addit 501 Wampa Check # DM Purpose of	11/17/2021 Expenditure  First Name  ress noag Trail  Expenditure Date 11/30/2021 Expenditure		Paye MI  Disbursement Type Campaign Expenditure	Employee Services  ee Information  LastName or Vendor Name  Paychex Inc  City  Riverside  Expenditure Type  Employee Services	State RI	\$324.50  Suffix  Zip 02915  penditure Amount \$2,324.43
DM Purpose of Prefix Street Addit 501 Wampa Check # DM	11/17/2021 Expenditure  First Name  ress noag Trail  Expenditure Date 11/30/2021		Paye MI  Disbursement Type Campaign Expenditure	Employee Services  ee Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type Employee Services  ee Information  LastName or Vendor Name	State RI	\$324.50  Suffix  Zip 02915  penditure Amount
DM Purpose of Prefix Street Addit 501 Wampa Check # DM Purpose of	11/17/2021 Expenditure  First Name  ress noag Trail  Expenditure Date 11/30/2021 Expenditure		Paye MI  Disbursement Type Campaign Expenditure	Employee Services  ee Information  LastName or Vendor Name  Paychex Inc  City  Riverside  Expenditure Type  Employee Services	State RI	\$324.50  Suffix  Zip 02915  penditure Amount \$2,324.43
DM Purpose of Prefix Street Addit 501 Wampa Check # DM Purpose of	11/17/2021 Expenditure  First Name ress noag Trail  Expenditure Date 11/30/2021 Expenditure  First Name		Paye MI  Disbursement Type Campaign Expenditure	Employee Services  ee Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type Employee Services  ee Information  LastName or Vendor Name	State RI	\$324.50  Suffix  Zip 02915  penditure Amount \$2,324.43
Purpose of Prefix Street Addit 501 Wampa Check # DM Purpose of	Tirst Name  First Name  ress noag Trail  Expenditure Date 11/30/2021  Expenditure  First Name		Paye MI  Disbursement Type Campaign Expenditure	Employee Services  ee Information  LastName or Vendor Name Paychex Inc  City Riverside  Expenditure Type Employee Services  ee Information  LastName or Vendor Name Paychex Inc	State RI Ex	\$324.50  Suffix  Zip 02915  penditure Amount \$2,324.43
Purpose of Prefix Street Addit 501 Wampa Check # DM Purpose of Prefix Street Addit	Tirst Name  First Name  ress noag Trail  Expenditure Date 11/30/2021  Expenditure  First Name		Paye MI  Disbursement Type Campaign Expenditure  Paye MI	Employee Services  ee Information  LastName or Vendor Name  Paychex Inc  City  Riverside  Expenditure Type  Employee Services  ee Information  LastName or Vendor Name  Paychex Inc  City  City	State RI Ex State	\$324.50  Suffix  Zip 02915  penditure Amount \$2,324.43  Suffix  Zip
Prefix Street Addr 501 Wampa Check # DM Purpose of Prefix Street Addr 501 Wampa Check #	Ti/17/2021 Expenditure  First Name  ress noag Trail  Expenditure Date 11/30/2021 Expenditure  First Name  ress noag Trail  Expenditure		Paye MI  Disbursement Type Campaign Expenditure  Paye MI  Disbursement Type Campaign Expenditure	Employee Services  The Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type Employee Services  The Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type	State RI Ex State RI	\$324.50  Suffix  Zip 02915  penditure Amount \$2,324.43  Suffix  Zip 02915  penditure Amount
Purpose of Prefix Street Addit 501 Wampa Check # DM Purpose of Prefix Street Addit 501 Wampa	Ti/17/2021 Expenditure  First Name  ress noag Trail  Expenditure Date 11/30/2021 Expenditure  First Name	Payment Date	Paye MI  Disbursement Type Campaign Expenditure  Paye MI	Employee Services  ee Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type Employee Services  ee Information  LastName or Vendor Name  Paychex Inc  City Riverside	State RI Ex State RI	\$324.50  Suffix  Zip 02915  penditure Amount \$2,324.43  Suffix  Zip 02915
DM Purpose of Prefix Street Addr 501 Wampa Check # DM Purpose of Prefix Street Addr 501 Wampa Check # DM	Ti/17/2021 Expenditure  First Name  ress noag Trail  Expenditure Date 11/30/2021 Expenditure  First Name  ress noag Trail  Expenditure	Payment Date	Paye MI  Disbursement Type Campaign Expenditure  Paye MI  Disbursement Type Campaign Expenditure	Employee Services  The Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type Employee Services  The Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type  Expenditure Type	State RI Ex State RI	\$324.50  Suffix  Zip 02915  penditure Amount \$2,324.43  Suffix  Zip 02915  penditure Amount
DM Purpose of Prefix Street Addr 501 Wampa Check # DM Purpose of Prefix Street Addr 501 Wampa Check # DM	Ti/17/2021 Expenditure  First Name  ress noag Trail  Expenditure Date 11/30/2021 Expenditure  First Name  ress noag Trail  Expenditure  trail  Expenditure Date 12/14/2021	Payment Date	Paye MI  Disbursement Type Campaign Expenditure  Paye MI  Disbursement Type Campaign Expenditure	Employee Services  The Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type Employee Services  The Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type  Expenditure Type	State RI Ex State RI	\$324.50  Suffix  Zip 02915  penditure Amount \$2,324.43  Suffix  Zip 02915  penditure Amount
