

**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#
GINA M. RAIMONDO	6965

Street Address	City/Town, State and Zip Code
PO BOX 40794	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) 435-3611	(401) 435-3611		gina@ginaraimondo.com

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

Reporting Period (Dates):	Period Beginning: 10/30/2018	Period Ending: 12/03/2018
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**SUMMARY OF ACTIVITY FOR PERIOD**

1. Beginning Cash Balance	\$ 456,660.17
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	1,208.18
a. (Individuals)	1,208.18
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	36,752.00
3. Political Parties	0
4. Political Action Committees	2,250.00
5. Loan Proceeds	0
6. Payroll Check off	0
7. Interest Received	22.11
8. State Check Off	0
9. Refund/Rebate	0
10. Party Building	0
11. Matching Public Funds	0
12. Other	1,000.00
13. Returned Contributions	0
14. Returned Checks	(250.00)
b. Other:	0
	0
	0
	0
3. Total Cash	497,642.46
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	172,701.65
c. Repayment of Loans	0
d. Account Payable Repayments	3,250.19
e. Other	0

4. Cash Disbursements, continued	
f. Other Disbursements	0
	0
	0
5. Ending Cash Balance	\$ 321,690.62

**CAMPAIGN FUND STATUS**

6. Report of In-Kind Contributions	952.97
7. Cash	\$ 321,690.62
8. Other Assets	0
	0
	0
9. Total Assets	\$ 321,690.62

**LIABILITIES AND FUND BALANCE**

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	0
c. Other Liabilites	0
	0
	0
11. Total Liabilities	0
12. Total Fund Balance	\$ 321,690.62
13. Total Liability / Fund Balance	321,690.62

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> 6,965	<b>Full Name of Candidate or Committee</b> GINA M. RAIMONDO	<b>Reporting Period</b> <b>From: 10/30/2018 To: 12/03/2018</b>
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<b>Item</b>	<b>Transaction Type</b> Other	<b>Contribution Type</b> Aggregate - Individual	<b>Receipt Date</b> 11/06/2018	<b>Deposit Date</b> 11/06/2018	<b>Contribution Amount</b> 150.00
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**In Kind/Other Receipts Description**

EL

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

<b>Item</b>	<b>Transaction Type</b> Other	<b>Contribution Type</b> Aggregate - Individual	<b>Receipt Date</b> 11/30/2018	<b>Deposit Date</b> 11/30/2018	<b>Contribution Amount</b> 1,058.18
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**In Kind/Other Receipts Description**

AB

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

<b>Item</b>	<b>Transaction Type</b> In-Kind	<b>Contribution Type</b> In-Kind - Party	<b>Receipt Date</b> 10/31/2018	<b>Deposit Date</b>	<b>Contribution Amount</b> 952.97
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**In Kind/Other Receipts Description**

employee payroll taxes

Contributor Information					Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
			RI DEMOCRATIC STATE COMMITTEE			
<b>Street Address</b>					<b>Street Address</b>	
PO BOX 6004						
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	
PROVIDENCE			RI	02940	<b>State Zip</b>	

<b>Item</b>	<b>Transaction Type</b> Credit/Debit Card	<b>Contribution Type</b> Individual	<b>Receipt Date</b> 11/04/2018	<b>Deposit Date</b>	<b>Contribution Amount</b> 250.00
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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	
	Eleanor		Acheson		National Railroad Passenger Corp.	
<b>Street Address</b>					<b>Street Address</b>	
425 8th St NW					675 Broadway	
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	
Washington			DC	20004	Rensselaer	NY 12144

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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			
	William	J.	Akley		Eversource Energy			
<b>Street Address</b>					<b>Street Address</b>			
33 Hanover Fields Rd					410 Sheldon St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Glastonbury					Hartford		CT	06106

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/13/2018		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			
	Louise		Amalfetano		Women & Infants Hospital			
<b>Street Address</b>					<b>Street Address</b>			
140 Cowesett Green Dr					101 Dudley Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Warwick					Providence		RI	02905

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/05/2018		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			
	Alden	M	Anderson	Jr	CB Richard Ellis- N.E Parnters			
<b>Street Address</b>					<b>Street Address</b>			
104 Congdon St					One Financial Plaza			
<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	10/31/2018		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			
	Rex		Appenfeller		Anchor Medical Associates			
<b>Street Address</b>					<b>Street Address</b>			
32 Connors Farm Drive					1 Commerce Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Smithfield					Lincoln		RI	02865

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/27/2018		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			
	Ingrid	G.	Ardaya		Retired			
<b>Street Address</b>					<b>Street Address</b>			
36 Newbury St					36 Newbury St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Providence		RI	02904-1119

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Julie		Ausere		Eversource Energy		
<b>Street Address</b>					<b>Street Address</b>		
21 Pheasant Hill Road					56 Prospect St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Canton			CT	06019	Hartford	CT	06103

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Jonathan		Bacon		HB Welding		
<b>Street Address</b>					<b>Street Address</b>		
406 Lakeshore Dr					60 Dyerville Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Warwick			RI	02889	Johnston	RI	02919-4408

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018		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		
	Leonard		Bell		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
59 Tumblebrook Rd					59 Tumblebrook Rd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Woodbridge			CT	06525	Woodbridge	CT	06525

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/30/2018		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		
	Dante		Bellini		RDW Group		
<b>Street Address</b>					<b>Street Address</b>		
24 Forest View Dr					125 Holden Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
North Providence			RI	02904	Providence	RI	02905

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/07/2018		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		
	Rodger		Booth		King-Fisher Company, Inc.		
<b>Street Address</b>					<b>Street Address</b>		
25 Bates Trail					81 Old Ferry Road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
West Greenwich			RI	02817	Lowell	MA	01854

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018		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		
	Stephen		Brainard		Retired		
<b>Street Address</b>					<b>Street Address</b>		
3 Ashley Dr					3 Ashley Dr		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Lincoln			RI	02865	Lincoln	RI	02865

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/01/2018		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		
	James		Burge		Student		
<b>Street Address</b>					<b>Street Address</b>		
2638 Parkside Dr NE					2638 Parkside Dr NE		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Atlanta			GA	30305	Atlanta	GA	30305

