

**State of Rhode Island and Providence Plantations**

**Board of Elections**

Campaign Finance Division

50 Branch Avenue, Providence, Rhode Island 02904

Tel. (401)222-2345 Fax (401)222-4424

www.elections.state.ri.us

**SUMMARY OF CAMPAIGN ACTIVITY**

Name of Candidate, Political Party, Political Action Committee	Key#
MATT BROWN	2858

Street Address	City/Town, State and Zip Code
PO BOX 40386	PROVIDENCE, RI 02940

Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 486-6446			MBROWN@MATTBROWN.ORG

If Candidate Office Sought:	Party Affiliation if any:
Governor	Democratic

Reporting Period (Dates):	Period Beginning: 09/05/2018	Period Ending: 10/09/2018
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**SUMMARY OF ACTIVITY FOR PERIOD**

1. Beginning Cash Balance	\$ 83,667.92
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	45.00
a. (Individuals)	45.00
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	37,577.29
3. Political Parties	0
4. Political Action Committees	0
5. Loan Proceeds	0
6. Payroll Check off	0
7. Interest Received	0
8. State Check Off	0
9. Refund/Rebate	0
10. Party Building	0
11. Matching Public Funds	0
12. Other	0
13. Returned Contributions	(5,629.00)
14. Returned Checks	0
b. Other:	
Deposits in Transit-prior	8,092.53
Deposits in Transit-current	0
	0
3. Total Cash	123,753.74
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	12,108.40
c. Repayment of Loans	0
d. Account Payable Repayments	93,729.72
e. Other	0

4. Cash Disbursements, continued	
f. Other Disbursements	0
5. Ending Cash Balance	\$ 17,915.62

**CAMPAIGN FUND STATUS**

6. Report of In-Kind Contributions	45.53
7. Cash	\$ 17,915.62
8. Other Assets	
Deposits in Transit	0
	0
	0
9. Total Assets	\$ 17,915.62

**LIABILITIES AND FUND BALANCE**

10. Liabilities	
a. Accounts Payable	\$ 91,625.47
b. Loans Payable	156,933.00
c. Other Liabilities	0
	0
	0
11. Total Liabilities	248,558.47
12. Total Fund Balance	\$(230,642.85)
13. Total Liability / Fund Balance	17,915.62

I HEREBY CERTIFY THAT THIS REPORT OF CAMPAIGN  
CONTRIBUTIONS AND EXPENDITURES AND THE SUPPORTING  
DOCUMENTS ARE TRUE AND CORRECT.

\_\_\_\_\_  
Name of Person Filing Report

\_\_\_\_\_  
Title of Person Filing Report

\_\_\_\_\_  
Address of Person Filing This Report

X \_\_\_\_\_  
Signature of Person Date

\_\_\_\_\_  
SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_

Day of \_\_\_\_\_ 20 \_\_\_\_\_

X \_\_\_\_\_  
Notary Public

\_\_\_\_\_

**SCHEDULE OF CONTRIBUTIONS RECEIVED**

<b>Key #</b> 2,858	<b>Full Name of Candidate or Committee</b> MATT BROWN	<b>Reporting Period</b> <b>From: 09/05/2018 To: 10/09/2018</b>
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<b>Item</b>	<b>Transaction Type</b> Other	<b>Contribution Type</b> Aggregate - Individual	<b>Receipt Date</b> 09/10/2018	<b>Deposit Date</b> 09/10/2018	<b>Contribution Amount</b> 5.00
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**In Kind/Other Receipts Description**

Cash contribution

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
					Street Address		
					City	State	Zip

<b>Item</b>	<b>Transaction Type</b> Other	<b>Contribution Type</b> Aggregate - Individual	<b>Receipt Date</b> 09/10/2018	<b>Deposit Date</b> 09/10/2018	<b>Contribution Amount</b> 40.00
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**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
					Street Address		
					City	State	Zip

<b>Item</b>	<b>Transaction Type</b> In-Kind	<b>Contribution Type</b> In-Kind - Individual	<b>Receipt Date</b> 09/06/2018	<b>Deposit Date</b>	<b>Contribution Amount</b> 45.53
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**In Kind/Other Receipts Description**

Food for event

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Andrea		Gomez		Matt Brown for Governor		
					Street Address		
	26 Vernon Street				PO Box 40386		
	City		State	Zip	City	State	Zip
	Providence		RI	02903	Providence	RI	02903

<b>Item</b>	<b>Transaction Type</b> Credit/Debit Card	<b>Contribution Type</b> Individual	<b>Receipt Date</b> 09/11/2018	<b>Deposit Date</b> 09/13/2018	<b>Contribution Amount</b> 25.00
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**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Roberta		Aaronson		Consultant		
					Street Address		
	14 Hudson Place				14 Hudson Place		
	City		State	Zip	City	State	Zip
	Cranston		RI	02905	Cranston	RI	02905

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	251.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Rajneesh		Aggarwal		Provoc		
<b>Street Address</b>					<b>Street Address</b>		
2033 Rosemont Avenue					1327 14th St Suite 330		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Washington			DC	20010	Washington	DC	20005

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	39.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Adele		Alsop		Adele Alsop Painter		
<b>Street Address</b>					<b>Street Address</b>		
HC 64 box 2704					HC 64 Box 2704		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Castle Valley			UT	84532	Castle Valley	UT	84532

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	DANIEL		ALTMAN		A HUNDRED MONKEYS		
<b>Street Address</b>					<b>Street Address</b>		
1229 WATERVIEW DR					2604 9TH STREET		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
MILL VALLEY			CA	94941	MILL VALLEY	CA	94941

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/12/2018	09/14/2018	9.14

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Joyce	M	Anderson		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
40 Mitchell Avenue					40 Mitchell Avenue		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
South Kingstown			RI	02879	South Kingstown	RI	02879

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2018	09/07/2018	9.14

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Joyce	M	Anderson		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
40 Mitchell Avenue					40 Mitchell Avenue		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
South Kingstown			RI	02879	South Kingstown	RI	02879

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Kendra		Anderson		Climate Action RI		
<b>Street Address</b>					<b>Street Address</b>		
174 Wingate Avenue					174 Wingate Ave.		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Warwick			RI	02888	Warwick	RI	02888

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2018	09/13/2018	500.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Clinton		Aneni		Bank of America		
<b>Street Address</b>					<b>Street Address</b>		
19 Bellevue Avenue					19 Bellevue Avenue		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02907	Providence	RI	02907

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/06/2018	09/10/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Julia		Angell		ScyllaDB		
<b>Street Address</b>					<b>Street Address</b>		
5308 Zara Avenue					1900 Embarcadero Road, Suite 205		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Richmond			CA	94805	Palo Alto	CA	94303

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Julia		Angell		ScyllaDB		
<b>Street Address</b>					<b>Street Address</b>		
5308 Zara Avenue					1900 Embarcadero Road, Suite 205		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Richmond			CA	94805	Palo Alto	CA	94303

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Michael		Angell		Geogologist		
<b>Street Address</b>					<b>Street Address</b>		
5308 Zara Avenue					5308 Zara Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Richmond			CA	94805	Richmond	CA	94805

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Theo		Angell		Self - freelancer		
<b>Street Address</b>					<b>Street Address</b>		
6047 4th Ave NW					6047 4th Ave NW		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Seattle			WA	98107	Seattle	WA	98107

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	900.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Theo		Angell		Self - freelancer		
<b>Street Address</b>					<b>Street Address</b>		
6047 4th Ave NW					6047 4th Ave NW		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Seattle			WA	98107	Seattle	WA	98107

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/09/2012	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Niko		Angell-Gargiulo		St Johns College		
<b>Street Address</b>					<b>Street Address</b>		
6047 4th Avenue Northwest					1160 Camino Cruz Blanca		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Seattle			WA	98107	Santa fe	NM	87505

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Joseph		Aquitato		UBS		
<b>Street Address</b>					<b>Street Address</b>		
19 Rutledge Road					1000 Harbor Blvd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Marlboro Township			NJ	07746	Weehawken	NJ	07086

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	2.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Herman		Arnold		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
1925 1st Ave					1925 1st Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Selma			AL	36703	Selma	AL	36703

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	8.40

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Alan		August		Hunt's Photo & Video			
<b>Street Address</b>					<b>Street Address</b>			
70 Scott St					571 North Main St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Pawtucket					Providence		RI	02904

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	39.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Brian		Austin		Schneider Electric			
<b>Street Address</b>					<b>Street Address</b>			
950 Greenville Avenue					38 Neponset Ave			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Greenville					Foxborough		MA	02035

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	250.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Jeremy		Bailey		Acumen Group Real Estate			
<b>Street Address</b>					<b>Street Address</b>			
585 Wallum Lake Rd					515 Wallum Lake Rd			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Burrville					Burrilville		RI	02859

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/12/2018	09/14/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Charles		Baldwin		Renaissance Hotel Providence			
<b>Street Address</b>					<b>Street Address</b>			
120 Pilgrim Parkway Apt 1					5 Ave of the Arts			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Warwick					Providence		RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	39.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	David		Baldwin		Computer Associates Inc.			
<b>Street Address</b>					<b>Street Address</b>			
67 Fordson Ave.					38 Thurbers Ave.			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Cranston					Smithfield		RI	02917

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	David		Baldwin		Computer Associates Inc.			
<b>Street Address</b>					<b>Street Address</b>			
67 Fordson Ave.					38 Thurbers Ave.			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Cranston					Smithfield		RI	02917

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/12/2018	09/14/2018	2.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Sarah		Baldwin Beneich		Brown University			
<b>Street Address</b>					<b>Street Address</b>			
10 Paterson St					111 Thayer			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Providence		RI	02912