DM Purpose of Prefix Street Addr 501 Wampa Check # DM Purpose of Prefix Street Addr 501 Wampa Check # DM	Ti/17/2021 Expenditure  First Name  ress noag Trail  Expenditure Date 11/30/2021 Expenditure  First Name  ress noag Trail  Expenditure  trail  Expenditure Date 12/14/2021	Payment Date	Paye MI  Disbursement Type Campaign Expenditure  Paye MI  Disbursement Type Campaign Expenditure	Employee Services  The Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type Employee Services  The Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type  Expenditure Type	State RI Ex State RI	\$324.50  Suffix  Zip 02915  penditure Amount \$2,324.43  Suffix  Zip 02915  penditure Amount
DM Purpose of Prefix Street Addr 501 Wampa Check # DM Purpose of Prefix Street Addr 501 Wampa Check # DM	Ti/17/2021 Expenditure  First Name  ress noag Trail  Expenditure Date 11/30/2021 Expenditure  First Name  ress noag Trail  Expenditure  trail  Expenditure Date 12/14/2021	Payment Date	Paye MI  Disbursement Type Campaign Expenditure  Paye MI  Disbursement Type Campaign Expenditure	Employee Services  ee Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type Employee Services  ee Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type Employee Services	State RI Ex State RI	\$324.50  Suffix  Zip 02915  penditure Amount \$2,324.43  Suffix  Zip 02915  penditure Amount
DM Purpose of Prefix Street Addı 501 Wampa Check # DM Purpose of Prefix Street Addı 501 Wampa Check # DM Purpose of	Tirst Name  First Name  ress moag Trail  Expenditure Date 11/30/2021  Expenditure  First Name  ress moag Trail  Expenditure  Expenditure  Expenditure  Tail  Expenditure Date 12/14/2021  Expenditure	Payment Date	Paye MI  Disbursement Type Campaign Expenditure  Paye MI  Disbursement Type Campaign Expenditure  Paye All  Paye All  Paye All  Paye Campaign Expenditure	Employee Services  ee Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type Employee Services  ee Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type Employee Services	State RI Ex State RI	\$324.50  Suffix  Zip 02915  penditure Amount \$2,324.43  Suffix  Zip 02915  penditure Amount \$2,341 99
DM Purpose of Prefix Street Addit 501 Wampa Check # DM Purpose of Prefix Street Addit 501 Wampa Check # DM Purpose of	Ti/17/2021 Expenditure  First Name  ress noag Trail  Expenditure Date 11/30/2021 Expenditure  First Name  ress noag Trail  Expenditure  First Name  ress roag Trail  Expenditure Date 12/14/2021 Expenditure	Payment Date	Paye MI  Disbursement Type Campaign Expenditure  Paye MI  Disbursement Type Campaign Expenditure  Paye All  Paye All  Paye All  Paye Campaign Expenditure	Employee Services  The Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type Employee Services  The Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type Employee Services  The Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type Employee Services	State RI Ex State RI Ex	\$324.50  Suffix  Zip 02915  penditure Amount \$2,324.43  Suffix  Zip 02915  penditure Amount \$2,341.99  Suffix
DM Purpose of Prefix Street Addı 501 Wampa Check # DM Purpose of Prefix Street Addı 501 Wampa Check # DM Purpose of	Ti/17/2021 Expenditure  First Name  ress noag Trail  Expenditure Date 11/30/2021 Expenditure  First Name  ress noag Trail  Expenditure  First Name  ress ress roag Trail  Expenditure Date 12/14/2021 Expenditure  First Name	Payment Date	Paye MI  Disbursement Type Campaign Expenditure  Paye MI  Disbursement Type Campaign Expenditure  Paye All  Paye All  Paye All  Paye Campaign Expenditure	Employee Services  The Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type Employee Services  The Information  LastName or Vendor Name  Paychex Inc  City Riverside  Expenditure Type Employee Services  The Employee Services	State RI Ex State RI	\$324.50  Suffix  Zip 02915  penditure Amount \$2,324.43  Suffix  Zip 02915  penditure Amount \$2,341 99

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
DM	12/15/2021		Campaign Expenditure	Employee Services		\$124.50
Purpose of	Expenditure					
			Dove	oo Information		
Prefix	First Name		MI	ee Information LastName or Vendor Name		Suffix
гтепх	First Name		MI	Paychex Inc		Sumx
Street Add	race			City	State	Zip
501 Wampa				Riverside	RI	02915
Jor Wanpa				Tavelsia:		02515
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
242	10/27/2021		Campaign Expenditure	Consultant & Professional Services		\$4,156.07
Purpose of	Expenditure					
			Paye	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Perkins Coie LLP		
Street Add				City	State	Zip
PO Box 246	643			Seattle	WA	98124
Check #	Fynanditus Det	Payment Date	Dishursament T	Expanditure Time	F	nditure America
240	Expenditure Date 10/27/2021	Payment Date	Disbursement Type Campaign Expenditure	Expenditure Type Other	Expe	nditure Amount \$6,000.00
			Campaign Expenditure	Oulci		\$0,000.00
rurpose of	Expenditure					
			Pave	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Public Policy Polling		