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	William	A.	Burns		Southcoast Health System		
<b>Street Address</b>					<b>Street Address</b>		
9 Grove St					101 Page Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
New Bedford			MA	02740	New Bedford	MA	02740

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/05/2018		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		
	Jay		Buth		Eversource Energy		
<b>Street Address</b>					<b>Street Address</b>		
58 Old Kings Rd					107 Selden Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Avon			CT	06001	Berlin	CT	06037

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Louis	A	Cabral		Conroy Development Corp.		
<b>Street Address</b>					<b>Street Address</b>		
304 Church Pond Drive					800 Technology Center Dr. #1		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Tiverton			RI	02878	Stoughton	MA	02072

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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			
	Kristen	J.	Canessa		New Bedford Public Schools			
<b>Street Address</b>					<b>Street Address</b>			
19 Baker Lane					455 County St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Lakeville					New Bedford		MA	02740

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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			
	Courtney	M	Ceurvels		Info. Requested			
<b>Street Address</b>					<b>Street Address</b>			
30 Cushing Hill Road								
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Hanover					MA		02339	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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			
	Timothy		Ceurvels		Eversource Energy			
<b>Street Address</b>					<b>Street Address</b>			
30 Cushing Hill Rd					107 Selden Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Hanover					Berlin		CT	06037

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/30/2018		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			
	Timothy	J	Chapman		Timothy J. Chapman, Esq.			
<b>Street Address</b>					<b>Street Address</b>			
53 Wendell St					670 Willett Ave			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Riverside					East Providence		RI	02915

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	11/06/2018		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			
	Mary		Cherry		Lenox Public Schools			
<b>Street Address</b>					<b>Street Address</b>			
34 Patricia Avenue					6 Walker Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Dalton					Lenox		MA	01240

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018		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		
	Nicholas	A.	Cicchitelli		Northeast Ventures Inc		
<b>Street Address</b>					<b>Street Address</b>		
354 Wickenden St					1778 Atwood Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02903	Johnston	RI	02919-3215

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Renee		Clark		Southcoast Hospital Group		
<b>Street Address</b>					<b>Street Address</b>		
5 Blueberry Lane					101 Page Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Millis			MA	02054	New Bedford	MA	02740

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018		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		
	Thomas		Clough		Solace Nutrition, LLC		
<b>Street Address</b>					<b>Street Address</b>		
258 Shore Rd					10 Alice Ct		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Westerly			RI	02891	Pawcatuck	CT	06379

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Robert	S	Coates	Jr.	Eversource		
<b>Street Address</b>					<b>Street Address</b>		
6 Preserve Way					107 Belden Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Sturbridge			MA	01566	Berlin	CT	06037

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Thomas	R	Coderre		State of RI		
<b>Street Address</b>					<b>Street Address</b>		
5 Norfolk Ave					One Capital Hill		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Pawtucket			RI	02861	Providence	RI	02903



Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/31/2018		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		
	Terence	W	Conroy		Conroy Development		
<b>Street Address</b>					<b>Street Address</b>		
480 York Street					480 York Street		
<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
	Check	Individual	11/02/2018		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		
	Alice		Considine		Diocesan Health		
<b>Street Address</b>					<b>Street Address</b>		
26 Star of the Sea Drive					368 N Main St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Dartmouth			MA	02748	Fall River	MA	02720

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Richard	F	Conway	Jr.	Gaffney, Bennett and Associates		
<b>Street Address</b>					<b>Street Address</b>		
80 Blue Ridge Road					1 Liberty Sq Ste 201		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Kensington			CT	06037	New Britain	CT	06051

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	11/03/2018		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		
	E. Steven		Coren		Kerstein Coren & Lichtenstein, LLP		
<b>Street Address</b>					<b>Street Address</b>		
211 Rosemary St					60 Walnut St #400		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Needham Heights			MA	02494	Wellesley	MA	02481

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/01/2018		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		
	Robert		Cowley		Writer		
<b>Street Address</b>					<b>Street Address</b>		
1 Martin Street					1 Martin Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Newport			RI	02840	Newport	RI	02840

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018		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		
	Mary	W.C.	Daly		Retired		
Street Address					Street Address		
61 Cooke Street					9 Montgomery St		
City		State	Zip	City		State	Zip
Providence		RI	02906	Pawtucket		RI	02860

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018		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		
	Sylvia		Danforth		Retired		
Street Address					Street Address		
9 Montgomery St					9 Montgomery St		
City		State	Zip	City		State	Zip
Pawtucket		RI	02860	Pawtucket		RI	02860

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/05/2018		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		
	Michael		Dannenberg		Education Reform Now		
Street Address					Street Address		
3723 Albemarle St NW					840 First St, NE 3rd Fl		
City		State	Zip	City		State	Zip
Washington		DC	20016-1805	Washington		DC	20002

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Warren		Desmidt		Info Requested		
Street Address					Street Address		
PO Box 523							
City		State	Zip	City		State	Zip
Albion		CA	95410				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/30/2018		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		
	Christine		DiBiase		Orson and Brusini Ltd.		
Street Address					Street Address		
40 Maplecrest Avenue					144 Wayland Avenue		
City		State	Zip	City		State	Zip
North Providence		RI	02911	Providence		RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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			
	William	H.	Dillon		Goulston & Storrs P.C			
<b>Street Address</b>					<b>Street Address</b>			
10 Willis Lane					400 Atlantic Avenue			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Lynnfield					Boston		MA	02110

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/03/2018		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			
	THomas		Doepner		Brown University			
<b>Street Address</b>					<b>Street Address</b>			
425 Seaview Ave								
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Warren					Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018		37.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	John		Domaleski		RI Temps			
<b>Street Address</b>					<b>Street Address</b>			
21 Hezekiah Dr								
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Warren					RI		02885	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/30/2018		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			
	Joseph		Doorley		University of Rhode Island			
<b>Street Address</b>					<b>Street Address</b>			
54 Balsam Rd					Rt 138			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Wakefield					South Kingstown		RI	02879

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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			
	John		Dresser		Southcoast Health System			
<b>Street Address</b>					<b>Street Address</b>			
1 Kelly Ln					101 Page Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Wayland					New Bedford		MA	02740