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Sarah		Baldwin Beneich		Brown University			
<b>Street Address</b>					<b>Street Address</b>			
10 Paterson St					111 Thayer			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Providence		RI	02912

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	11.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Thomas		Ballantyne		Netflix			
<b>Street Address</b>					<b>Street Address</b>			
131 El Sereno Drive					121 Albright Way			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Scotts Valley					Scotts Valley		CA	95066

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Mona		Barbera		Mona Barbera, PhD			
<b>Street Address</b>					<b>Street Address</b>			
341 Broadway, 1					341 Broadway, 1			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Providence		RI	02909



Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2018	09/07/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	John		Bazik		Brown University		
<b>Street Address</b>					<b>Street Address</b>		
1 Overhill Road					115 Waterman St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906	Providence	RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/12/2018	09/14/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Lisa		Beade		Not employed		
<b>Street Address</b>					<b>Street Address</b>		
33 Marbury Avenue					33 Marbury Avenue		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Pawtucket			Ri	02860	Pawtucket	RI	02860

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Shannon		Bearman		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
626 Haydock Lane					626 Haydock Lane		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Haverford			PA	19041	Haverford	PA	19041

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Benjamin		Beers		Echoing Green		
<b>Street Address</b>					<b>Street Address</b>		
23-57 33rd St, Apt D2					462 7th Ave, 13th floor		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
New York			NY	11105	New York	NY	10018

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2018	09/07/2018	2.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Sarah Baldwin		Beneich		Brown University		
<b>Street Address</b>					<b>Street Address</b>		
10 Paterson St					111 Thayer		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906	Providence	RI	02912

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Robert		Berens		Self - writer		
<b>Street Address</b>					<b>Street Address</b>		
1469 Westerly Terrace					1469 Westerly Terrace		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Los Angeles			CA	90026	Los Angeles	CA	90026

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/09/2018	09/12/2018	300.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Laura		Berick		Not employed		
<b>Street Address</b>					<b>Street Address</b>		
1890 E 107th #405					1890 E 107th #405		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Cleveland			OH	44106	Cleveland	OH	44106

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Zoila		Bernal		Women's Resource Center		
<b>Street Address</b>					<b>Street Address</b>		
37 Parkis Ave, Unit 6					114 Touro Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02907	Newport	RI	02840

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/13/2018	09/17/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Greta		Biagi		Law Office of Greta LaMountain Biagi		
<b>Street Address</b>					<b>Street Address</b>		
191 Packardville Road					27 Pray Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Belchertown			MA	01007	Amherst	MA	01002

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/10/2018	09/12/2018	250.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Lily		Bogosian		Not employed		
<b>Street Address</b>					<b>Street Address</b>		
14 John Street					14 John Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906	Providence	RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/12/2018	09/14/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Greta		Bollinger		commonwealth of va		
<b>Street Address</b>					<b>Street Address</b>		
4208 Hillcrest Rd					Governor's Mansion		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Richmond			VA	23225	Richmond	VA	23219

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/13/2018	39.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Matthew		Borgia		vamc		
<b>Street Address</b>					<b>Street Address</b>		
174 Wickenden Street					16382 Evarard Drive Northwest		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02903	Harvest	AL	35749

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Jeremy		Bourget		Paul Cuffee School		
<b>Street Address</b>					<b>Street Address</b>		
20 Mayfair Rd					544 Elmwood Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Warwick			RI	02888	Providence	RI	02907

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Laura		Bowen		not employed		
<b>Street Address</b>					<b>Street Address</b>		
1701 Glen Ridge Rd					1701 Glen Ridge Rd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Towson			MD	21286	Towson	MD	21286

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2018	09/07/2018	300.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Gordon		Brown		Fairfax County Public Schools		
<b>Street Address</b>					<b>Street Address</b>		
10613 Maple St.					8515 Old Mt Vernon Rd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Fairfax			VA	22030	Alexandria	VA	22309

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Sebastian		Brown		Eastern Bank		
<b>Street Address</b>					<b>Street Address</b>		
364 Neponset St. Unit B					364 Neponset St. Unit B		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Canton			MA	02021	Canton	MA	02021

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Paul		Brunetti		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
2610 Wallum Lake Road					2610 Wallum Lake Road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Pascoag			RI	02859	Pascoag	RI	02859

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	DERICK		BULKLEY		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
PO BOX 597006					PO BOX 597006		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
San Francisco			CA	94159	San Francisco	CA	94159

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2018	09/05/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Allen		Burry		Furthur Films		
<b>Street Address</b>					<b>Street Address</b>		
101 west end avenue 32a					62 West 45th Street, 9th floor		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
New York			NY	10023	New York	NY	10036

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	500.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Patrick		Cameron		JumpCloud		
<b>Street Address</b>					<b>Street Address</b>		
515 Juniper Ave					2040 14th St #200		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Boulder			CO	80304	Boulder	CO	80302

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/12/2018	09/14/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Mary Baine		Campbell		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
36 Linnaean Street					36 Linnaean Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Cambridge			MA	02138	Cambridge	MA	02138

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Joan		Carello		not employed		
<b>Street Address</b>					<b>Street Address</b>		
359 Greenwich Ave Apt.238					359 Greenwich Ave Apt.238		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Warwick			RI	02886	Warwick	RI	02886

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Lisa		Carnevale		Lisa Carnevale Consulting		
<b>Street Address</b>					<b>Street Address</b>		
16066 ROSECROFT TER					16066 ROSECROFT TER		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
DELRAY BEACH			FL	33446	DELRAY BEACH	FL	33446

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Lisa		Carnevale		Lisa Carnevale Consulting		
<b>Street Address</b>					<b>Street Address</b>		
16066 ROSECROFT TER					16066 ROSECROFT TER		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
DELRAY BEACH			FL	33446	DELRAY BEACH	FL	33446

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Lisa		Carnevale		Lisa Carnevale Consulting		
<b>Street Address</b>					<b>Street Address</b>		
16066 ROSECROFT TER					16066 ROSECROFT TER		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
DELRAY BEACH			FL	33446	DELRAY BEACH	FL	33446

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Lisa		Carnevale		Lisa Carnevale Consulting		
<b>Street Address</b>					<b>Street Address</b>		
16066 ROSECROFT TER					16066 ROSECROFT TER		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
DELRAY BEACH			FL	33446	DELRAY BEACH	FL	33446

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	20.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Katie		Carrier		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
2545 South County Trail					2545 South County Trail		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
West Kingston			RI	02892	West Kingston	RI	02892

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Alan		Carroll		Lackawaxen Food Hub		
<b>Street Address</b>					<b>Street Address</b>		
177 Mohn Road					1114 Beach Grove Road.		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Beach Lake			PA	18405	Honesdale	NY	18431

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	500.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Capri		Catanzaro		Student		
<b>Street Address</b>					<b>Street Address</b>		
55 Harmony Ct					50 Upper college rd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Warwick			RI	02889	Kingston	RI	02881

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2018	09/07/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Abdullah		Chahin		Kent Hospital		
<b>Street Address</b>					<b>Street Address</b>		
75 Independence Way, Apt 40201					455 Toll Gate Road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Cranston			RI	02921	Warwick	RI	02983

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	2.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Mitch		Clark		Not Employed		
Street Address					Street Address		
1015 West 21st Street					1015 West 21st Street		
City		State	Zip	City		State	Zip
Vancouver		WA	98660	Vancouver		WA	98660

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/06/2018	09/10/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Sean		Cohan		A&E Networks		
Street Address					Street Address		
50 Murray Street #501					235 E 45th Street		
City		State	Zip	City		State	Zip
New York		NY	10007	New York		NY	10017

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	150.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Marilyn		Concepcion		US House of Representatives		
Street Address					Street Address		
197 West Center Street					59 Elm Street		
City		State	Zip	City		State	Zip
Southington		CT	06489	New Haven		CT	06510

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	LAUREN		CORTESI		Bella's Desserts		
Street Address					Street Address		
1 Rabbit Run Lane					1 RABBIT RUN LANE		
City		State	Zip	City		State	Zip
Glenmoore		PA	19343	GLENMOORE		PA	19343

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Vittorio		Cottafavi		US Dept of Justice		
Street Address					Street Address		
1655 Avon Place Northwest					950 Penn Ave NW		
City		State	Zip	City		State	Zip
Washington		DC	20007	Washington		DC	20530

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Vittorio		Cottafavi		US Dept of Justice		
<b>Street Address</b>					<b>Street Address</b>		
1655 Avon Place Northwest					950 Penn Ave NW		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Washington			DC	20007	Washington	DC	20530

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Leona		Council		Birmingham VAMC/University of Alabama		
<b>Street Address</b>					<b>Street Address</b>		
1808 22nd street south					700 19th street south		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Birmingham			AL	35223	Birmingham	AL	35233

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	8.40

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Susan		Council		Retired		
<b>Street Address</b>					<b>Street Address</b>		
2 Regency Plaza, Apt. 1106					2 Regency Plaza, Apt. 1106		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02903	Providence	RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Susan		Council		Retired		
<b>Street Address</b>					<b>Street Address</b>		
2 Regency Plaza, Apt. 1106					2 Regency Plaza, Apt. 1106		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02903	Providence	RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Gary		Cozette		Retired		
<b>Street Address</b>					<b>Street Address</b>		
434 W. Aldine Ave #3-A					434 W. Aldine Ave Unit 3-A		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Chicago			IL	60657	Chicago	IL	60657



Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	15.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Robin		Crawford		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
16382 Evarard Drive Northwest					16382 Evarard Drive Northwest		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Harvest			AL	35749	Harvest	AL	35749