Street Add	ress			City	State	Zip
	liams- PPP 2900 Highw	voods Blvd Suite 20	01	Raliegh	NC	27604
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
249	11/02/2021		Campaign Expenditure	Consultant & Professional Services		\$3,000.00
Purpose of	Expenditure					
			Pay	ee Information		
Prefix	First Name		Payo MI	LastName or Vendor Name		Suffix
Prefix			•			Suffix
Street Add	First Name		•	LastName or Vendor Name	State	Suffix Zip
	First Name		•	LastName or Vendor Name Rachel Goldstein	State MA	
Street Adda 32 Parker S	First Name ress tt #5	Paramet Park	МІ	LastName or Vendor Name Rachel Goldstein City Boston	MA	<b>Zip</b> 02126
Street Adds 32 Parker S Check #	First Name ress t #5  Expenditure Date	Payment Date	MI  Disbursement Type	LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type	MA	Zip 02126 nditure Amount
Street Adda 32 Parker S Check # 226	First Name ress t #5  Expenditure Date 10/05/2021	Payment Date	МІ	LastName or Vendor Name Rachel Goldstein City Boston	MA	<b>Zip</b> 02126
Street Adda 32 Parker S Check # 226	First Name ress t #5  Expenditure Date	Payment Date	MI  Disbursement Type	LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type	MA	Zip 02126 nditure Amount
Street Adda 32 Parker S Check # 226	First Name ress t #5  Expenditure Date 10/05/2021	Payment Date	MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type Consultant & Professional Services	MA	Zip 02126 nditure Amount
Street Addı 32 Parker S Check # 226 Purpose of	First Name ress at #5  Expenditure Date 10/05/2021 Expenditure	Payment Date	MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type Consultant & Professional Services	MA	Zip 02126 nditure Amount \$3,000 00
Street Adda 32 Parker S Check # 226	First Name ress t #5  Expenditure Date 10/05/2021	Payment Date	MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type Consultant & Professional Services  ee Information LastName or Vendor Name	MA	Zip 02126 nditure Amount
Street Addi 32 Parker S Check # 226 Purpose of	First Name  ress tt #5  Expenditure Date 10/05/2021  Expenditure  First Name	Payment Date	MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type Consultant & Professional Services  ee Information LastName or Vendor Name Rachel Goldstein	MA Expe	Zip 02126  nditure Amount \$3,000 00  Suffix
Street Adda 32 Parker S Check # 226 Purpose of Prefix	First Name  ress t #5  Expenditure Date 10/05/2021  Expenditure  First Name	Payment Date	MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type Consultant & Professional Services  ee Information LastName or Vendor Name Rachel Goldstein City	MA Expe	Zip 02126  Inditure Amount \$3,000 00  Suffix  Zip
Street Adda 32 Parker S Check # 226 Purpose of	First Name  ress t #5  Expenditure Date 10/05/2021  Expenditure  First Name	Payment Date	MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type Consultant & Professional Services  ee Information LastName or Vendor Name Rachel Goldstein	MA Expe	Zip 02126  nditure Amount \$3,000 00  Suffix
Street Adda 32 Parker S Check # 226 Purpose of Prefix	First Name  ress t #5  Expenditure Date 10/05/2021  Expenditure  First Name	Payment Date  Payment Date	MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type Consultant & Professional Services  ee Information LastName or Vendor Name Rachel Goldstein City	MA Expe State MA	Zip 02126  Inditure Amount \$3,000 00  Suffix  Zip
Street Adda 32 Parker S Check # 226 Purpose of Prefix Street Adda 32 Parker S	First Name  ress at #5  Expenditure Date 10/05/2021  Expenditure  First Name  ress at #5		MI  Disbursement Type Campaign Expenditure  Payo	LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type Consultant & Professional Services  ee Information LastName or Vendor Name Rachel Goldstein City Boston	MA Expe State MA	Zip 02126  Inditure Amount \$3,000 00  Suffix  Zip 02126
Street Adda 32 Parker S Check # 226 Purpose of Prefix Street Adda 32 Parker S Check # 258	First Name  ress tt #5  Expenditure Date 10/05/2021 Expenditure  First Name  ress tt #5  Expenditure Date		MI  Disbursement Type Campaign Expenditure  Payo MI  Disbursement Type	LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type Consultant & Professional Services  ee Information LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type	MA Expe State MA	Zip 02126  Inditure Amount \$3,000 00  Suffix  Zip 02126  Inditure Amount
Street Adda 32 Parker S Check # 226 Purpose of Prefix Street Adda 32 Parker S Check # 258	First Name  ress tt #5  Expenditure Date 10/05/2021  Expenditure  First Name  ress tt #5  Expenditure Date 11/30/2021		MI  Disbursement Type Campaign Expenditure  Payo MI  Disbursement Type	LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type Consultant & Professional Services  ee Information LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type	MA Expe State MA	Zip 02126  Inditure Amount \$3,000 00  Suffix  Zip 02126  Inditure Amount
