

**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#
NELLIE M GORBEA	7813

Street Address	City/Town, State and Zip Code
65 FISHING COVE ROAD	NORTH KINGSTOWN, RI 02852

Mailing Address (if different)	City/Town, State and Zip Code
PO BOX 5893	PROVIDENCE, RI 02903

Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 667-3656			

If Candidate Office Sought:	Party Affiliation if any:
Secretary of State	Democratic

Reporting Period (Dates):	Period Beginning: 10/09/2018	Period Ending: 10/29/2018
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**SUMMARY OF ACTIVITY FOR PERIOD**

1. Beginning Cash Balance	\$ 443,740.25
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	0
a. (Individuals)	0
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	2,494.00
3. Political Parties	0
4. Political Action Committees	0
5. Loan Proceeds	0
6. Payroll Check off	0
7. Interest Received	0
8. State Check Off	0
9. Refund/Rebate	0
10. Party Building	0
11. Matching Public Funds	14,350.00
12. Other	0
13. Returned Contributions	(152,000.00)
14. Returned Checks	0
b. Other:	0
	0
	0
	0
3. Total Cash	308,584.25
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	147,830.30
c. Repayment of Loans	0
d. Account Payable Repayments	0
e. Other	0

4. Cash Disbursements, continued	
f. Other Disbursements	0
	0
	0
5. Ending Cash Balance	\$ 160,753.95

**CAMPAIGN FUND STATUS**

6. Report of In-Kind Contributions	0
7. Cash	\$ 160,753.95
8. Other Assets	0
	0
	0
9. Total Assets	\$ 160,753.95

**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	\$ 160,753.95
13. Total Liability / Fund Balance	160,753.95

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>	<b>Full Name of Candidate or Committee</b>	<b>Reporting Period</b>
7,813	NELLIE M GORBEA	<b>From: 10/09/2018 To: 10/29/2018</b>

<b>Item</b>	<b>Transaction Type</b>	<b>Contribution Type</b>	<b>Receipt Date</b>	<b>Deposit Date</b>	<b>Contribution Amount</b>
	Credit/Debit Card	Individual	10/18/2018		25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
<b>Prefix</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name or PAC/Party Committee Name</b>	<b>Suffix</b>	<b>Employer Name</b>		
	Anna		Anderson		retired		
<b>Street Address</b>					<b>Street Address</b>		
45 Highland Dr							
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>		<b>State</b> <b>Zip</b>
Jamestown			RI	02835			

<b>Item</b>	<b>Transaction Type</b>	<b>Contribution Type</b>	<b>Receipt Date</b>	<b>Deposit Date</b>	<b>Contribution Amount</b>
	Credit/Debit Card	Individual	10/17/2018		10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
<b>Prefix</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name or PAC/Party Committee Name</b>	<b>Suffix</b>	<b>Employer Name</b>		
	Eva		Anderson		Self employed graphic design		
<b>Street Address</b>					<b>Street Address</b>		
229 Morris Avenue					229 Morris Avenue		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>		<b>State</b> <b>Zip</b>
Providence			RI	02906	Providence		RI   02906

<b>Item</b>	<b>Transaction Type</b>	<b>Contribution Type</b>	<b>Receipt Date</b>	<b>Deposit Date</b>	<b>Contribution Amount</b>
	Credit/Debit Card	Individual	10/23/2018		100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
<b>Prefix</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name or PAC/Party Committee Name</b>	<b>Suffix</b>	<b>Employer Name</b>		
	Matthew		Ando		University of Illinois		
<b>Street Address</b>					<b>Street Address</b>		
712 W. Michigan Avenue					1409 Green Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>		<b>State</b> <b>Zip</b>
Urbana			IL	61801	Urbana		IL   61801