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/12/2018	09/14/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Benjamin		Creed		WHCHC		
<b>Street Address</b>					<b>Street Address</b>		
5125 Harold Way Apt 302					7530 Santa Monica Blvd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Los Angeles			CA	90027	West Hollywood	CA	90046

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/12/2018	09/14/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	William		Daly		Newport Tent Company		
<b>Street Address</b>					<b>Street Address</b>		
35 Willow Lane					27 Highpoint Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Portsmouth			RI	02871	Portsmouth	RI	02871

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	20.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Jonathan		Daly-LaBelle		Residential Properties, Ltd.		
<b>Street Address</b>					<b>Street Address</b>		
27 Northup Street					750 Boston Neck Road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
South Kingstown			RI	02879	Narragansett	RI	02882

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Jeff		Davidson		Magnani		
<b>Street Address</b>					<b>Street Address</b>		
22 Salisbury Road					200 S Michigan Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Barrington			RI	02806	Chicago	IL	60604

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Malcolm	F.	Davidson		Touchstone Consulting			
Street Address					Street Address			
203 Woodville Alton Road					203 Woodville Alton Road			
City		State	Zip		City		State	Zip
Hope Valley		RI	02832		Hope Valley		RI	02832

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	5.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Jorge		De Cecco		Not Employed			
Street Address					Street Address			
705 North State Street # 268					705 North State Street # 268			
City		State	Zip		City		State	Zip
Ukiah		CA	95482-3407		Ukiah		CA	95482-3407

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/12/2018	09/14/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Richard		Deutsch		College of the Desert			
Street Address					Street Address			
900 S. Paseo Caroleta					43-500 Monterey Ave			
City		State	Zip		City		State	Zip
Palm Springs		CA	92264		Palm Desert		CA	92260

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	3.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Geoffrey		DeWan		Fort Hill			
Street Address					Street Address			
8118 Hollywood Bl.					8118 Hollywood Blvd			
City		State	Zip		City		State	Zip
Los Angeles		CA	90069		Los Angeles		CA	90069

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Patrick		Diamond		Patrick Diamond, Attorney			
Street Address					Street Address			
6 Misquamicut Hills Road					6 Misquamicut Hills Road			
City		State	Zip		City		State	Zip
Westerly		RI	02891-4107		Westerly		RI	02891

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/06/2018	09/10/2018	500.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	John-Michael		Donahue		NMMA		
<b>Street Address</b>					<b>Street Address</b>		
1706 U STREET NW, #102					650 Massachusetts Ave NW, 520		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Washington			DC	20009	Washington	DC	20001

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2018	09/07/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Michael		Douglas		Actor / Michael Douglas		
<b>Street Address</b>					<b>Street Address</b>		
260 South Los Robles #309					260 South Los Robles #309		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Pasadena			CA	91101	Pasadena	CA	91101

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	199.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Aaron		Dowd		Transatlantic Holdings		
<b>Street Address</b>					<b>Street Address</b>		
310 S. 89 CT.					310 S. 89 CT.		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Omaha			NE	68114	Omaha	NE	68114

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/12/2018	09/14/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Aaron		Dowd		Transatlantic Holdings		
<b>Street Address</b>					<b>Street Address</b>		
310 S. 89 CT.					310 S. 89 CT.		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Omaha			NE	68114	Omaha	NE	68114

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Andrea		Duksta		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
1730 NW 58th St. #A					1730 NW 58th St. #A		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Seattle			WA	98107	Seattle	WA	98107

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Brendon		Duprey		Santander			
<b>Street Address</b>					<b>Street Address</b>			
929 Hope Street					272 County Road			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Barrington		RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/09/2018	09/10/2018	200.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Abiodun		Egunjobi		Intrepid Trinity LLC			
<b>Street Address</b>					<b>Street Address</b>			
102 Lancashire St					680 Douglas Ave			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Providence		RI	02908

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/12/2018	09/14/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Salaheldin		Elhamamsy		Nardone Medical			
<b>Street Address</b>					<b>Street Address</b>			
52 Coach Road					333 School street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
North Attleborough					Pawtucket		RI	02860

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	3.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Joyce		Eviston		Not employed			
<b>Street Address</b>					<b>Street Address</b>			
1012 Mary Ingles Hwy					1012 Mary Ingles Hwy			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Melbourne					Melbourne		KY	41059

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/08/2018	09/10/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	William		Ferguson		City of Newton MA			
<b>Street Address</b>					<b>Street Address</b>			
436 Armistice BLVD					100 Commonwealth Ave			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Pawtucket					Newton Centre		Ma	02459

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/12/2018	09/14/2018	20.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Quentin		Fischer		Virginia Tech Carilion Research Institute		
<b>Street Address</b>					<b>Street Address</b>		
2514 Sharmar Rd.					2 Riverside Circle		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Roanoke			VA	24018-2625	Roanoke	VA	24016

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Hugh		Forbes		Yale New Haven Health System		
<b>Street Address</b>					<b>Street Address</b>		
885 East Johnson Avenue					789 Howard Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Cheshire			CT	06410	New Haven	CT	06519

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Brian		Franklin		America's Test Kitchen		
<b>Street Address</b>					<b>Street Address</b>		
56 Cindyann Drive					21 Drydock Ave 210 E		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
East Greenwich			RI	02818	Boston	MA	02210

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	5.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Brian		Frederick		Bridgewater State University		
<b>Street Address</b>					<b>Street Address</b>		
85 Broad Street					85 Broad Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bridgewater			MA	02324	Bridgewater	MA	02324

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	39.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Andrew		Freedman		Draper Labs		
<b>Street Address</b>					<b>Street Address</b>		
45 Stuart Street, Apt 1902					555 Technology Square		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Boston			MA	02116	Cambridge	MA	02139

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	500.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Hilary		Fried		not employed		
<b>Street Address</b>					<b>Street Address</b>		
16 Usher Street					16 Usher Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Milford			CT	06460	Milford	CT	06460

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Hilary		Fried		not employed		
<b>Street Address</b>					<b>Street Address</b>		
16 Usher Street					16 Usher Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Milford			CT	06460	Milford	CT	06460

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Niels		Gabel		Apple Inc		
<b>Street Address</b>					<b>Street Address</b>		
1209 Oak St. Apt. 4					1209 Oak St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
San Francisco			CA	94117	San Francisco	CA	94117

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Maria		Gargiulo		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
320 Northwest 53rd Street					320 Northwest 53rd Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Seattle			WA	98107	Seattle	WA	98107

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Aaron		Gaudio		Amazon.com		
<b>Street Address</b>					<b>Street Address</b>		
7518 17th Ave NW					410 Terry Ave. North		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Seattle			WA	98117	Seattle	WA	98109

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Mary Louise		Gill		Brown University		
<b>Street Address</b>					<b>Street Address</b>		
36 Bowen Street					45 Prospect Street/Box 1918		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02903	Providence	RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/06/2018	09/10/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Robert		Gimlich		Retired		
<b>Street Address</b>					<b>Street Address</b>		
92 Williams St.					92 Williams St.		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906	Providence	RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Nick		Gleason		CitySoft, Inc.		
<b>Street Address</b>					<b>Street Address</b>		
319 Douglass Street					319 Douglass Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
San Francisco			CA	94114	San Francisco	CA	94114

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/06/2018	09/10/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Daniel		Goguen		Tufts Health plan		
<b>Street Address</b>					<b>Street Address</b>		
125 Pleasant St #305					705 My Auburn St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Arlington			MA	02476	Watertown	KY	02472

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	8.40

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Andrea		Gomez		Matt Brown for Governor		
<b>Street Address</b>					<b>Street Address</b>		
26 Vernon Street					PO Box 40386		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02903	Providence	RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Jorge		Gomez		Algarrobo Films		
<b>Street Address</b>					<b>Street Address</b>		
7521 Simpson Ave #207					7521 Simpson Ave apt 207		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
North Hollywood			CA	91605	North Hollywood	CA	91605

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Ellen		Goodman		Retired		
<b>Street Address</b>					<b>Street Address</b>		
1 Butler Ave., #303					1 Butler Ave., #303		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906	Providence	RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	20.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Ellen		Goodman		Retired		
<b>Street Address</b>					<b>Street Address</b>		
1 Butler Ave., #303					1 Butler Ave., #303		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906	Providence	RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/06/2018	09/10/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Robert		Graves	Jr	Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
49 Castle Rocks Road					49 Castle Rocks Road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Warwick			RI	02886	Warwick	RI	02886

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Maureen		Graziano		Saint Elizabeth Home		
<b>Street Address</b>					<b>Street Address</b>		
66 Albert Avenue					1 St.Elizabeth Way		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Cranston			RI	02905	East Greenwich	RI	02905



Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2018	09/07/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Lumina		Greenway		Not Employed			
<b>Street Address</b>					<b>Street Address</b>			
17 Camden Court					17 Camden Court			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Wakefield					Wakefield		RI	02879

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	David		Grubb		Ginnel Commercial Real Estate			
<b>Street Address</b>					<b>Street Address</b>			
465 Long Ridge Road					493 Bedford Center Rd			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Bedford					Bedford Hills		NY	10507

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2018	09/07/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	David		Hackett		Lila Delman Real Estate			
<b>Street Address</b>					<b>Street Address</b>			
40 Dearborn Street					369 S Main Street Providence RI 03903			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Newport					Providence		RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Benjamin		Hall		Correct Care Recovery Solutions			
<b>Street Address</b>					<b>Street Address</b>			
139 Payton Street					20 Administration Rd.			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Bridgewater		MA	02324