Street Adda 32 Parker S Check # 226 Purpose of Prefix Street Adda 32 Parker S Check # 258	First Name  ress tt #5  Expenditure Date 10/05/2021  Expenditure  First Name  ress tt #5  Expenditure Date 11/30/2021		MI  Disbursement Type Campaign Expenditure  Payo MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type Consultant & Professional Services  ee Information LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type	MA Expe State MA	Zip 02126  Inditure Amount \$3,000 00  Suffix  Zip 02126  Inditure Amount
Street Adda 32 Parker S Check # 226 Purpose of Prefix Street Adda 32 Parker S Check # 258	First Name  ress tt #5  Expenditure Date 10/05/2021  Expenditure  First Name  ress tt #5  Expenditure Date 11/30/2021		MI  Disbursement Type Campaign Expenditure  Payo MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type Consultant & Professional Services  ee Information LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type Consultant & Professional Services	MA Expe State MA	Zip 02126  Inditure Amount \$3,000 00  Suffix  Zip 02126  Inditure Amount
Street Adda 32 Parker S Check # 226 Purpose of Prefix Street Adda 32 Parker S Check # 258 Purpose of	First Name  ress tt #5  Expenditure Date 10/05/2021  Expenditure  First Name  ress tt #5  Expenditure Date 11/30/2021  Expenditure Date		Disbursement Type Campaign Expenditure  Payo MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type Consultant & Professional Services  ee Information LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type Consultant & Professional Services	MA Expe State MA	Zip 02126  nditure Amount \$3,000 00  Suffix  Zip 02126  nditure Amount \$3,000.00
Street Adda 32 Parker S Check # 226 Purpose of Prefix Street Adda 32 Parker S Check # 258 Purpose of	First Name  ress t #5  Expenditure Date 10/05/2021 Expenditure  First Name  ress t #5  Expenditure Date 11/30/2021 Expenditure  First Name		Disbursement Type Campaign Expenditure  Payo MI  Disbursement Type Campaign Expenditure	LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type Consultant & Professional Services  ee Information LastName or Vendor Name Rachel Goldstein City Boston  Expenditure Type Consultant & Professional Services	MA Expe State MA	Zip 02126  nditure Amount \$3,000 00  Suffix  Zip 02126  nditure Amount \$3,000.00

Page   12/33/2021   Campaign Expenditure   Page   Information   Page	Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
Per	268	-	•	• • •	- "-		
Perform   Ferri Name	Purpose of	Expenditure					
Perform   Ferri Name							
Rachel Colstants				•			~ ~~
State   Address	Prefix	First Name		MI			Suffix
State   Stat	C4 4 A J.J.					64-4-	7:
Check #   Expenditure   Date   Payment   Date   D					-		-
March	JZ I tilker S				DOSION	14111	02120
Purpose of Expenditure	Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
Prefix   First Name   First	DM	10/20/2021		Campaign Expenditure	Food, Beverages and Meals		\$2,713.50
Prefix	Purpose of	Expenditure					
Prefix				_			
Street Address				·			~ ~~
	Prefix	First Name					Suffix
Broadway	C					C+ +	7.
					-		_
	1 Dioadway				Evereu	WIA	02149
	Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
Prefix   First Name   First	241	•		• •			
Prefix         First Name         MI         LastName or Vendor Name Regime Funting         Suffix Regime Funting           Street Address         City         State         Zip           208 Laurel Hill Ave         Payment Date         Disbursement Type         Expenditure Type         Expenditure Amount           Profix         Ependiture Date         Payment Date         MI         LastName or Vendor Name         Suffix           Prefix         First Name         MI         LastName or Vendor Name         Suffix           Prefix         First Name         City         State         Zip           Providence         RI         02903           Check # Expenditure Date         Payment Date         Disbursement Type         Expenditure Type         Expenditure Amount           Check # Expenditure Date         Payment Date         Disbursement Type         Expenditure Type         Expenditure Amount           Prefix         First Name         MI         LastName or Vendor Name         Suffix           City         State         Zip           Prefix         First Name         MI         LastName or Vendor Name         Expenditure Amount           Check # E	Purpose of	Expenditure					
Prefix         First Name         MI         LastName or Vendor Name Regime Funting         Suffix Regime Funting           Street Address         City         State         Zip           208 Laurel Hill Ave         Payment Date         Disbursement Type         Expenditure Type         Expenditure Amount           Profix         Ependiture Date         Payment Date         MI         LastName or Vendor Name         Suffix           Prefix         First Name         MI         LastName or Vendor Name         Suffix           Prefix         First Name         City         State         Zip           Providence         RI         02903           Check # Expenditure Date         Payment Date         Disbursement Type         Expenditure Type         Expenditure Amount           Check # Expenditure Date         Payment Date         Disbursement Type         Expenditure Type         Expenditure Amount           Prefix         First Name         MI         LastName or Vendor Name         Suffix           City         State         Zip           Prefix         First Name         MI         LastName or Vendor Name         Expenditure Amount           Check # E							