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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				
	Samuel	G.	Eaton		Info. Requested				
<b>Street Address</b>					<b>Street Address</b>				
1 Straw Hollow Lane									
<b>City</b>					<b>City</b>		<b>State</b>		<b>Zip</b>
Shrewsbury					MA		01545		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/02/2018		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				
	Lee		Eskilsen		Johnson & Wales University				
<b>Street Address</b>					<b>Street Address</b>				
22 Blaisdell Ave					8 Abbott Park Pl				
<b>City</b>					<b>City</b>		<b>State</b>		<b>Zip</b>
Pawtucket					RI		02860		
					Providence		RI		02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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				
	Renee	A.	Evangelista		Howland Evangelista Kohlenberg Burnett LLP				
<b>Street Address</b>					<b>Street Address</b>				
33 Lennon Road					One Financial Plaza, Suite 1600				
<b>City</b>					<b>City</b>		<b>State</b>		<b>Zip</b>
Lincoln					RI		02865		
					Providence		RI		02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/04/2018		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				
	Kirtley		Fisher		RI Dept. of Education				
<b>Street Address</b>					<b>Street Address</b>				
263 Cypress St					255 Westminster St				
<b>City</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	10/30/2018		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				
	Daniel		Fletcher		UC Berkeley				
<b>Street Address</b>					<b>Street Address</b>				
1680 La Loma Ave									
<b>City</b>					<b>City</b>		<b>State</b>		<b>Zip</b>
Berkeley					CA		94709		
					Berkeley		CA		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/07/2018		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		
	David		Florio		Capitol City Group		
<b>Street Address</b>					<b>Street Address</b>		
153 Princeton Ave					260 W Exchange St # 100		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Coventry			RI	02816-4234	Providence	RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Jennifer	B.	Furey		Goulston & Storrs		
<b>Street Address</b>					<b>Street Address</b>		
10 Lawson Rd					400 Atlantic Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Winchester			MA	01890-3024	Boston	MA	02110

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Dennis	J	Fusco		Info. Requested		
<b>Street Address</b>					<b>Street Address</b>		
2 Prince Snow Circle							
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Mattapoisett			MA	02739			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Dennis	J	Fusco		Info. Requested		
<b>Street Address</b>					<b>Street Address</b>		
2 Prince Snow Circle							
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Mattapoisett			MA	02739			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018		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		
	Lavinia		Gadsden		Retired		
<b>Street Address</b>					<b>Street Address</b>		
9 Nevada Rd					9 Nevada 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	10/30/2018		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			
	Robert	B.	Gaw		Physician's Resource Network			
<b>Street Address</b>					<b>Street Address</b>			
199 Lepes Road					218 Shove Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Tiverton					Fall River		MA	02724

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/04/2018		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			
	Martha		Gifford		Law Office of Martha Gifford			
<b>Street Address</b>					<b>Street Address</b>			
187 Hicks St					137 Montague St, #220			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Brooklyn					Brooklyn		NY	11201

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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			
	Donald	G.	Giumetti		Shepard Group, Inc.			
<b>Street Address</b>					<b>Street Address</b>			
PO Box 1440					822 American Legion Highway			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Westport					Westport		MA	02790

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/02/2018		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			
	John		Glasson		Info Requested			
<b>Street Address</b>					<b>Street Address</b>			
57 Third St								
<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	11/01/2018		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			
	Mark		Godridge		Liberum Capital Inc			
<b>Street Address</b>					<b>Street Address</b>			
1220 Park Ave					441 Lexington Ave			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
New York					New York		NY	10017

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018		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		
	Ann		Gooding		RI Democratic Party		
<b>Street Address</b>					<b>Street Address</b>		
265 Narragansett Bay Ave					200 Metro Center Blvd Ste 2		
<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	10/31/2018		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		Retired		
<b>Street Address</b>					<b>Street Address</b>		
17 Camden Ct					17 Camden Ct		
<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	11/01/2018		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		
	Mark		Hamilton		Hamilton Zanze		
<b>Street Address</b>					<b>Street Address</b>		
37 Graham St					37 Graham St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
San Francisco			CA	94129	San Francisco	CA	94129

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/02/2018		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		
	Elizabeth		Hammond		Steward Health Care		
<b>Street Address</b>					<b>Street Address</b>		
19 Chester St					1900 N. Pearl Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
North Smithfield			RI	02896	Dallas	TX	75201

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	W. Stephen	P.	Harrington		TSS Investments, Inc.		
<b>Street Address</b>					<b>Street Address</b>		
111 Presidential Blvd Ste 165					655 Andover St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bala Cynwyd			PA	19004	Lawrence	MA	01843

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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			
	J. William	W	Harsch		J. William W. Harsch, Esq.			
<b>Street Address</b>					<b>Street Address</b>			
2258 Post Road					223 Channel Vw			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Warwick					Warwick		RI	02889

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/05/2018		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			
	Christine	M.	Heenan		Rockefeller Foundation			
<b>Street Address</b>					<b>Street Address</b>			
63 Howland Ave					420 Fifth Avenue			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Jamestown					New York		NY	10018

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/01/2018		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		Hennedy		Retired			
<b>Street Address</b>					<b>Street Address</b>			
56 Marion Street					56 Marion St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
East Greenwich					East Greenwich		RI	02818

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	12/01/2018		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		Hennedy		Retired			
<b>Street Address</b>					<b>Street Address</b>			
56 Marion Street					56 Marion St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
East Greenwich					East Greenwich		RI	02818

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		600.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Jeffrey		Hirsh		Lobster Pot, Inc			
<b>Street Address</b>					<b>Street Address</b>			
43 Baggy Wrinkle Cove					119 Hope St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Warren					Bristol		RI	02809



Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/04/2018		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		
	Robin		Hoffmann		Salva Regina University		
<b>Street Address</b>					<b>Street Address</b>		
29 Everett St					100 Ochre Point Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Newport			RI	02840	Newport	RI	02840

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Keith	A.	Hovan		Southcoast Hospitals Group		
<b>Street Address</b>					<b>Street Address</b>		
316 Mary's Pond Road					101 Page Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Rochester			MA	02770	New Bedford	MA	02740