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/12/2018	09/13/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Alan		Hassenfeld		Hassenfeld Family Initiatives			
<b>Street Address</b>					<b>Street Address</b>			
7052 Fisher Island Drive					101 Dyer Street, Suite 101			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Fisher Island					Providence		RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	D. Steven		Heckman		State of California		
<b>Street Address</b>					<b>Street Address</b>		
12810 Yucaipa Creek Pl.					464 W. 4th St.		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Yucaipa			CA	92399	San Bernardino	CA	92399

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Rebekah		Holman		US Attorneys Office		
<b>Street Address</b>					<b>Street Address</b>		
4145 North Paulina Street					219 S Dearborn		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Chicago			IL	60613	Chicago	IL	60604

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	250.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Helen		Husher		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
10 Exchange Court, Apt. 406					10 Exchange Court, Apt. 406		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Pawtucket			RI	02860	Pawtucket	RI	02860

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Cash	Individual	09/09/2018	09/10/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Ester		Ikuejamok		Charlesgate Nursing Center		
<b>Street Address</b>					<b>Street Address</b>		
104 Russo St					100 Randall St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02904	Providence	RI	02904

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	39.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Deanna		Jackson		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
8 Andem Street, Apt. 2					8 Andem Street, Apt. 2		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
North Providence			RI	02908	Providence	RI	02908

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Caroline		Jacobus		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
35 Church St					35 Church St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI	02809	Bristol	RI	02809

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Lisa		Jacques		Foster-Glocester Regional Schools		
<b>Street Address</b>					<b>Street Address</b>		
302 Holley Lane					91 Anan Wade Rd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Woonsocket			RI	02895	North Scituate	RI	02857

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	20.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Rob		Jaffee		self employed finance		
<b>Street Address</b>					<b>Street Address</b>		
18201 Collins Ave Ph 5308					18201 Collins Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Sunny isles Beach			FL	33160	Sunny isles Beach	FL	33160

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Neena		James		Hosparus Health		
<b>Street Address</b>					<b>Street Address</b>		
6908 Fallen Leaf Circle					3532 Ephraim McDowell Dr		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Louisville			KY	40241	Louisville	KY	40205

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2018	09/07/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Keith		Jillette		Friends of Toto		
<b>Street Address</b>					<b>Street Address</b>		
302 Holley Lane					245 Esten Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Woonsocket			RI	02895	Pawtucket	RI	02860

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Mauricio		Jimenez		Not employed		
<b>Street Address</b>					<b>Street Address</b>		
2117 Richmond St					2117 Richmond St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Grand Rapids			MI	49504	Grand Rapids	MI	49504

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Mauricio		Jimenez		Not employed		
<b>Street Address</b>					<b>Street Address</b>		
2117 Richmond St					2117 Richmond St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Grand Rapids			MI	49504	Grand Rapids	MI	49504

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/12/2018	09/14/2018	75.27

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Mauricio		Jimenez		Not employed		
<b>Street Address</b>					<b>Street Address</b>		
2117 Richmond St					2117 Richmond St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Grand Rapids			MI	49504	Grand Rapids	MI	49504

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Mauricio		Jimenez		Not employed		
<b>Street Address</b>					<b>Street Address</b>		
2117 Richmond St					2117 Richmond St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Grand Rapids			MI	49504	Grand Rapids	MI	49504

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Catherine		Joy		Writer		
<b>Street Address</b>					<b>Street Address</b>		
130 Whitford Avenue					130 Whitford Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02908	Providence	RI	02908

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/06/2018	09/10/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Maggie		Kain		Crazy Burger		
<b>Street Address</b>					<b>Street Address</b>		
49 Amancio St.					144 Boon Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Wakefield			RI	02879	Narragansett	RI	02882

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Grady		Kallenbach		Great Lakes Caring		
<b>Street Address</b>					<b>Street Address</b>		
1425 New Jersey St.					1420 wakarusa drive suite 202		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Lawrence			KS	66044	Lawrence	KS	66049

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	250.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
MR.	RICHARD		KARO		HARVEY CEDARS ENTERTAINMENT		
<b>Street Address</b>					<b>Street Address</b>		
16808 CALLE MONTECITO					1640 SOUTH SEPULVEDA BLVD, 4TH FLOOR		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
PACIFIC PALISADES			CA	90272	LOS ANGELES	CA	90025

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	30.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Michael		Keden		JPMorgan Chase		
<b>Street Address</b>					<b>Street Address</b>		
150 Morehouse Road					100 W. Putnam Avenue		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Easton			CT	06612	Greenwich	CT	06830

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	5.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Grant		Keeling		CSRA		
<b>Street Address</b>					<b>Street Address</b>		
23 Edgecomb Street					327 Columbia Turnpike		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Albany			NY	12209	Rensselaer	NY	12144

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Mark		Keitzer		Alachua Co Tax Collector		
<b>Street Address</b>					<b>Street Address</b>		
3500 Windmeadows Blvd #79					12 SE 1st Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Gainesville			FL	32608	Gainesville	FL	32601

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Alam		Khan		Dr. Alam Khan		
<b>Street Address</b>					<b>Street Address</b>		
53 De Laurenti Court					53 De Laurenti Court		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Walnut Creek			CA	94598	Walnut Creek	CA	94598

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	15.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Hasan		Khan		Roger Williams University		
<b>Street Address</b>					<b>Street Address</b>		
573 Angell St					1 Old Ferry Rd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906	Bristol	RI	02809

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	18.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Heather		Kilmartin		Not employed		
<b>Street Address</b>					<b>Street Address</b>		
26 Chapel road					26 Chapel road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Barrington			RI	02806	Barrington	RI	02806

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	20.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Heather		Kilmartin		Not employed		
<b>Street Address</b>					<b>Street Address</b>		
26 Chapel road					26 Chapel road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Barrington			RI	02806	Barrington	RI	02806

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Cash	Individual	09/09/2018	09/10/2018	20.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Eunice		Kols-Idone		Department of Corrections		
Street Address					Street Address		
70 Somerset Avenue					40 Howard Avenue		
City		State	Zip	City		State	Zip
Riverside		RI	02915	Cranston		RI	02920

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	250.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Margaret		Kulleseid		Not Employed		
Street Address					Street Address		
78 Whippoorwill Pond rd					78 Whippoorwill Pond rd		
City		State	Zip	City		State	Zip
Garrison		NY	10524	Garrison		NY	10524

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	250.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Dheeraj		Kunchala		City Year		
Street Address					Street Address		
4 Bowser Road					287 Columbus Ave		
City		State	Zip	City		State	Zip
Lexington		MA	02420	Boston		MA	02116

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Daniel		Lauck		Not Employed		
Street Address					Street Address		
8 Regent Court					8 Regent Court		
City		State	Zip	City		State	Zip
Sugar Land		TX	77478	Sugar Land		TX	77478

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	39.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Juhee		Lee-Hartford		River Architects		
Street Address					Street Address		
178 Main St					178 Main St		
City		State	Zip	City		State	Zip
Cold Spring		NY	10516	Cold Spring		NY	10516

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	250.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Neal		LeLeiko		Lifespan physician group			
<b>Street Address</b>					<b>Street Address</b>			
92 Williams Street					50 park row west			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Providence		RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/12/2018	09/14/2018	1.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Betty		Lo		CIC			
<b>Street Address</b>					<b>Street Address</b>			
34 Gibson Street					1 Broadway fl. 14			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Medford					Cambridge		MA	02142

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Phyllis		Lusskin		Retired			
<b>Street Address</b>					<b>Street Address</b>			
47 East 88th St.					47 East 88th St.			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
New York					New York		NY	10128

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Shari		Lusskin		Shari I. Lusskin MD			
<b>Street Address</b>					<b>Street Address</b>			
81 Roundhill Road					161 Madison Avenue, suite 10nw			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Roslyn Heights					New York		NY	10016

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/07/2018	09/13/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Antonetta		Maceroni		Retired			
<b>Street Address</b>					<b>Street Address</b>			
28 Woodland Road					28 Woodland Road			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
North Scituate					North Scituate		RI	02875



Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2018	09/07/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Charlene		Maker		Musician		
<b>Street Address</b>					<b>Street Address</b>		
125 S. of Commons Rd.					125 S. of Commons Rd.		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Little Compton			RI	02837	Little Compton	RI	02837

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2018	09/13/2018	200.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Mario		Mancebo		CSCLC		
<b>Street Address</b>					<b>Street Address</b>		
244 Pleasant Street					663 Charles Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906	Providence	RI	02904

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	5.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Michael		Mangine		The State of New Jersey		
<b>Street Address</b>					<b>Street Address</b>		
25 Fallview Ct					50 Barrack St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Hamilton			NJ	08690	Trenton	NJ	08608

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	250.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Susan		Martin		Retired		
<b>Street Address</b>					<b>Street Address</b>		
193 Cove Road					193 Cove Road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Stonington			CT	06378	Stonington	CT	06378

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	39.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	PATRICIA		MARTINEZ		PROVIDENCE SCHOOL DEPT		
<b>Street Address</b>					<b>Street Address</b>		
142 OAKLAND AVENUE					797 WESTMINSTER STREET		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
PAWTUCKET			RI		PROVIDENE	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	PATRICIA		MARTINEZ		PROVIDENCE SCHOOL DEPT			
<b>Street Address</b>					<b>Street Address</b>			
142 OAKLAND AVENUE					797 WESTMINSTER STREET			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
PAWTUCKET					PROVIDENE		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	1.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	PATRICIA		MARTINEZ		PROVIDENCE SCHOOL DEPT			
<b>Street Address</b>					<b>Street Address</b>			
142 OAKLAND AVENUE					797 WESTMINSTER STREET			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
PAWTUCKET					PROVIDENE		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	PATRICIA		MARTINEZ		PROVIDENCE SCHOOL DEPT			
<b>Street Address</b>					<b>Street Address</b>			
142 OAKLAND AVENUE					797 WESTMINSTER STREET			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
PAWTUCKET					PROVIDENE		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Samuel		Marvin		UFCW Local 328			
<b>Street Address</b>					<b>Street Address</b>			
46 Preston st					46 Preston st			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Providence		RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Lindsay		Mathews		Thyme & Season Natural Market Hamden CT			
<b>Street Address</b>					<b>Street Address</b>			
265 College Street Apt. 10D					3040 Whitney Avenue			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
New Haven					New Haven		CT	06510