Street Address				Payee	Information		
Street Address City Providence RI Oxformation Prefix First Name Payment Date 12/01/2021 Disbursement Type Expenditure Type Expenditure Type State Zip Oxformation Prefix First Name Payment Date 12/01/2021 Disbursement Type Expenditure Type State Zip Oxformation Prefix First Name Payment Date Disbursement Type Expenditure Type State Zip Oxformation Prefix First Name Payment Date Disbursement Type Expenditure Type State Zip Oxformation Prefix Expenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Type Oxformation Prefix First Name Payment Date Payment Date Disbursement Type Campaign Expenditure Date Payment Date Disbursement Type Campaign Expenditure Type Oxformation Prefix First Name MI LastName or Vendor Name Suffix Payment Date Payment Date Payment Date Disbursement Type Campaign Expenditure Type State Zip Oxformation Prefix First Name MI LastName or Vendor Name Suffix Payment Date Payment Date Campaign Expenditure Advertising DC 20005 Purpose of Expenditure Date Payment Date Campaign Expenditure Advertising State Sip Oxformation DC 20005 Purpose of Expenditure Date Payment Date Campaign Expenditure Advertising State Sip Oxformation DC 20005 Purpose of Expenditure Date Payment Date Campaign Expenditure Advertising State Sign State Sta	Prefix	First Name					Suffix
Providence   Providence   Providence   RI   0290					Regine Printing		
Check # Expenditure Date   Payment Date   Campaign Expenditure   Expenditure Type   Expenditure Amount					-		
DM 11/17/2021 Campaign Expenditure  Purpose of Expenditure  Prefix First Name MI LastName or Vendor Name RI Division of Taxation  Street Address City State Zip Poblox 97/03, Dept 200 Providence RI 0 02903  Check # Expenditure Date 12/01/2021 Campaign Expenditure Advertising Expenditure Amount Campaign Expenditure  Prefix First Name MI LastName or Vendor Name RI 0 02903  Check # Expenditure Date 12/01/2021 Campaign Expenditure Advertising State Zip Purpose of Expenditure  Prefix First Name MI LastName or Vendor Name Suffix Rising Tide Interactive, LLC  Street Address City State Zip 1250 H Street, NW, Suite 200 Campaign Expenditure Advertising State Zip 1250 H Street, NW, Suite 200 Campaign Expenditure Advertising State State Zip 1250 H Street, NW, Suite 200 Campaign Expenditure Advertising State Stat	208 Laurel l	Hill Ave			Providence	RI	02909
DM 11/17/2021 Campaign Expenditure  Purpose of Expenditure  Prefix First Name MI LastName or Vendor Name RI Division of Taxation  Street Address City State Zip Poblox 97/03, Dept 200 Providence RI 0 02903  Check # Expenditure Date 12/01/2021 Campaign Expenditure Advertising Expenditure Amount Campaign Expenditure  Prefix First Name MI LastName or Vendor Name RI 0 02903  Check # Expenditure Date 12/01/2021 Campaign Expenditure Advertising State Zip Purpose of Expenditure  Prefix First Name MI LastName or Vendor Name Suffix Rising Tide Interactive, LLC  Street Address City State Zip 1250 H Street, NW, Suite 200 Campaign Expenditure Advertising State Zip 1250 H Street, NW, Suite 200 Campaign Expenditure Advertising State State Zip 1250 H Street, NW, Suite 200 Campaign Expenditure Advertising State Stat	Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
Prefix First Name   Payer Information   Suffix   LastName or Vendor Name   Suffix   RI Division of Taxation    City State Zip   Providence   RI 02903    Check # Expenditure Date   Payment Date   Disbursement Type   Expenditure Type   Expenditure Type   Suffix    Prefix First Name   Payer Information   Payer Information    Check # Expenditure Date   Payment Date   Disbursement Type   Expenditure Type   Expenditure Type   Suffix    Payer Information   Payer Information    Rising Tide Interactive, LLC    Check # Expenditure Date   Payment Date   Disbursement Type   Expenditure Type   State   Zip    Check # Expenditure Date   Payment Date   Disbursement Type   Expenditure Type   Expenditure Type    Check # Expenditure Date   Payment Date   Disbursement Type   Expenditure Type   Expenditure Type    Check # Expenditure Date   Payment Date   Disbursement Type   Expenditure Type   Expenditure Type    Check # Expenditure Date   Payment Date   Disbursement Type   Expenditure Type   Expenditure Amount    Check # Expenditure Date   Payment Date   Disbursement Type   Expenditure Type   Expenditure Amount    Check # Expenditure Date   Payment Date   Disbursement Type   Expenditure Type   Expenditure State    Check # Expenditure Date   Payment Date   Disbursement Type   Expenditure Type   Expenditure State   Suffix    Check # Expenditure Type	DM	-	•			•	