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/04/2018		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		
	Susan		Kelly		Fenix Real Estate		
<b>Street Address</b>					<b>Street Address</b>		
17 Wingate Road					85 Doulgas Pike		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Lincoln			RI	02865	Smithfield	RI	02917

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/04/2018		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		
	Susan		Kelly		Fenix Real Estate		
<b>Street Address</b>					<b>Street Address</b>		
17 Wingate Road					85 Doulgas Pike		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Lincoln			RI	02865	Smithfield	RI	02917

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Aftab	H	Khan		Eversource		
<b>Street Address</b>					<b>Street Address</b>		
615 Halcyon Meadow Drive					107 Belden Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Cary			NC	27519	Berlin	CT	06037

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Roger		AnthonKranenburg		Info. Requested		
<b>Street Address</b>					<b>Street Address</b>		
4500 17th Street, NW							
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Washington			DC	20011			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/06/2018		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		
	Gerald	E.	Lavallee		CBRE		
<b>Street Address</b>					<b>Street Address</b>		
132 C Edgewood Farm Road					160 Frenchtown Road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Wakefield			RI	02879	North Kingston	RI	02852

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Susan		Lembo		Susan Lembo, Artist		
<b>Street Address</b>					<b>Street Address</b>		
1087 Franklin Street					1087 Franklin Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Melrose			MA	02176	Melrose	MA	02176

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018		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		
	Christopher		Leone		Info Requested		
<b>Street Address</b>					<b>Street Address</b>		
16 Catalpa Road					16 Catalpa Road		
<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	11/01/2018		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		
	Timothy		Levy		Royer Cooper Cohen Braunfeld LLC		
<b>Street Address</b>					<b>Street Address</b>		
110 Glenn Rd					101 West Elm Street Suite 400		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Ardmore			PA	19003	Conshohocken	PA	19428

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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			
	Doris	J	Licht		Hinckley, Allen & Snyder LLP			
<b>Street Address</b>					<b>Street Address</b>			
350 Cole Ave					50 Kennedy Plz			
<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	11/13/2018		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			
	Karen		Mancini		Northern Shores, Inc.			
<b>Street Address</b>					<b>Street Address</b>			
40 Applewood Road					65 Foliage Dr			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Cranston					North Kingstown		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018		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			
	Lucas		Mann		UMass Dartmouth			
<b>Street Address</b>					<b>Street Address</b>			
19 Bianco Ct					285 Old Westport Rd			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					North Dartmouth		MA	02747

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/04/2018		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			
	Frederick	H.	McMillen	DDS	McMillen Orthodontics			
<b>Street Address</b>					<b>Street Address</b>			
146 Summit View Lane					1226 Hartford Avenue			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
N Kingstown					Johnston		RI	02919

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/31/2018		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			
	James		Mohan		United Nations/UNICEF			
<b>Street Address</b>					<b>Street Address</b>			
1 waterhouse St Apt 35								
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Cambridge							MA	02138

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		13.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	William		Moody		Retired			
<b>Street Address</b>					<b>Street Address</b>			
629 Gravlee Ln.					629 Gravlee Ln.			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Birmingham					Birmingham		AL	35206

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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			
	John	M	Moreira		Info. Requested			
<b>Street Address</b>					<b>Street Address</b>			
20 White Alder Way								
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
South Dartmouth							MA	02748

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/02/2018		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			
	Deborah		Morrocco		RI Distributing Company			
<b>Street Address</b>					<b>Street Address</b>			
61 Kimberly Ln					119 Hopkins Hill Rd			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Cranston					West Greenwich		RI	02817

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/30/2018		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			
	Stephen		Morrow		Forest Devices			
<b>Street Address</b>					<b>Street Address</b>			
205 S Pacific Ave					544 Miltenberger Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Pittsburgh					Pittsburgh		PA	15224

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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			
	Margaret	L.	Morton		Eversource			
<b>Street Address</b>					<b>Street Address</b>			
369 Pine St					56 Prospect St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Middletown					Hartford		CT	06103-2818

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/01/2018		125.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Doreeb		Nichols		Eversource		
<b>Street Address</b>					<b>Street Address</b>		
19 Fiddle Neck Ln					247 Station Drive		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Southborough			MA	01772	Westwood	MA	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Danielle		Nyman		Retired		
<b>Street Address</b>					<b>Street Address</b>		
619 Jones Rd					619 Jones Rd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Englewood			NJ	07631	Englewood	NJ	07631

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/30/2018		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		
	Philip		Oliveira		Southcoast Health System, Inc.		
<b>Street Address</b>					<b>Street Address</b>		
94 County Street					874 Purchase St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Lakeville			MA	02347	New Bedford	MA	02740

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	David	L	Olivier		Eversource		
<b>Street Address</b>					<b>Street Address</b>		
90 Tower Road					107 Belden Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Hingham			MA	02043	Berlin	CT	06037

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Tara		Olivier		Info. Requested		
<b>Street Address</b>					<b>Street Address</b>		
90 Tower Road							
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Hingham			MA	02043			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/05/2018		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			
	Nina		Pande		Skills for Rhode Island's Future			
<b>Street Address</b>					<b>Street Address</b>			
182 Adelaide Ave					30 Exchange Terrace			
<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	11/01/2018		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			
	Mia		Patriarca		RI Department of Health			
<b>Street Address</b>					<b>Street Address</b>			
60 Chiswick Rd					3 Capitol Hill,			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Cranston					Providence		RI	02908

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/30/2018		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			
	Sandra		Peterson		Johnson & Johnson			
<b>Street Address</b>					<b>Street Address</b>			
97 Old beach Road					1 Johnson And Johnson Plz			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Newport					New Brunswick		NJ	08933

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/30/2018		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			
	Melissa		Philbrick		ReMain Nantucket			
<b>Street Address</b>					<b>Street Address</b>			
4 Sivler St					58 Main St 2nd Floor,			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Nantucket					Nantucket		MA	02554

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/01/2018		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			
	R. Daniel		Prentiss		Prentiss Law Firm			
<b>Street Address</b>					<b>Street Address</b>			
5 Eastnor Court					1 Turks Head Pl			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Newport					Providence		RI	02903-2212