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Peter		McAteer		BEUCU		
<b>Street Address</b>					<b>Street Address</b>		
23113 87th Avenue West					12770 Gateway Drive		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Edmonds			WA	98026	Tukwila	WA	98168

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	20.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	George		McCahey		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
130 Kristen Court					130 Kristen Court		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Warwick			RI	02888	Warwick	RI	02888

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	George		McCahey		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
130 Kristen Court					130 Kristen Court		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Warwick			RI	02888	Warwick	RI	02888

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	George		McCahey		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
130 Kristen Court					130 Kristen Court		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Warwick			RI	02888	Warwick	RI	02888

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Sandra		McCullough		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
70 Longfellow Drive					70 Longfellow Drive		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Warwick			RI	02818	Warwick	RI	02818

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	William		McEnery		Home Loan Bank			
<b>Street Address</b>					<b>Street Address</b>			
10 Mystic Avenue					2 Altieri Way			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
East Providence					Warwick		RI	02886-1754

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2018	09/07/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Michael		McGillivray		Musician			
<b>Street Address</b>					<b>Street Address</b>			
2333 W Lincoln St					2333 W Lincoln St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Birmingham					Birmingham		MI	48009-1840

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Sam		McKee		CNA ENT INC			
<b>Street Address</b>					<b>Street Address</b>			
125 N Barrington AV					1901 AV of the Stars			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Los Angeles					Los Angeles		CA	90067

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Mary O'Connel		Mckenna		Retired			
<b>Street Address</b>					<b>Street Address</b>			
367 North Road					367 North Road			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Hope					Hope		RI	02831

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Quentin		McMullen		siemens healthcare			
<b>Street Address</b>					<b>Street Address</b>			
40 Capwell Avenue					40 Capwell Avenue			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Pawtucket					Pawtucket		RI	02860-5672

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Dave		McNab		Not Employed			
<b>Street Address</b>					<b>Street Address</b>			
141 Cherry Rd					141 Cherry Rd			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
South Kingstown					South Kingstown		RI	02881

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Ryan		McNally		DealerSocket			
<b>Street Address</b>					<b>Street Address</b>			
28 N Pasture Ln					100 Avenida La Pata			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Wakefield					San Clemente		CA	92673

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Sally		Menzela		none			
<b>Street Address</b>					<b>Street Address</b>			
12 Gamma Court					12 Gamma Court			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
North Providence					North Providence		RI	02911

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	500.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Friedrike		Merk		Self employed artist			
<b>Street Address</b>					<b>Street Address</b>			
61 Evarts Hill Road					Merck Studio			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Garrison					Garrison		NY	10524

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Kenneth		Miller		Columbia University			
<b>Street Address</b>					<b>Street Address</b>			
2109 Broadway Apt. 8-18					3227 Broadway			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
New York					NY		NY	10027

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Todd		Miller		Rhode Island School of Design/Me			
<b>Street Address</b>					<b>Street Address</b>			
67 Sharpe Street					2 College Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
West Greenwich					Providence		RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	1.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Victor		Monjaras		Placer County Democrat			
<b>Street Address</b>					<b>Street Address</b>			
3330 Rattlesnake Road					1191 Washington Blvd			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
newcastle					Roseville		CA	95678

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Paul		Morizzo		Not Employed			
<b>Street Address</b>					<b>Street Address</b>			
12430 England St					12430 England			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Overland Park					Overland Park		KS	66213

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Monique		Morrissey		Economic Policy Institute			
<b>Street Address</b>					<b>Street Address</b>			
1650 Harvard St NW #701					1333 H St NW Suite 300			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Washington					Washington		DC	20005

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Patrice		Moskow		Retired			
<b>Street Address</b>					<b>Street Address</b>			
92 Williams St					92 Williams St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Providence		RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Ariel		Neumann		DataSpark			
<b>Street Address</b>					<b>Street Address</b>			
21 West Street					15 Lippitt Road			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Providence		RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Michael		Norbeck		Sunrun			
<b>Street Address</b>					<b>Street Address</b>			
765 Rand Avenue #307					595 Market St, Fl 29			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Oakland					San Francisco		CA	94105

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/06/2018	09/10/2018	5.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Ashley		Nutini		Upserve			
<b>Street Address</b>					<b>Street Address</b>			
58 NORMANDY DR					10 Dorrance St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Cranston					Providence		RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Cash	Individual	09/09/2018	09/10/2018	4.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Adewale		Olanibi		Info requested			
<b>Street Address</b>					<b>Street Address</b>			
249 Eastwood Avenue								
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence								

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/06/2018	09/10/2018	500.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Jason		Olkowski		SAP			
<b>Street Address</b>					<b>Street Address</b>			
222 East Ave					3999 West Chester Pike			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Harrisville					Newtown Square		PA	19073

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Sandra		Paquette		RIAC		
<b>Street Address</b>					<b>Street Address</b>		
1125 Point Judith Road Unit A9					1125 Point Judith Road Unit A9		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Narragansett			RI	02882	Narragansett	RI	02882

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	39.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Andrea		Penardo		Retired		
<b>Street Address</b>					<b>Street Address</b>		
38 Blackrock Road					38 Blackrock Road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Coventry			RI	02816	Coventry	RI	02816

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Andrea		Penardo		Retired		
<b>Street Address</b>					<b>Street Address</b>		
38 Blackrock Road					38 Blackrock Road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Coventry			RI	02816	Coventry	RI	02816

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2018	09/13/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Constance		Petrarca		retired		
<b>Street Address</b>					<b>Street Address</b>		
194 Kimberly Lane					194 Kimberly Lane		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
West Warwick			RI	02893	West Warwick	RI	02893

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	30.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Sanford		Pliskin		Children's Friend		
<b>Street Address</b>					<b>Street Address</b>		
102 Foster Center Road					153 Summer St.		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Foster			RI	02825	Providence	RI	02903



Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	3.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Ivan		Potapenko		Appen		
<b>Street Address</b>					<b>Street Address</b>		
4550 Laurel Canyon Blvd #211					999 5th Ave. Suite 570		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Studio City			CA	91607	San Rafael	CA	94901

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/06/2018	09/10/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Richard		Ramsey		Lifespan		
<b>Street Address</b>					<b>Street Address</b>		
458 Wayland Avenue					167 Point Street, Ste. 170		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02903	Providence	RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Robert		Raphael		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
134 Camden Court					134 Camden Court		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Wakefield			RI	02879	Wakefield	RI	02879

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Forrest		Read		Jackson Lewis P.C.		
<b>Street Address</b>					<b>Street Address</b>		
3505 Wordsworth Place					3737 Glenwood Ave Suite 450		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Raleigh			NC	27609	Raleigh	NC	27609

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2018	09/13/2018	500.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Arthur		Read	II	Arthur Read, Attorney		
<b>Street Address</b>					<b>Street Address</b>		
5 Kenmore Court					100 Jefferson Blvd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Barrington			RI	02806	Warwick	RI	02888

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	JP		Redman		University Enterprises Inc.			
<b>Street Address</b>					<b>Street Address</b>			
PO Box 13804					6000 J Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Sacramento					Sacramento		CA	95819

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Craig		Rhodes		Craig Rhodes Architect			
<b>Street Address</b>					<b>Street Address</b>			
15 Howard St					15 Howard St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Sag Harbor					Sag Harbor		NY	11963

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	650.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Ellen		Rhodes		Altour Travel			
<b>Street Address</b>					<b>Street Address</b>			
15 Howard Street					1270 Ave. of the Americas 4th Floor			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Sag Harbor					New York		NY	10020

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	30.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Timothy		Riker		Brown University			
<b>Street Address</b>					<b>Street Address</b>			
119 Oak Hill Avenue					195 Angell Street, Box 1982			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Pawtucket					Providence		RI	02860

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	39.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	John		Rindfuss		Consultant			
<b>Street Address</b>					<b>Street Address</b>			
1010 Chevy Chase Drive					1010 Chevy Chase Dr			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
San Antonio					San Antonio		TX	78209

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/25/2018	09/27/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Armin		Rosencranz		Jindal Global University		
<b>Street Address</b>					<b>Street Address</b>		
28 Kehoe Way					Sonipat Narela Road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Inverness			CA	94937	Sonipat, India		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Andrew		Rothardt		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
7705 O'Hare Court					7705 O'Hare Court		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Dallas			TX	75025	Dallas TX 75025		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Gideon		Rubin		The Colburn School		
<b>Street Address</b>					<b>Street Address</b>		
5928 Matilija Avenue					200 S Grand Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Los Angeles			CA	91401	Los Angeles CA 90012		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Lowell		Rubin		Not employed		
<b>Street Address</b>					<b>Street Address</b>		
355 Blackstone Boulevard					355 Blackstone Boulevard		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906	Providence RI 02906		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Jeff		Rudisill		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
220 Mar Vista Dr SPC 87					220 Mar Vista Dr SPC 87		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Aptos			CA	95003	Aptos CA 95003		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Anita		Russo		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
42 Roys Road					42 Roys Road		
<b>City</b>					<b>City</b>		<b>State</b> <b>Zip</b>
Wakefield					Wakefield		RI 02879