Prefix First Name	Purpose of	Expenditure					
Prefix         First Name         MI         LastName or Vendor Name RI Division of Taxation         Suffix RI Division of Taxation           Street Address         City         State         Zip           PO Box 9703, Dept 200         Providence         RI         02903           Check # Expenditure Date 200         Payment Date 201/2021         Disbursement Type Campaign Expenditure         Expenditure Type Advertising         Expenditure Amount Advertising         \$1,500 00           Purpose of Expenditure           Prefix         First Name         MI         LastName or Vendor Name Rising Tide Interactive, LLC         Suffix         Suffix         Zip           Street Address         City         State         Zip         Dools         2005         Dools         2005         Dools							
Street Address City State Zip PO Box 9703, Dept 200 Bisbursement Type Expenditure Type Expenditure Type 260 12/01/2021 Campaign Expenditure Advertising \$1,500 00 Purpose of Expenditure  Prefix First Name MII LastName or Vendor Name Rising Tide Interactive, LLC Street Address W, Suite 200 Campaign Expenditure Type Expenditure Type State Zip 12/50 H Street, NW, Suite 200 Campaign Expenditure Payentiton DC 20005  Check # Expenditure Date Payment Date Disbursement Type Expenditure Type State Zip 12/50 H Street, NW, Suite 200 Campaign Expenditure Advertising DC 20005  Check # Expenditure Date Payment Date Campaign Expenditure Advertising \$6,647.05  Purpose of Expenditure Date Campaign Expenditure Advertising \$6,647.05  Purpose of Expenditure Street Address Siried Interactive, LLC  City State Siried Interactive, LLC  Campaign Expenditure Date Advertising Southing Suffix Rising Tide Interactive, LLC  City State Zip  Confix Rising Tide Interactive, LLC  City State Zip				•			
Street Address   City   Providence   RI   02903    Check # Expenditure Date   Payment Date   Disbursement Type   Expenditure Type   Expenditure Amount    Check # Expenditure Date   Payment Date   Campaign Expenditure   Advertising   State   Zip    Purpose of Expenditure   Payment Date   Pay	Prefix	First Name		MI			Suffix
PO Box 9703, Dept 200  Providence  Providence  Providence  RI 02903  Check # Expenditure Date   Payment Date   Disbursement Type   Expenditure Type   Expenditure Amount   260   12/01/2021   Campaign Expenditure   Advertising   \$1,500 00    Purpose of Expenditure  Prefix   First Name   MI   LastName or Vendor Name   Suffix    Rising Tide Interactive, LLC  Street Address   State   Zip    Washington   DC   20005  Check # Expenditure Date   Payment Date   Disbursement Type   Expenditure Type   Expenditure Amount    238   10/14/2021   Campaign Expenditure   Advertising   \$6,647.05  Purpose of Expenditure  Prefix   First Name   Payment Date   Payment Date   Campaign Expenditure   Advertising   \$6,647.05  Purpose of Expenditure  Prefix   First Name   Suffix   Rising Tide Interactive, LLC  Street Address   City   State   Zip    Street Address   City   C							
Check # Expenditure Date   Payment Date   Disbursement Type   Expenditure Type   Expenditure Amount   260   12/01/2021   Campaign Expenditure   Advertising   \$1,500 00   Purpose of Expenditure  Prefix   First Name   Payment Date   Payment MI   LastName or Vendor Name   Suffix   Rising Tide Interactive, LLC  Street Address   City   State   Zip   1250 H Street, NW, Suite 200   Washington   DC   20005   Check # Expenditure Date   Payment Date   Disbursement Type   Expenditure Type   Expenditure Amount   238   10/14/2021   Campaign Expenditure   Advertising   \$6,647.05   Purpose of Expenditure  Prefix   First Name   Payment Date   MI   LastName or Vendor Name   Suffix   Rising Tide Interactive, LLC  Street Address   City   State   Zip    Rising Tide Interactive, LLC  Street Address   City   State   Zip    Street Address   Suffix   Rising Tide Interactive, LLC					•		_
Purpose of Expenditure  Payee Information Prefix First Name  Prefix First Name  Prefix Expenditure Date Payment Date 238 10/14/2021  Payment Date Payment Date Purpose of Expenditure  Payee Information  Rising Tide Interactive, LLC  Street Address  City State Zip Dx 20005  Expenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Amount 238 10/14/2021  Campaign Expenditure Advertising \$6,647.05  Purpose of Expenditure  Prefix First Name  Prefix First Name  MI LastName or Vendor Name Suffix Rising Tide Interactive, LLC  Street Address  City State Zip	PO Box 9/0	3, Dept 200			Providence	KI	02903