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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			
	William	J	Quinlan		Eversource			
<b>Street Address</b>					<b>Street Address</b>			
4 Ash Creek Road					107 Belden Street			
<b>City</b>					<b>City</b>		<b>State Zip</b>	
Branford					Berlin		CT 06037	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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			
	Neven		Rabadjija		Info. Requested			
<b>Street Address</b>					<b>Street Address</b>			
93 Waterfall Drive, Apt. G								
<b>City</b>					<b>City</b>		<b>State Zip</b>	
Canton					MA		02021	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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			
	Mark		Reed		Info. Requested			
<b>Street Address</b>					<b>Street Address</b>			
114 Atlantic Avenue								
<b>City</b>					<b>City</b>		<b>State Zip</b>	
Hull					MA		02045	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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			
	Leslye		Ribeiro		info requested			
<b>Street Address</b>					<b>Street Address</b>			
80 Olde Knoll Road					80 Olde Knoll Road			
<b>City</b>					<b>City</b>		<b>State Zip</b>	
Marion					MA		MA	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018		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			
	Jane		Ritson		Hasbro Inc.			
<b>Street Address</b>					<b>Street Address</b>			
343 Rumstick Rd					1027 Newport Ave			
<b>City</b>					<b>City</b>		<b>State Zip</b>	
Barrington					RI		02806	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Jason	M.	Rua		Rua Dumont Audet (RDA) Insurance		
Street Address					Street Address		
16 Pine St.					155 North Main Street		
City		State	Zip	City		State	Zip
Somerset		MA	02726	Fall River		MA	02720

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/01/2018		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		
	Nicholas		Sakellariadis		Palisades Arcadia Baseball		
Street Address					Street Address		
639 W End Ave					9140 Vendome Drive		
City		State	Zip	City		State	Zip
New York		NY	10025	Bethesda		MD	20817

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Kitt		Sawitsky		Info. requested		
Street Address					Street Address		
23 Hobart Road							
City		State	Zip	City		State	Zip
Wellesley		MA	02482				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018		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		
	Emily		Scottgale		Janigian Retina Assoc.		
Street Address					Street Address		
134 Irving Ave					120 Dudley St		
City		State	Zip	City		State	Zip
Providence		RI	02906	Providence		RI	02905

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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		
	Paul	A.	Silver		Hinckley, Allen & Snyder LLP		
Street Address					Street Address		
148 Pratt St					50 Kennedy Plz		
City		State	Zip	City		State	Zip
Providence		RI	02906-1411	Providence		RI	02903



Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018		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			
	Barry		Smail		Retired			
<b>Street Address</b>					<b>Street Address</b>			
200 E Shore Cir.					200 E Shore Cir.			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
East Providence					East Providence		RI	02914

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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			
	Patrick	P	Smith		Eversource			
<b>Street Address</b>					<b>Street Address</b>			
56 Viola Drive					107 Belden Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
East Hampton					Berlin		CT	06107

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018		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			
	Wesley		Smith		Pro Art Management, Inc.			
<b>Street Address</b>					<b>Street Address</b>			
129 Lexington Ave					150 East 77th St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Cambridge					New York		NY	10075-1922

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/06/2018		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			
	Julianna		Smoot		Smoot Tewes Group			
<b>Street Address</b>					<b>Street Address</b>			
1 Park Ave					818 Connecticut Ave, NW, Ste 200			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Detroit					Washington		DC	20006-2742

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/30/2018		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			
	Katie		Spaziano		Waterfront Concerts, LLC			
<b>Street Address</b>					<b>Street Address</b>			
104 Missouri Dr					555 Waterfront Drive			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Warwick					Providence		RI	02914

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018		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		
	Jill		Stockman		Retired		
<b>Street Address</b>					<b>Street Address</b>		
282 Wickford Point Rd					282 Wickford Point Rd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
North Kingstown			RI	02852-4045	North Kingstown	RI	02852-4045

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/07/2018		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		
	Kevin		Volkman		Associated Resource Team		
<b>Street Address</b>					<b>Street Address</b>		
PO Box 45123					P.O. Box 45123		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Seattle			WA	98145	Seattle	WA	98145

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/30/2018		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	H	White		Taco, Inc		
<b>Street Address</b>					<b>Street Address</b>		
1160 Cranston St					1160 Cranston Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Cranston			RI	02920	Cranston	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	11/05/2018		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		
	Michael		Wiebner		Info Requested		
<b>Street Address</b>					<b>Street Address</b>		
360 E 88th Street							
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
New York			NY	10016			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/31/2018		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		
	Beverly	J	Wiley		CCRI		
<b>Street Address</b>					<b>Street Address</b>		
36 Paine Rd					400 East Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Foster			RI	02825-1438	Warwick	RI	02886

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	10/31/2018		4.17

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
			Bank RI				
<b>Street Address</b>					<b>Street Address</b>		
P.O Box 9488							
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02940			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	11/30/2018		0.02

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
			Bank RI				
<b>Street Address</b>					<b>Street Address</b>		
P.O Box 9488							
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02940			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	11/30/2018		1.06

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
			Sovereign Bank				
<b>Street Address</b>					<b>Street Address</b>		
255 Newport Ave							
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Rumford			RI	02916			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	10/31/2018		16.86

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
			Sovereign Bank				
<b>Street Address</b>					<b>Street Address</b>		
255 Newport Ave							
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Rumford			RI	02916			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	NSF Check	10/30/2018		-250.00

**In Kind/Other Receipts Description**

nsf check

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Vincent	A.	Indeglia		Indeglia and Associates		
<b>Street Address</b>					<b>Street Address</b>		
25 Baker Rd					1485 S County Trl		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Narragansett			RI	02882-3172	East Greenwich	RI	02818-1747

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Other Receipt	11/02/2018		1,000.00

**In Kind/Other Receipts Description**

Onward Together PAC- to be refunded

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

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	10/30/2018		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	
			ENTERPRISE HOLDINGS, INC. PAC OF RI			
Street Address					Street Address	
600 CORPORATE PARK DRIVE						
City					City	State Zip
ST. LOUIS						