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Daniel		Ruth		Brown University		
<b>Street Address</b>					<b>Street Address</b>		
131 Hobson Ave					350 Eddy Street		
<b>City</b>					<b>City</b>		<b>State</b> <b>Zip</b>
East Providence					Providence		RI 02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	39.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Pardees		Safizadeh		Evergage		
<b>Street Address</b>					<b>Street Address</b>		
35 Woodward Street Apt 4					212 Elm St Floor 3		
<b>City</b>					<b>City</b>		<b>State</b> <b>Zip</b>
Boston					Somerville		MA 02144

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Christopher		Sanacore		Matt Brown for Governor		
<b>Street Address</b>					<b>Street Address</b>		
11 Penny Lane					PO Box 40386		
<b>City</b>					<b>City</b>		<b>State</b> <b>Zip</b>
South Kingstown					Providence		RI 02940

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Enrique		Sanchez		Lyft		
<b>Street Address</b>					<b>Street Address</b>		
1533 Plainfield Pike					1533 Plainfield Pike		
<b>City</b>					<b>City</b>		<b>State</b> <b>Zip</b>
Johnston					Johnston		RI 02919

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Giuseppe		Santoro		Nova Consulting			
<b>Street Address</b>					<b>Street Address</b>			
16066 Rosecroft Terrace					10486 NW 31st Terrace			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Delray Beach					Doral		FL	33172

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Marie		Schwartz		Writer			
<b>Street Address</b>					<b>Street Address</b>			
272 Sweet Allen Farm Road, A2					272 Sweet Allen Farm Road, A2			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Wakefield					Wakefield		RI	02879

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Janet		Scott		Not Employed			
<b>Street Address</b>					<b>Street Address</b>			
5251 ellenwood place					5251 ellenwood place			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Los Angeles					Los Angeles		CA	90041

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/12/2018	09/14/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Karen		Scott		Music/Nonprofit Consultant			
<b>Street Address</b>					<b>Street Address</b>			
4116 New Highway 96W					4116 New Highway 96W			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Franklin					Franklin		TN	37064

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/08/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Joyce		Shallcross		Not Employed			
<b>Street Address</b>					<b>Street Address</b>			
52 Oak Hill Dr					52 Oak Hill Dr			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Cranston					Cranston		RI	02920

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Nikhil		Shimpi		National Labor Relations Board (U.S. Government)		
Street Address					Street Address		
476 Clinton Ave Apt. 1AA					26 Federal Plaza Suite 3614		
City		State	Zip	City		State	Zip
Brooklyn		NY	11238	New York		NY	10278

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/09/2018	09/12/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
MRS.	JOAN		SLAFSKY		SLAFSKY COMMUNICATIONS		
Street Address					Street Address		
276 BLACKSTONE BLVD					276 BLACKSTONE BLVD.		
City		State	Zip	City		State	Zip
PROVIDENCE		RI		PROVIDENCE		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Susan		Smulyan		Brown University		
Street Address					Street Address		
14 Imperial Place #403					357 Benefit Street		
City		State	Zip	City		State	Zip
Providence		RI	02903	Providence		RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Rachel		Solotaroff		Central City Concern		
Street Address					Street Address		
2104 SE 32nd Avenue					523 NW Everett St		
City		State	Zip	City		State	Zip
Portland		OR	97214	Portland		OR	97209

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	5.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Christopher		Spears		Granite Telecommunications		
Street Address					Street Address		
16 Dorr St					100 Newport Avenue		
City		State	Zip	City		State	Zip
Randolph		MA	02368	Quincy		MA	02171

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Jennifer		Sprague		not employed			
<b>Street Address</b>					<b>Street Address</b>			
1281 Westbrook Dr NW					1281 Westbrook Dr NW			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>		<b>State</b>	<b>Zip</b>
Salem			OR	97304	Salem		OR	97304

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2018	09/07/2018	250.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Justine		Stamen Arrillaga		Not Employed			
<b>Street Address</b>					<b>Street Address</b>			
62-3472 Lanikeha Way					62-3472 Lanikeha Way			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>		<b>State</b>	<b>Zip</b>
Waimea			HI	96743	Waimea		HI	96743

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	250.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Greg		Steinbruner		Actor / Coach			
<b>Street Address</b>					<b>Street Address</b>			
330 Wythe Avenue 3G					330 Wythe Avenue 3G			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>		<b>State</b>	<b>Zip</b>
New York			NY	11249	Brooklyn		NY	11249

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/09/2018	09/12/2018	200.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Ineko		Stephen		Retired			
<b>Street Address</b>					<b>Street Address</b>			
303 Valley Road Apt 329					303 Valley Road Apt 329			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>		<b>State</b>	<b>Zip</b>
Middletown			RI	02842	Middletown		RI	02842

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	David		Stern		David J. Stern, Psy.D.			
<b>Street Address</b>					<b>Street Address</b>			
243 Warrington Street					341 Broadway			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>		<b>State</b>	<b>Zip</b>
Providence			RI	02907	Providence		RI	02909

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Bruce		Stowers		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
550 Broad St					550 Broad St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02907	Providence	RI	02907

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	700.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Margaret		Streeter Lauck		Retired		
<b>Street Address</b>					<b>Street Address</b>		
8 Regent Court					8 Regent Court		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Sugar Land			TX	77478	Sugar Land	TX	77478

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	30.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Kathy		Suits		CCRI		
<b>Street Address</b>					<b>Street Address</b>		
143 Cedarwood Ln					400 East Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Hope Valley			RI	02832	Warwick	RI	02886

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/12/2018	09/14/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Aaron		Talley		Griffith Motor Company		
<b>Street Address</b>					<b>Street Address</b>		
127 Fishbone RD					1300 W Harmony St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Granby			MO	64844	Neosho	MO	64850

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2018	09/07/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
Mr.	Peter		Thompson		ROGER WILLIAMS UNIVERSITY		
<b>Street Address</b>					<b>Street Address</b>		
48 Sayles Street					ONE OLD FERRY ROAD		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Pawtucket			RI	02860	BRISTOL	RI	02809



Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Patrick		Tierney		Pascoag Public Library		
<b>Street Address</b>					<b>Street Address</b>		
1811 Warwick Ave. Apt. 14 South					1811 Warwick Ave. Apt. 14 South		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Warwick			RI	02889	Warwick	RI	02889

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	George		Townsend		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
PSC 37 Box 2593					PSC 37 Box 2593		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
APO			AE	09459	APO	AE	09459

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2018	09/07/2018	5.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Frank		Treboschi		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
108 Clovershire Dr					108 Clovershire Dr		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Nazareth			PA	18064	Nazareth	PA	18064

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	5.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Morgan		Wahl		Addgene Inc		
<b>Street Address</b>					<b>Street Address</b>		
306 Washington St. #1					75 Sidney St. Suite B502		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Somerville			MA	02143	Cambridge	MA	02139

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	750.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Miriam		Weizenbaum		DeLuca & Weizenbaum, Ltd.		
<b>Street Address</b>					<b>Street Address</b>		
65 Weymouth St.					199 N. Main St.		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906	Providence	RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2018	09/07/2018	10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Steven		Wilcox		Serco Inc		
<b>Street Address</b>					<b>Street Address</b>		
5612 Newington Rd.					12930 Worldgate Drive		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bethesda			MD	20816	Herndon	VA	20170

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/11/2018	20.18

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Steven		Wilcox		Serco Inc		
<b>Street Address</b>					<b>Street Address</b>		
5612 Newington Rd.					12930 Worldgate Drive		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bethesda			MD	20816	Herndon	VA	20170

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	20.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Steven		Wilcox		Serco Inc		
<b>Street Address</b>					<b>Street Address</b>		
5612 Newington Rd.					12930 Worldgate Drive		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bethesda			MD	20816	Herndon	VA	20170

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2018	09/12/2018	20.18

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Steven		Wilcox		Serco Inc		
<b>Street Address</b>					<b>Street Address</b>		
5612 Newington Rd.					12930 Worldgate Drive		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bethesda			MD	20816	Herndon	VA	20170

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/12/2018	09/14/2018	20.18

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Steven		Wilcox		Serco Inc		
<b>Street Address</b>					<b>Street Address</b>		
5612 Newington Rd.					12930 Worldgate Drive		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bethesda			MD	20816	Herndon	VA	20170

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	5.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Crossman		Wilkins		Tech Company			
<b>Street Address</b>					<b>Street Address</b>			
124 Magnolia Ave, Apt 1					28 W 23rd St, 4th Fl			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Jersey City					New York		NY	10010

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	27.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Jack		Willis		self: tv/film			
<b>Street Address</b>					<b>Street Address</b>			
172 West 79th St 14C					172 West 79th St 14C			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
New York					New York		NY	10024

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	15.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Eileen		Winters		Not Employed			
<b>Street Address</b>					<b>Street Address</b>			
386 Green End Avenue #2					386 Green End Avenue #2			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Middletown					Middletown		RI	02842

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2018	09/12/2018	7.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Shane		Woolley		Tufts University			
<b>Street Address</b>					<b>Street Address</b>			
413 Cedar Avenue					419 Boston Ave			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
East Greenwich					Medford		MA	02155

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/22/2018	09/26/2018	39.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Heather		Wright		PWC			
<b>Street Address</b>					<b>Street Address</b>			
143 Fifth St					101 Seaport Blvd,			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Boston		MA	02210