Purpose of Expenditure  Payee Information Prefix First Name  Prefix First Name  Prefix Expenditure Date Payment Date 238 10/14/2021  Payment Date Payment Date Purpose of Expenditure  Payee Information  Rising Tide Interactive, LLC  Street Address  City State Zip Dx 20005  Expenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Amount 238 10/14/2021  Campaign Expenditure Advertising \$6,647.05  Purpose of Expenditure  Prefix First Name  Prefix First Name  MI LastName or Vendor Name Suffix Rising Tide Interactive, LLC  Street Address  City State Zip	Check#	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
Payee Information Prefix First Name MII LastName or Vendor Name Rising Tide Interactive, LLC Street Address City State Zip 1250 H Street, NW, Suite 200 Washington DC 20005  Check # Expenditure Date Payment Date Campaign Expenditure Advertising Expenditure Type Expenditure Type Expenditure Advertising \$6,647.05  Purpose of Expenditure  Payee Information Prefix First Name MII LastName or Vendor Name Rising Tide Interactive, LLC  Street Address City State Zip	260	-					
Prefix First Name	Purpose of	Expenditure					
Prefix First Name MI LastName or Vendor Name Rising Tide Interactive, LLC  Street Address City State Zip  1250 H Street, NW, Suite 200 Washington DC 20005  Check # Expenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Type Expenditure Amount  238 10/14/2021 Campaign Expenditure Advertising \$6,647.05  Purpose of Expenditure  Prefix First Name MI LastName or Vendor Name Rising Tide Interactive, LLC  Street Address City State Zip							
Rising Tide Interactive, LLC  Street Address City State Zip  1250 H Street, NW, Suite 200 Washington DC 20005  Check # Expenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Type Expenditure Amount 238 10/14/2021 Campaign Expenditure Advertising \$6,647.05  Purpose of Expenditure  Prefix First Name MI LastName or Vendor Name Suffix Rising Tide Interactive, LLC  Street Address City State Zip				Payee	Information		
Street Address City State Zip 1250 H Street, NW, Suite 200 Washington DC 20005  Check # Expenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Type 238 10/14/2021 Campaign Expenditure Advertising \$6,647.05  Purpose of Expenditure  Payee Information Prefix First Name MI LastName or Vendor Name Rising Tide Interactive, LLC  Street Address City State Zip	Prefix	First Name					Suffix
Washington DC 20005  Check # Expenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Type Septembly Septe					Rising Tide Interactive, LLC		
Check # Expenditure Date Payment Date Disbursement Type Expenditure Type Expenditure Amount 238 10/14/2021 Campaign Expenditure Advertising \$6,647.05  Purpose of Expenditure  Payee Information  Prefix First Name MI LastName or Vendor Name Suffix Rising Tide Interactive, LLC  Street Address City State Zip							_
238 10/14/2021 Campaign Expenditure Advertising \$6,647.05 Purpose of Expenditure  Payee Information Prefix First Name MI LastName or Vendor Name Rising Tide Interactive, LLC  Street Address City State Zip	1250 H Stre	et, NW, Suite 200			Washington	DC	20005
238 10/14/2021 Campaign Expenditure Advertising \$6,647.05 Purpose of Expenditure  Payee Information Prefix First Name MI LastName or Vendor Name Rising Tide Interactive, LLC  Street Address City State Zip	Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
Purpose of Expenditure  Payee Information  Prefix First Name MI LastName or Vendor Name Suffix Rising Tide Interactive, LLC  Street Address City State Zip	238	_	J	• •		221	
Payee Information  Prefix First Name MI LastName or Vendor Name Suffix Rising Tide Interactive, LLC  Street Address City State Zip	Purpose of	Expenditure		·	-		
Prefix First Name MI LastName or Vendor Name Suffix Rising Tide Interactive, LLC Street Address City State Zip	_	_					
Rising Tide Interactive, LLC  Street Address City State Zip				Payee	Information		
Street Address City State Zip	Prefix	First Name		MI	LastName or Vendor Name		Suffix
·					Rising Tide Interactive, LLC		
1250 H Street, NW, Suite 200 Washington DC 20005					•		-
	1250 H Stre	et, NW, Suite 200			Washington	DC	20005

250 Purpose of E Prefix Street Addre 85 Smart Stre Check #	First Name Stephan		Campaign Expenditure	Consultant & Professional Services		\$1,700.00
Prefix Street Addre 85 Smart Stre Check #	First Name Stephan		Pay	To Comment of		
Street Addre 85 Smart Stre Check #	Stephan ss		Pay	If		
Street Addre 85 Smart Stre Check #	Stephan ss		Pay			
Street Addre 85 Smart Stre Check #	Stephan ss		3.07	ee Information		G .00
85 Smart Stre	ss		MI	LastName or Vendor Name Rodriguez		Suffix
85 Smart Stre				City	State	Zip
Check #				Providence	RI	02126
				11011001000		02120
264	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
	12/09/2021		Campaign Expenditure	Consultant & Professional Services		\$1,700.00
Purpose of E	xpenditure					
			_			
	TT TT		-	ee Information		C
Prefix	First Name		MI	LastName or Vendor Name		Suffix
G	Stephan			Rodriguez	<b>0</b>	<b></b>
Street Addre 85 Smart Stre				City Providence	State RI	Zip 02126
os smar sue	ici.			Flovidence	KI	02120
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
233	10/06/2021	•	Campaign Expenditure	Food, Beverages and Meals	•	\$478.45