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	11/05/2018		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	
			REALTORS PAC OF RI			
Street Address					Street Address	
100 BIGNALL STREET						
City					City	State Zip
WARWICK						

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	10/30/2018		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	
			RI DENTAL PAC			
Street Address					Street Address	
875 CENTERVILLE ROAD						
City					City	State Zip
WARWICK						

**SCHEDULE OF EXPENDITURES**

Key #	Full Name of Candidate or Committee	Reporting Period	
6,965	GINA M. RAIMONDO	From: 10/30/2018	To: 12/03/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3797	11/01/2018	11/01/2018	AP Repayment	Refunds/Reimbursements	\$710.04

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Cox Communications		
Street Address			City	State	Zip
PO Box 182318			Columbus	OH	43218-2318

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3796	11/01/2018	11/01/2018	AP Repayment	Refunds/Reimbursements	\$110.97

**Purpose of Expenditure**

insurance

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			EMC Insurance Companies		
Street Address			City	State	Zip
PO Box 219225			Kansas City	MO	54121-9225

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3798	11/01/2018	11/01/2018	AP Repayment	Refunds/Reimbursements	\$2,429.18

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			The Squantum Association		
Street Address			City	State	Zip
947 Veterans Memorial Pkwy			East Providence	RI	02915

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/05/2018		Campaign Expenditure	Bank Fees	\$286.30

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			ActBlue		
Street Address			City	State	Zip
P.O. Box 382110			Cambridge	MA	02138

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/13/2018		Campaign Expenditure	Office Equipment & Supplies	\$67.39

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Adobe Systems		
Street Address			City	State	Zip
345 Park Avenue			San Jose	CA	95110

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3828	11/09/2018		Campaign Expenditure	Employee Services	\$1,544.60

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Gabriel		Amo	
Street Address	City	State	Zip	
166 Valley St, Apt 6M222	Providence	RI	02909	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3818	11/01/2018		Campaign Expenditure	Employee Services	\$752.80

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Gabriel		Amo	
Street Address	City	State	Zip	
166 Valley St, Apt 6M222	Providence	RI	02909	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3811	11/01/2018		Campaign Expenditure	Employee Services	\$2,861.95

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Gabriel		Amo	
Street Address	City	State	Zip	
166 Valley St, Apt 6M222	Providence	RI	02909	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/02/2018		Campaign Expenditure	Office Equipment & Supplies	\$2,123.04

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Apple Online Store	
Street Address	City	State	Zip	
1 Infinite Loop	Cupertino	CA	95014	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3815	11/01/2018		Campaign Expenditure	Employee Services	\$1,206.87

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Anthony		Aquino	
Street Address	City	State	Zip	
74 Algonquin Street	Providence	RI	02907	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3832	11/09/2018		Campaign Expenditure	Employee Services	\$629.25

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Anthony		Aquino	
Street Address	City	State	Zip	
74 Algonquin Street	Providence	RI	02907	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/02/2018		Campaign Expenditure	Bank Fees	\$29.40

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Authnet Gateway		
Street Address			City	State	Zip
P.O. Box 8999			San Francisco	CA	94128

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	10/31/2018		Campaign Expenditure	Bank Fees	\$39.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Bank RI		
Street Address			City	State	Zip
P.O Box 9488			Providence	RI	02940

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/30/2018		Campaign Expenditure	Bank Fees	\$5.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Bank RI		
Street Address			City	State	Zip
P.O Box 9488			Providence	RI	02940

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/30/2018		Campaign Expenditure	Bank Fees	\$23.50

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Bank RI		
Street Address			City	State	Zip
P.O Box 9488			Providence	RI	02940

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3807	11/01/2018		Campaign Expenditure	Employee Services	\$4,135.17

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Jonathan		Blair		
Street Address			City	State	Zip
PO 40575			Providence	RI	02940

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3817	11/01/2018		Campaign Expenditure	Employee Services	\$376.78

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Jonathan		Blair		
Street Address			City	State	Zip
PO 40575			Providence	RI	02940

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3824	11/07/2018		Campaign Expenditure	Employee Services	\$17,572.16

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Jonathan		Blair		
Street Address			City	State	Zip
PO 40575			Providence	RI	02940

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3839	11/27/2018		Campaign Expenditure	Employee Services	\$2,404.38

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Jonathan		Blair		
Street Address			City	State	Zip
PO 40575			Providence	RI	02940

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3803	11/01/2018		Campaign Expenditure	Consultant & Professional Services	\$250.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Bonjour Belle Cosmetics		
Street Address			City	State	Zip
2206 Broad Street			Cranston	RI	02905

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	12/03/2018		Campaign Expenditure	Food, Beverages and Meals	\$268.14

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Campus Fine Wines		
Street Address			City	State	Zip
127 Brook St			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3808	11/01/2018		Campaign Expenditure	Employee Services	\$1,426.46

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Anthony		Cherry		
Street Address			City	State	Zip
16 Woodbine St, Flr 1			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3821	11/01/2018		Campaign Expenditure	Employee Services	\$387.15

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Anthony		Cherry		
Street Address			City	State	Zip
16 Woodbine St, Flr 1			Providence	RI	02906



Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3825	11/09/2018		Campaign Expenditure	Employee Services	\$767.41

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Anthony		Cherry	
Street Address	City	State	Zip	
16 Woodbine St, Flr 1	Providence	RI	02906	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/14/2018		Campaign Expenditure	Travel & Lodging	\$2.50

**Purpose of Expenditure**

parking fee

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			City of Providence	
Street Address	City	State	Zip	
797 Westminster Street	Providence	RI	02903	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3835	11/13/2018		Campaign Expenditure	Fundraising Expenses	\$606.69

**Purpose of Expenditure**

reimb. for fundraiser - food/bev.