<b>Item</b>	<b>Transaction Type</b>	<b>Contribution Type</b>	<b>Receipt Date</b>	<b>Deposit Date</b>	<b>Contribution Amount</b>
	Credit/Debit Card	Individual	10/11/2018		25.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
<b>Prefix</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name or PAC/Party Committee Name</b>	<b>Suffix</b>	<b>Employer Name</b>		
	Ann		Anesta		Not employed		
<b>Street Address</b>					<b>Street Address</b>		
2211 Phenix Avenue							
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>		<b>State</b> <b>Zip</b>
Cranston			RI	02921			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/11/2018		100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Ana Marie		Argilagos		Ford Foundation			
<b>Street Address</b>					<b>Street Address</b>			
3214 19th St NW					1440 Broadway			
<b>City</b>					<b>City</b>		<b>State Zip</b>	
Washington					New York		NY 10018	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/11/2018		100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Gale		Aronson		not employed			
<b>Street Address</b>					<b>Street Address</b>			
35 Winfield Road								
<b>City</b>					<b>City</b>		<b>State Zip</b>	
Providence					RI		02906	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/12/2018		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			
	Elizabeth		AmeliaAtalay		Documama			
<b>Street Address</b>					<b>Street Address</b>			
70 Bailey Road					70 Bailey Road			
<b>City</b>					<b>City</b>		<b>State Zip</b>	
East Greenwich					East Greenwich		RI 02818	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/18/2018		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			
	Douglas		Brian		Not employed			
<b>Street Address</b>					<b>Street Address</b>			
120 Bay View Avenue								
<b>City</b>					<b>City</b>		<b>State Zip</b>	
Cranston					RI		02905	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/19/2018		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			
	Carrie		Bridges		Lifespan			
<b>Street Address</b>					<b>Street Address</b>			
228 Atlantic Avenue					228 Atlantic Avenue			
<b>City</b>					<b>City</b>		<b>State Zip</b>	
Providence					Providence		RI 02907	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/09/2018		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			
	David		Chenevert		Rhode Island Manufactures Association			
<b>Street Address</b>					<b>Street Address</b>			
1 Thomas Drive					2 Douglas Pike			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Cumberland					Smithfield		RI	02917

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/15/2018		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			
	Robert		Cicerone		Superior Bakery			
<b>Street Address</b>					<b>Street Address</b>			
83 West Blue Ridge Road					1234 Oaklawn Avenue			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Cranston					Cranston		RI	02920

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/15/2018		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			
	Nancy		Cloud		Not employed			
<b>Street Address</b>					<b>Street Address</b>			
520 Beavertail Road								
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Jamestown								

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/09/2018		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			
	Sean		Connor		retired			
<b>Street Address</b>					<b>Street Address</b>			
140 Power 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	10/12/2018		50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Ralph		Coppola		Meridien			
<b>Street Address</b>					<b>Street Address</b>			
229 Burt St					10 Dorrance St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Warwick					Warwick		RI	02886

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/11/2018		10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Paul		Costigan		Self Employed Nurse Anesthetist			
<b>Street Address</b>					<b>Street Address</b>			
30 Homestead St					30 Homestead St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Pawtucket					Pawtucket		RI	02860

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/11/2018		3.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	David		Crockett		Not employed			
<b>Street Address</b>					<b>Street Address</b>			
9 River Ave								
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Wakefield					Wakefield		RI	02879

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

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Andrea		Edwards		Rhode Island Hospital			
<b>Street Address</b>					<b>Street Address</b>			
165 Roger Williams Ave					593 Eddy St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Rumford					Providence		RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/11/2018		100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Daniel		Harper		Siren Marine			
<b>Street Address</b>					<b>Street Address</b>			
221 3rd St					1 Sayers Wharf			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Newport					Newport		RI	02840

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/17/2018		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			
	Lisa		Haynes		Jim Johnson Photography			
<b>Street Address</b>					<b>Street Address</b>			
10302 Cherry Tree Lane					454 M Street SW			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Silver Spring					Washington		DC	20024