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2018	09/12/2018	25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	Street Address	City	State	Zip
	Mieko		Yasuhara		not employed	199 6th street	Providence	RI	02906
<b>Street Address</b>					<b>Street Address</b>				
199 6th Street					199 6th street				
<b>City</b>					<b>City</b>				
Providence					Providence				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/06/2018	09/10/2018	250.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	Street Address	City	State	Zip
	Patricia		Ybarra		Brown University	75 Waterman Street	Providence	RI	02912
<b>Street Address</b>					<b>Street Address</b>				
17 Irving Avenue					75 Waterman Street				
<b>City</b>					<b>City</b>				
Providence					Providence				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/06/2018	09/11/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	Street Address	City	State	Zip
	Patricia		Ybarra		Brown University	75 Waterman Street	Providence	RI	02912
<b>Street Address</b>					<b>Street Address</b>				
17 Irving Avenue					75 Waterman Street				
<b>City</b>					<b>City</b>				
Providence					Providence				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2018	09/11/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	Street Address	City	State	Zip
	Patricia		Ybarra		Brown University	75 Waterman Street	Providence	RI	02912
<b>Street Address</b>					<b>Street Address</b>				
17 Irving Avenue					75 Waterman Street				
<b>City</b>					<b>City</b>				
Providence					Providence				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/09/2018	09/12/2018	500.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	Street Address	City	State	Zip
	Ilias		Zarokostas		3z Realty	23 Washington Street	West Warwick	RI	02893
<b>Street Address</b>					<b>Street Address</b>				
60 Leuba Road					23 Washington Street				
<b>City</b>					<b>City</b>				
Coventry					West Warwick				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2018	09/13/2018	12.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Peter		Zeftel		Not Employed		
Street Address					Street Address		
3840 Elliot Avenue					3840 Elliot Avenue		
City			State	Zip	City	State	Zip
Minneapolis			MN	55407	Minneapolis	MN	55407

CF-3

Rev. 3/01

**SCHEDULE OF EXPENDITURES**

Key #	Full Name of Candidate or Committee	Reporting Period	
2,858	MATT BROWN	From: 09/05/2018	To: 10/09/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/15/2018		Account Payable	Consultant & Professional Services	\$3,000.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Juliet		Barbara		
Street Address			City	State	Zip
1046 Cole St			San Francisco	CA	94117

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/27/2018		Account Payable	Consultant & Professional Services	\$166.67

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Kevin		Currier		
Street Address			City	State	Zip
16 Wingate Road			Wakefield	RI	02879

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/28/2018		Account Payable	Consultant & Professional Services	\$3,000.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Holly		Davis		
Street Address			City	State	Zip
65 Weybosset Street, Apt 301			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/28/2018		Account Payable	Travel & Lodging	\$159.18

**Purpose of Expenditure**  
reimbursement for lodging expense

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Holly		Davis		
Street Address			City	State	Zip
65 Weybosset Street, Apt 301			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/10/2018		Account Payable	Advertising	\$1,965.63

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Express Printing		
Street Address			City	State	Zip
102 County Street			Fall River	MA	02723

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/10/2018		Account Payable	Advertising	\$650.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Fete Music Hall		
Street Address			City	State	Zip
103 Dike Street			Providence	RI	02909

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/11/2018		Account Payable	Advertising	\$300.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Full Power Radio		
Street Address			City	State	Zip
P.O. Box 357			Ledyard	CT	06339

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/10/2018		Account Payable	Consultant & Professional Services	\$1,500.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Andrea		Gomez		
Street Address			City	State	Zip
26 Vernon Street			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/22/2018		Account Payable	Consultant & Professional Services	\$1,500.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Andrea		Gomez		
Street Address			City	State	Zip
26 Vernon Street			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/15/2018		Account Payable	Consultant & Professional Services	\$3,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Meredith		Horowski		
Street Address			City	State	Zip
2630 Adams Mill Rd NW Unit 308			Washington	DC	20009

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/10/2018		Account Payable	Advertising	\$300.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Mega 94.9		
Street Address			City	State	Zip
400 Reservoir Ave Suite 3L			Providence	RI	02907

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/22/2018		Account Payable	Consultant & Professional Services	\$1,000.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Martina		Muller		
Street Address			City	State	Zip
5 Carriage Lane			Kingston	RI	02881

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/30/2018		Account Payable	Fundraising Expenses	\$266.43

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			NGP SOFTWARE		
Street Address			City	State	Zip
5505 CONNECTICUT AVENUE, NW PMB 277			WASHINGTON	DC	20015

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/13/2018		Account Payable	Advertising	\$5,000.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Open Progress LLC		
Street Address			City	State	Zip
300 W. 23rd Street, #10N			New York	NY	10011

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/06/2018		Account Payable	Fundraising Expenses	\$250.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Providence Parks Department		
Street Address			City	State	Zip
820 Elmwood Ave			Providence	RI	02907

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/26/2018		Account Payable	Advertising	\$323.03

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			TOSKR		
Street Address			City	State	Zip
1330 Broadway - 3rd FL			Oakland	CA	94612

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/17/2018		Account Payable	Advertising	\$110.64

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			TOSKR		
Street Address			City	State	Zip
1330 Broadway - 3rd FL			Oakland	CA	94612



Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/09/2018		Account Payable	Advertising	\$447.60

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			TOSKR		
Street Address			City	State	Zip
1330 Broadway - 3rd FL			Oakland	CA	94612

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/30/2018		Account Payable	Consultant & Professional Services	\$31,257.54

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Trister, Ross, Schadler & Gold, PLLC		
Street Address			City	State	Zip
1666 Connecticut Avenue Northwest Fifth Floor			Washington	DC	20009

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/30/2018		Account Payable	Bank Fees	\$855.52

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Vantiv		
Street Address			City	State	Zip
PO Box 441146			Somerville	MA	02144-0031

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/11/2018		Account Payable	Advertising	\$400.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			VideoMundo Broadcasting		
Street Address			City	State	Zip
1270 Mineral Spring Avenue			North Providence	RI	02904

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Paychex-502	09/28/2018	09/28/2018	AP Repayment	Refunds/Reimbursements	\$6,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Martine		Apodaca		
Street Address			City	State	Zip
1330 Otis Place NW			Washington	DC	20010

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Paychex-503	09/28/2018	09/28/2018	AP Repayment	Refunds/Reimbursements	\$3,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Juliet		Barbara		
Street Address			City	State	Zip
1046 Cole St			San Francisco	CA	94117

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1051	09/10/2018	09/10/2018	AP Repayment	Refunds/Reimbursements	\$35.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Cranston Public Library		
Street Address			City	State	Zip
140 Sockanosset Cross Road			Cranston	RI	02920

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1079	10/03/2018	10/03/2018	AP Repayment	Refunds/Reimbursements	\$333.33

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Kevin		Currier		
Street Address			City	State	Zip
16 Wingate Road			Wakefield	RI	02879

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/05/2018	09/05/2018	AP Repayment	Refunds/Reimbursements	\$6,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Holly		Davis		
Street Address			City	State	Zip
65 Weybosset Street, Apt 301			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Paychex-503	09/28/2018	09/28/2018	AP Repayment	Refunds/Reimbursements	\$6,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Holly		Davis		
Street Address			City	State	Zip
65 Weybosset Street, Apt 301			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Paychex-503	09/28/2018	09/28/2018	AP Repayment	Refunds/Reimbursements	\$3,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Holly		Davis		
Street Address			City	State	Zip
65 Weybosset Street, Apt 301			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/05/2018	09/05/2018	AP Repayment	Refunds/Reimbursements	\$7.49

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Dunkin' Donuts		
Street Address			City	State	Zip
14 Pleasant Valley Parkway			Providence	RI	02908

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1058	09/06/2018	09/06/2018	AP Repayment	Refunds/Reimbursements	\$3,129.07

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Express Printing		
Street Address			City	State	Zip
102 County Street			Fall River	MA	02723

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1060	10/01/2018	10/01/2018	AP Repayment	Refunds/Reimbursements	\$770.31

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Express Printing		
Street Address			City	State	Zip
102 County Street			Fall River	MA	02723

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	10/01/2018	10/01/2018	AP Repayment	Refunds/Reimbursements	\$1,965.63

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Express Printing		
Street Address			City	State	Zip
102 County Street			Fall River	MA	02723

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1073	09/14/2018	09/14/2018	AP Repayment	Refunds/Reimbursements	\$650.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Fete Music Hall		
Street Address			City	State	Zip
103 Dike Street			Providence	RI	02909

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1072	09/17/2018	09/17/2018	AP Repayment	Refunds/Reimbursements	\$300.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Full Power Radio		
Street Address			City	State	Zip
P.O. Box 357			Ledyard	CT	06339

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	10/01/2018	10/01/2018	AP Repayment	Refunds/Reimbursements	\$1,500.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Andrea		Gomez		
Street Address			City	State	Zip
26 Vernon Street			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1067	09/12/2018	09/12/2018	AP Repayment	Refunds/Reimbursements	\$1,500.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Andrea		Gomez	
Street Address	City	State	Zip	
26 Vernon Street	Providence	RI	02903	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/05/2018	09/05/2018	AP Repayment	Refunds/Reimbursements	\$6,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Meredith		Horowski	
Street Address	City	State	Zip	
2630 Adams Mill Rd NW Unit 308	Washington	DC	20009	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Paychex-503	09/28/2018	09/28/2018	AP Repayment	Refunds/Reimbursements	\$6,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Meredith		Horowski	
Street Address	City	State	Zip	
2630 Adams Mill Rd NW Unit 308	Washington	DC	20009	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Paychex-503	09/28/2018	09/28/2018	AP Repayment	Refunds/Reimbursements	\$3,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Meredith		Horowski	
Street Address	City	State	Zip	
2630 Adams Mill Rd NW Unit 308	Washington	DC	20009	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1046	10/05/2018	10/05/2018	AP Repayment	Refunds/Reimbursements	\$91.06