Purpose of E	xpenditure					
			Paye	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Roma		
Street Addre				City	State	Zip
310 Atwells A	Avenue			Providence	RI	02903
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
DM	12/09/2021	,	Campaign Expenditure	Fundraising Expenses		\$669.08
Purpose of E	xpenditure					
-						
			Paye	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Rooftop at the Providence G		
Street Addre				City	State	Zip
100 Dorrance	St			Providence	RI	02903
Check #	Expenditure Date	Payment Date	Dishuman and Toma	F-man dituma T-ma	F	nditure Amount
DM	12/06/2021	таушені Баіе	Disbursement Type Campaign Expenditure	Expenditure Type Office Equipment & Supplies	Expe	\$200 00
Purpose of E			empaga Zapenorare	omee Equipment to Supplies		4200
I di pose di L	арешини					
			Pay	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Sprout CoWorking		
Street Addre	ss			City	State	Zip
166 Valley St	reet, Bldg 6M #103			Providence	RI	02909
ca 1 "	T. W. D.		D	- W		
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
			Campaign Expenditure	rood, Beverages and Meals		\$1,612.73
	xpenaiture					
5/6/∠1 event			<b>D</b>	oo Information		
Duefer	Finet Name		•			CCC
т гепх	r ir st Ivame		MI			Suffix
Street Addres	ee				State	7in
				-		_
252 Purpose of E 9/8/21 event Prefix Street Addre	11/04/2021 xpenditure  First Name		Campaign Expenditure	Food, Beverages and Meals  ee Information  LastName or Vendor Name  Stoneacre Catering  City  Middletown	State RI	\$1

			Payee	Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				The Coast Guard House		
Street Add	lress			City	State	Zip
40 Ocean I	Road			Narragansett	RI	02882
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
265	12/09/2021		Campaign Expenditure	Advertising		\$330.00
Purpose of	f Expenditure					
			Payee	Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				The Portuguese Times		
Street Add	lress			City	State	Zip
1501 Acusl	hnet Ave			New Bedford	MA	02746
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
245	10/27/2021	•	Campaign Expenditure	Travel & Lodging	•	\$189.00
Purpose of	f Expenditure					
Mileage Re	eimbursement					
			Payee	Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
	Michael		F.	Trainor		
Street Add	lress			City	State	Zip
240 Gibbs	Ave			Newport	RI	02840
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
DM	12/09/2021	,	Campaign Expenditure	Food, Beverages and Meals		\$471.00
Purpose of	f Expenditure			, g		
Catering						
			Pavee	Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Trattoria-Romana Restaurant		
Street Add	lress			City	State	Zip
	bin Road, #1			Lincoln	RI	02865
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Fyne	nditure Amount
235	10/14/2021	1 ayıncın Date	Campaign Expenditure	Other	Lape	\$7.945.00
	f Expenditure		Campaign 2npenomic			<b>41,515.00</b>
				Information		
	First Name		MI	LastName or Vendor Name		Suffix
Prefix				Udris Films		
Prefix				City	State	Zip
Street Add				Providence	RI	02903
Street Add		Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount

Stamps

Prefix	First Name		Payo MI	ee Information LastName or Vendor Name		Suffix
				US POSTAL SERVICE		
Street Add	ress			City	State	Zip
2055 <b>Diam</b> o	ond Hill Road			Cumberland	RI	02864
Check # DM	Expenditure Date 12/08/2021	Payment Date	Disbursement Type Campaign Expenditure	Expenditure Type Bank Fees	Expe	nditure Amount \$172.92
Purpose of	Expenditure		1.00			,
			Pay	ee Information		
Prefix	First Name		MI	LastName or Vendor Name Vantiv eCommerce		Suffix
Street Add	ress			City	State	Zip
900 Chelms	sford Street			Lowell	MA	01851
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
DM	11/09/2021		Campaign Expenditure	Bank Fees		\$197.30
Purpose of	Expenditure					
			•	ee Information		_
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Vantiv eCommerce		
Street Add				City	State	Zip
900 Chelms	stord Street			Lowell	MA	01851
Check # DM	Expenditure Date 10/12/2021	Payment Date	Disbursement Type Campaign Expenditure	Expenditure Type Bank Fees	Expe	aditure Amount \$140.75
Purpose of	Expenditure					
			Pay	ee Information		
Prefix	First Name		MI	LastName or Vendor Name		Suffix
				Vantiv eCommerce		
Street Add	ress			City	State	Zip
900 Chelms	sford Street			Lowell	MA	01851
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
231	10/05/2021		Campaign Expenditure	Advertising		\$199.00
Purpose of	Expenditure					
			Pay	ee Information		
Prefix	First Name		МІ	LastName or Vendor Name WNRI 1380 AM & 95 1 FM		Suffix
Street Add	ress			City	State	Zip
786 Diamor	nd Hill Road			Woonsocket	RI	02895
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expe	nditure Amount
269	12/23/2021		Refund of Contribution	Other		\$500 00
	Expenditure verlimit contribution					
	301111011011		Pay	ee Information		
Prefix	First Name		МІ	LastName or Vendor Name		Suffix
	Joseph			Esposito		
Street Add	ress			City	State	Zip
803 Boston	Neck Rd			Narragansett	RI	02882

CF-4 Rev.3/0.