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Considine & Furey, LLP	
Street Address	City	State	Zip	
One Beacon Street, 22nd Floor	Boston	MA	02108	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3840	11/27/2018		Campaign Expenditure	Telephone	\$72.07

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Cox Business	
Street Address	City	State	Zip	
Dpt 781104, PO Box 78000	Detroit	MI	48278-1104	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/13/2018		Campaign Expenditure	Food, Beverages and Meals	\$20.32

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Delta Wine & More	
Street Address	City	State	Zip	
1450 Smith Street	North Providence	RI	02911	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/07/2018		Campaign Expenditure	Consultant & Professional Services	\$125.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Dropbox	
Street Address	City	State	Zip	
333 Brannon Street	San Francisco	CA	94107	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	12/03/2018		Campaign Expenditure	Food, Beverages and Meals	\$2.19

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Dunkin Donuts		
Street Address			City	State	Zip
1075 North Main St			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/01/2018		Campaign Expenditure	Advertising	\$307.70

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Facebook		
Street Address			City	State	Zip
1601 Willow Rd			Menlo Park	CA	94043

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	10/31/2018		Campaign Expenditure	Advertising	\$728.76

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			FII Marketing		
Street Address			City	State	Zip
1 Weingeroff Blvd			Cranston	RI	02910

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	11/30/2018		Campaign Expenditure	Advertising	\$(303.85)

**Purpose of Expenditure**

Refund

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			FII Marketing		
Street Address			City	State	Zip
1 Weingeroff Blvd			Cranston	RI	02910

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3804	11/01/2018		Campaign Expenditure	Consultant & Professional Services	\$2,500.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Galvin & Associates, LLC		
Street Address			City	State	Zip
320 Newport Ave			Rumford	RI	02916

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/05/2018		Campaign Expenditure	Advertising	\$355.74

**Purpose of Expenditure**

**Payee Information**

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/01/2018		Campaign Expenditure	Advertising	\$21.65

**Purpose of Expenditure**

**Payee Information**

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/26/2018		Campaign Expenditure	Advertising	\$2.24

**Purpose of Expenditure**

**Payee Information**

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	12/03/2018		Campaign Expenditure	Advertising	\$207.00

**Purpose of Expenditure**

**Payee Information**

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3829	11/09/2018		Campaign Expenditure	Employee Services	\$1,116.02

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Jonathan		Gourlay		
Street Address			City	State	Zip
24 Langham Road			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3812	11/01/2018		Campaign Expenditure	Employee Services	\$2,016.12

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Jonathan		Gourlay		
Street Address			City	State	Zip
24 Langham Road			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	12/03/2018		Campaign Expenditure	Food, Beverages and Meals	\$10.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Hudson News		
Street Address			City	State	Zip
405 E 42nd Street			New York	NY	10017

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/28/2018		Campaign Expenditure	Employee Services	\$13,349.43

**Purpose of Expenditure**

payroll taxes

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
			Internal Revenue Service		
Street Address			City	State	Zip
Department of the Treasury			Atlanta	GA	39901

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/08/2018		Campaign Expenditure	Employee Services	\$10,645.45

**Purpose of Expenditure**

payroll taxes

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
			Internal Revenue Service		
Street Address			City	State	Zip
Department of the Treasury			Atlanta	GA	39901

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3826	11/09/2018		Campaign Expenditure	Employee Services	\$1,085.37

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
	Seth		Jennings		
Street Address			City	State	Zip
11 Eagle St, #411			Providence	RI	02908

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3809	11/01/2018		Campaign Expenditure	Employee Services	\$2,035.17

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
	Seth		Jennings		
Street Address			City	State	Zip
11 Eagle St, #411			Providence	RI	02908

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/08/2018		Campaign Expenditure	Food, Beverages and Meals	\$72.75

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
			Julian's		
Street Address			City	State	Zip
318 Broadway			Providence	RI	02909

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
2802	11/01/2018		Campaign Expenditure	Consultant & Professional Services	\$850.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
	Kristen		Lemoine		
Street Address			City	State	Zip
64 Steere Street			Harrisville	RI	02830

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/07/2018		Campaign Expenditure	Fundraising Expenses	\$519.85

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Luigis Gourmet Express & Restaurant		
Street Address			City	State	Zip
1357 Hartford Avenue			Johnston	RI	02919

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3831	11/09/2018		Campaign Expenditure	Employee Services	\$1,144.62

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Joseph	V	Masino		
Street Address			City	State	Zip
407 Nayatt Rd			Barrington	RI	02806

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3834	11/09/2018		Campaign Expenditure	Refunds/Reimbursements	\$69.94

**Purpose of Expenditure**

reimb. for food/bev.

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Joseph	V	Masino		
Street Address			City	State	Zip
407 Nayatt Rd			Barrington	RI	02806

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3814	11/01/2018		Campaign Expenditure	Employee Services	\$2,308.12

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Joseph	V	Masino		
Street Address			City	State	Zip
407 Nayatt Rd			Barrington	RI	02806

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/05/2018		Campaign Expenditure	Bank Fees	\$8,644.09

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Merchant Bank		
Street Address			City	State	Zip
P.O Box 9488			Providence	RI	02940

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	12/03/2018		Campaign Expenditure	Bank Fees	\$2,683.07

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Merchant Bank		
Street Address			City	State	Zip
P.O Box 9488			Providence	RI	02940

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/14/2018		Campaign Expenditure	Advertising	\$106.99

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Microsoft		
Street Address			City	State	Zip
One Microsoft Way			Redmond	WA	98052

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3810	11/01/2018		Campaign Expenditure	Employee Services	\$3,677.96

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
	David		Ortiz		
Street Address			City	State	Zip
129 Rochambeau Ave			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/01/2018		Campaign Expenditure	Office Equipment & Supplies	\$50.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Paperless		
Street Address			City	State	Zip
115 Broadway			New York	NY	10011

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/27/2018		Campaign Expenditure	Office Equipment & Supplies	\$200.25

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Paypal		
Street Address			City	State	Zip
7700 Eastport			Parkway	CA	02920

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3843	11/27/2018		Campaign Expenditure	Consultant & Professional Services	\$5,133.20

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Perkins Coie, LLP		
Street Address			City	State	Zip
PO Box 24643			Seattle	WA	98124-0643

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3799	11/01/2018		Campaign Expenditure	Consultant & Professional Services	\$8,042.81

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Petel & Company		
Street Address			City	State	Zip
1101 14 Street, NW Suite 210			Washington	DC	20005