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Meredith		Horowski	
Street Address	City	State	Zip	
2630 Adams Mill Rd NW Unit 308	Washington	DC	20009	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1078	10/09/2018	10/09/2018	AP Repayment	Refunds/Reimbursements	\$50.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Meredith		Horowski	
Street Address	City	State	Zip	
2630 Adams Mill Rd NW Unit 308	Washington	DC	20009	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1078	10/09/2018	10/09/2018	AP Repayment	Refunds/Reimbursements	\$83.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Meredith		Horowski	
Street Address	City	State	Zip	
2630 Adams Mill Rd NW Unit 308	Washington	DC	20009	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Paychex-503	09/28/2018	09/28/2018	AP Repayment	Refunds/Reimbursements	\$6,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Juliet Barabara Consulting LLC	
Street Address	City	State	Zip	
	San Francisco	CA		

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
Paychex-503	09/28/2018	09/28/2018	AP Repayment	Refunds/Reimbursements	\$6,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Ron		Knox	
Street Address	City	State	Zip	
4132 Mercier Street	Kansas City	MO	64111	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1066	09/11/2018	09/11/2018	AP Repayment	Refunds/Reimbursements	\$300.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Mega 94.9	
Street Address	City	State	Zip	
400 Reservoir Ave Suite 3L	Providence	RI	02907	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1080	10/02/2018	10/02/2018	AP Repayment	Refunds/Reimbursements	\$1,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Martina		Muller	
Street Address	City	State	Zip	
5 Carriage Lane	Kingston	RI	02881	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1042	09/12/2018	09/12/2018	AP Repayment	Refunds/Reimbursements	\$27,500.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Open Progress LLC	
Street Address	City	State	Zip	
300 W. 23rd Street, #10N	New York	NY	10011	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/06/2018	09/06/2018	AP Repayment	Refunds/Reimbursements	\$86.67

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Paychex of New York LLC		
Street Address			City	State	Zip
501 Wampanoag Trail			Riverside	RI	02915

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1064	09/24/2018	09/24/2018	AP Repayment	Refunds/Reimbursements	\$250.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Providence Parks Department		
Street Address			City	State	Zip
820 Elmwood Ave			Providence	RI	02907

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1075	10/02/2018	10/02/2018	AP Repayment	Refunds/Reimbursements	\$120.56

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			TOSKR		
Street Address			City	State	Zip
1330 Broadway - 3rd FL			Oakland	CA	94612

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1075	10/02/2018	10/02/2018	AP Repayment	Refunds/Reimbursements	\$230.71

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			TOSKR		
Street Address			City	State	Zip
1330 Broadway - 3rd FL			Oakland	CA	94612

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1075	10/02/2018	10/02/2018	AP Repayment	Refunds/Reimbursements	\$110.64

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			TOSKR		
Street Address			City	State	Zip
1330 Broadway - 3rd FL			Oakland	CA	94612

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1077	10/02/2018	10/02/2018	AP Repayment	Refunds/Reimbursements	\$2,256.25

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Trister, Ross, Schadler & Gold, PLLC		
Street Address			City	State	Zip
1666 Connecticut Avenue Northwest Fifth Floor			Washington	DC	20009

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1059	09/10/2018	09/10/2018	AP Repayment	Refunds/Reimbursements	\$60.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			United States Postal Service	
Street Address			City	State Zip
181 Corliss Street			Providence	RI 02904

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1070	09/13/2018	09/13/2018	AP Repayment	Refunds/Reimbursements	\$400.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			VideoMundo Broadcasting	
Street Address			City	State Zip
1270 Mineral Spring Avenue			North Providence	RI 02904

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/06/2018		Campaign Expenditure	Bank Fees	\$702.34

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			ActBlue	
Street Address			City	State Zip
PO Box 441146			Somerville	MA 02144-0031

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	10/05/2018		Campaign Expenditure	Bank Fees	\$486.83

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			ActBlue	
Street Address			City	State Zip
PO Box 441146			Somerville	MA 02144-0031

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1065	09/11/2018		Campaign Expenditure	Fundraising Expenses	\$133.75

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			ATR Treehouse Productions	
Street Address			City	State Zip
812 Charles St			Providence	RI 02904

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/20/2018		Campaign Expenditure	Fundraising Expenses	\$19.90

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			DreamHost	
Street Address			City	State Zip
417 Associated Road			Brea	CA 92821

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	10/01/2018		Campaign Expenditure	Office Equipment & Supplies	\$118.66

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Google LLC		
Street Address			City	State	Zip
1600 Amphitheatre Pkwy			Mountain View	CA	94043

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/08/2018		Campaign Expenditure	Fundraising Expenses	\$247.50

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			MailChimp		
Street Address			City	State	Zip
c/o The Rocket Science Group, LLC 675 Ponce de Leon Ave NE Suite 5000			Atlanta	GA	30308

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	10/01/2018		Campaign Expenditure	Employee Services	\$96.57

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Paychex of New York LLC		
Street Address			City	State	Zip
501 Wampanoag Trail			Riverside	RI	02915

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/28/2018		Campaign Expenditure	Employee Services	\$105.00

**Purpose of Expenditure**

Net salary

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Paychex of New York LLC		
Street Address			City	State	Zip
501 Wampanoag Trail			Riverside	RI	02915

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/28/2018		Campaign Expenditure	Employee Services	\$26.95

**Purpose of Expenditure**

EE & ER payroll taxes

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Paychex of New York LLC		
Street Address			City	State	Zip
501 Wampanoag Trail			Riverside	RI	02915

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/17/2018		Campaign Expenditure	Employee Services	\$93.55

**Purpose of Expenditure**

payroll processing fee



**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Paychex of New York LLC	
Street Address			City	State Zip
501 Wampanoag Trail			Riverside	RI 02915

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/14/2018		Campaign Expenditure	Employee Services	\$4,878.90

**Purpose of Expenditure**  
Salaries, net of payroll taxes

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Paychex of New York LLC	
Street Address			City	State Zip
501 Wampanoag Trail			Riverside	RI 02915

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/14/2018		Campaign Expenditure	Employee Services	\$2,118.06

**Purpose of Expenditure**  
EE payroll taxes & ER payroll taxes

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Paychex of New York LLC	
Street Address			City	State Zip
501 Wampanoag Trail			Riverside	RI 02915

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	10/02/2018		Campaign Expenditure	Office Equipment & Supplies	\$37.45

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			QuickBooks Online	
Street Address			City	State Zip
2700 Coast Ave			Mountain View	CA 94043

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/12/2018		Campaign Expenditure	Office Equipment & Supplies	\$25.97

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Staples	
Street Address			City	State Zip
551 North Main Street			Providence	RI 02904

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/12/2018		Campaign Expenditure	Food, Beverages and Meals	\$72.14

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			STOP & SHOP	
Street Address			City	State Zip
BRANCH AVE.			PROVIDENCE	RI 02904

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/11/2018		Campaign Expenditure	Bank Fees	\$1,088.45

**Purpose of Expenditure**

VAN fees

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Vantiv	
Street Address	City	State	Zip	
PO Box 441146	Somerville	MA	02144-0031	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/12/2018		Campaign Expenditure	Advertising	\$663.82

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Voice Broadcasting Corp	
Street Address	City	State	Zip	
1527 South Cooper St	Arlington	TX	76010	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/08/2018		Campaign Expenditure	Advertising	\$71.44

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Voice Broadcasting Corp	
Street Address	City	State	Zip	
1527 South Cooper St	Arlington	TX	76010	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/14/2018		Campaign Expenditure	Advertising	\$489.22

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Voice Broadcasting Corp	
Street Address	City	State	Zip	
1527 South Cooper St	Arlington	TX	76010	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/22/2018		Campaign Expenditure	Advertising	\$631.90

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Voice Broadcasting Corp	
Street Address	City	State	Zip	
1527 South Cooper St	Arlington	TX	76010	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/12/2018	09/12/2018	Refund of Contribution	Other	\$1,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Julia		Angell	
Street Address	City	State	Zip	
5308 Zara Avenue	Richmond	CA	94805	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/12/2018	09/12/2018	Refund of Contribution	Other	\$1,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Theo		Angell	
Street Address	City	State	Zip	
6047 4th Ave NW	Seattle	WA	98107	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/12/2018	09/12/2018	Refund of Contribution	Other	\$40.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	David		Brunetti	
Street Address	City	State	Zip	
935 Sherman Farm Road	Burrillville	RI	02830	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/12/2018	09/12/2018	Refund of Contribution	Other	\$39.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	David		Brunetti	
Street Address	City	State	Zip	
935 Sherman Farm Road	Harrisville	RI	02830	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/12/2018	09/12/2018	Refund of Contribution	Other	\$1,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Lisa		Carnevale	
Street Address	City	State	Zip	
16066 ROSECROFT TER	DELRAY BEACH	FL	33446	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/12/2018	09/12/2018	Refund of Contribution	Other	\$1,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Lisa		Carnevale	
Street Address	City	State	Zip	
16066 ROSECROFT TER	DELRAY BEACH	FL	33446	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/12/2018	09/12/2018	Refund of Contribution	Other	\$1,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Lisa		Carnevale	
Street Address	City	State	Zip	
16066 ROSECROFT TER	DELRAY BEACH	FL	33446	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/12/2018	09/12/2018	Refund of Contribution	Other	\$50.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Mary O'Connel		Mckenna	
Street Address	City	State	Zip	
367 North Road	Hope	RI	02831	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
ACH	09/12/2018	09/12/2018	Refund of Contribution	Other	\$500.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Friedrike		Merk	
Street Address	City	State	Zip	
61 Evarts Hill Road	Garrison	NY	10524	