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/06/2018		Campaign Expenditure	Food, Beverages and Meals	\$123.68

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Pizzico Ristorante		
Street Address			City	State	Zip
762 Hope Street			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3823	11/07/2018		Campaign Expenditure	Consultant & Professional Services	\$40,000.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Putnam Partners		
Street Address			City	State	Zip
1100 Vermont Ave NW, Ste 1200			Washington	DC	20005

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3833	11/09/2018		Campaign Expenditure	Employee Services	\$2,487.14

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Michael		Raia		
Street Address			City	State	Zip
59 Ogden Street			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3820	11/01/2018		Campaign Expenditure	Employee Services	\$2,103.60

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Michael		Raia		
Street Address			City	State	Zip
59 Ogden Street			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3816	11/01/2018		Campaign Expenditure	Employee Services	\$4,938.78

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Michael		Raia		
Street Address			City	State	Zip
59 Ogden Street			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3806	11/01/2018		Campaign Expenditure	Employee Services	\$1,122.87

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Kathryn		Ramstad-Albert		
Street Address			City	State	Zip
30A Jenckes Street			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3836	11/15/2018		Campaign Expenditure	Employee Services	\$1,122.87

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Kathryn		Ramstad-Albert	
Street Address			City	State Zip
30A Jenckes Street			Providence	RI 02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3837	11/15/2018		Campaign Expenditure	Employee Services	\$607.02

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Kathryn		Ramstad-Albert	
Street Address			City	State Zip
30A Jenckes Street			Providence	RI 02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3842	11/27/2018		Campaign Expenditure	Fundraising Expenses	\$1,214.45

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Regine Printing	
Street Address			City	State Zip
208 Laurel Hill Ave.			Providence	RI 02909

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3838	11/16/2018		Campaign Expenditure	Employee Services	\$2,708.76

**Purpose of Expenditure**

payroll taxes

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			RI Division of Taxation	
Street Address			City	State Zip
One Capitol Hill			Providence	RI 02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	10/31/2018		Campaign Expenditure	Employee Services	\$2,794.49

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			RI Division of Taxation	
Street Address			City	State Zip
One Capitol Hill			Providence	RI 02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3813	11/01/2018		Campaign Expenditure	Employee Services	\$1,554.94

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Jacqueline		Rosen	
Street Address			City	State Zip
64 Cypress St			Providence	RI 02906



Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3819	11/01/2018		Campaign Expenditure	Employee Services	\$291.61

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Jacqueline		Rosen	
Street Address	City	State	Zip	
64 Cypress St	Providence	RI	02906	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3830	11/09/2018		Campaign Expenditure	Employee Services	\$804.94

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Jacqueline		Rosen	
Street Address	City	State	Zip	
64 Cypress St	Providence	RI	02906	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3801	11/01/2018		Campaign Expenditure	Refunds/Reimbursements	\$107.22

**Purpose of Expenditure**

reimb. for food/bev.

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Joe		Sacks	
Street Address	City	State	Zip	
15 Woodhaven Rd	Barrington	RI	02806	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3805	11/01/2018		Campaign Expenditure	Rent & Utilities	\$565.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Shuster Realty LLC	
Street Address	City	State	Zip	
909 North Main Street	Providence	RI	02904	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3822	10/31/2018		Campaign Expenditure	Rent & Utilities	\$1,106.67

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Shuster Realty LLC	
Street Address	City	State	Zip	
909 North Main Street	Providence	RI	02904	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/13/2018		Campaign Expenditure	Food, Beverages and Meals	\$21.63

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Smith Street Express	
Street Address	City	State	Zip	
1815 Smith Street	North Providence	RI	02911	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/01/2018		Campaign Expenditure	Office Equipment & Supplies	\$4.59

**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	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/02/2018		Campaign Expenditure	Office Equipment & Supplies	\$386.33

**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	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	12/03/2018		Campaign Expenditure	Office Equipment & Supplies	\$88.78

**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	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/15/2018		Campaign Expenditure	Travel & Lodging	\$17.79

**Purpose of Expenditure**

uber

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Uber USA		
Street Address			City	State	Zip
1455 Market Street			San Francisco	CA	94103

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/01/2018		Campaign Expenditure	Fundraising Expenses	\$500.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			US Postal Service		
Street Address			City	State	Zip
24 Corliss St			Providence	RI	02904

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/01/2018		Campaign Expenditure	Fundraising Expenses	\$500.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			US Postal Service		
Street Address			City	State	Zip
24 Corliss St			Providence	RI	02904

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	10/31/2018		Campaign Expenditure	Bank Fees	\$1,095.28

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Vantiv		
Street Address			City	State	Zip
900 Chelmsford St			Lowell	MA	01851

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/26/2018		Campaign Expenditure	Bank Fees	\$0.55

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Vantiv		
Street Address			City	State	Zip
900 Chelmsford St			Lowell	MA	01851

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/08/2018		Campaign Expenditure	Bank Fees	\$13.31

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Vantiv		
Street Address			City	State	Zip
900 Chelmsford St			Lowell	MA	01851

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/28/2018		Campaign Expenditure	Bank Fees	\$0.55

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Vantiv		
Street Address			City	State	Zip
900 Chelmsford St			Lowell	MA	01851

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/29/2018		Campaign Expenditure	Bank Fees	\$0.54

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Vantiv		
Street Address			City	State	Zip
900 Chelmsford St			Lowell	MA	01851

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/08/2018		Campaign Expenditure	Telephone	\$178.21

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Verizon Wireless		
Street Address			City	State	Zip
PO Box 15062			Albany	NY	12212-5062

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
3841	11/27/2018		Campaign Expenditure	Telephone	\$232.09

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Verizon Wireless	
Street Address			City	State Zip
PO Box 15062			Albany	NY 12212-5062

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/29/2018		Campaign Expenditure	Office Equipment & Supplies	\$36.99

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Wall Street Journal	
Street Address			City	State Zip
1211 Avenue of the Americas			New York	NY 10036

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
DM	11/08/2018		Campaign Expenditure	Office Equipment & Supplies	\$105.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Wickr, Inc.	
Street Address			City	State Zip
1459 18th St, Ste 313			San Francisco	CA 94107