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/15/2018		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		Hines		Not employed				
<b>Street Address</b>					<b>Street Address</b>				
14 Piping Plover Dr									
<b>City</b>					<b>City</b>		<b>State</b>		<b>Zip</b>
Narragansett					RI		02882		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/15/2018		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				
	Sarah		Inman		Not Employed				
<b>Street Address</b>					<b>Street Address</b>				
27 Maplewood Dr									
<b>City</b>					<b>City</b>		<b>State</b>		<b>Zip</b>
Coventry					RI		02816		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/15/2018		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				
	Edward		Inman	III	University of Rhode Island				
<b>Street Address</b>					<b>Street Address</b>				
12 A Anthony St					Upper Campus Road				
<b>City</b>					<b>City</b>		<b>State</b>		<b>Zip</b>
Coventry					RI		02816		
					Kingston		RI		02881

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/11/2018		10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
	Judith		Knight		Not Employed				
<b>Street Address</b>					<b>Street Address</b>				
53 Conanicus Avenue									
<b>City</b>					<b>City</b>		<b>State</b>		<b>Zip</b>
Jamestown					RI		02835		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/11/2018		28.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name				
	Rochelle		Lee		Pawtucket School Department				
<b>Street Address</b>					<b>Street Address</b>				
172 Ontario St					286 Main St				
<b>City</b>					<b>City</b>		<b>State</b>		<b>Zip</b>
Providence					RI		02907		
					Pawtucket		RI		02860

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/17/2018		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			
	Nancy		Lloyd		Toots Zynsky Inc			
<b>Street Address</b>					<b>Street Address</b>			
25 Blackstone Blvd					161 Chestnut St			
<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	10/11/2018		100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Gregory		McNab		Not Employed			
<b>Street Address</b>					<b>Street Address</b>			
18 Riverview Dr								
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Wood River Junction								

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/11/2018		10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Cristina		Mitchell		Coastal Medical			
<b>Street Address</b>					<b>Street Address</b>			
14 Kingston Ave					727 East Ave			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Pawtucket		RI	02860

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/19/2018		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			
	Dan		Morgan		Retired			
<b>Street Address</b>					<b>Street Address</b>			
3601 Gold Crest Ln								
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Rosamond							CA	93560

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/11/2018		50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Mildred		Nichols		Retired			
<b>Street Address</b>					<b>Street Address</b>			
56 Forsdyke Street					56 Forsdyke Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Providence		RI	02906



Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/17/2018		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		
	Maryellen		OMahony		Center for Women & Enterprise		
<b>Street Address</b>					<b>Street Address</b>		
22 Parsonage St					132 George Cohan Blvd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02903	Providence	RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/22/2018		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		Pattie		Bank of Newport		
<b>Street Address</b>					<b>Street Address</b>		
6 Cameron Way					184 John Clark Road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Rehoboth			MA	02769	Middletown	RI	02842

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/11/2018		50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Mary Ellen		Ringo		Cary Memorial Library Foundation		
<b>Street Address</b>					<b>Street Address</b>		
9 Cutler Farm Road					9 Cutler Farm Road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Lexington			MA	02421	Lexington	MA	02421

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/11/2018		50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Alan	J	Rom		Rom Law P.C.		
<b>Street Address</b>					<b>Street Address</b>		
14 Mansfield Drive					240 A Elm Street #22		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Chelmsford			MA	01824	Somerville	MA	02144

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/17/2018		50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Thomas		Rosby		retired		
<b>Street Address</b>					<b>Street Address</b>		
134 Lloyd Rd							
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Saunderstown			RI	02874			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/11/2018		10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Deirdre		Snyder		not employed			
<b>Street Address</b>					<b>Street Address</b>			
420 37th St								
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Oakland			CA	94609				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/24/2018		3.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Jessica		Stensrud		Optum Insight			
<b>Street Address</b>					<b>Street Address</b>			
177 Armistice Blvd					70 Royal Little Dr			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Pawtucket			RI	02860	Providence	RI	02904	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/11/2018		50.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Kimberly		Stephens		Homemaker			
<b>Street Address</b>					<b>Street Address</b>			
9037 Holly Leaf Lane								
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Bethesda			MD	20817				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/17/2018		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			
	Abbot		Stranahan		self employed arts administration			
<b>Street Address</b>					<b>Street Address</b>			
67 Manning St					67 Manning St			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Providence			RI	02906	Providence	RI	02906	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/11/2018		30.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Rita		Warnock		Not Employed			
<b>Street Address</b>					<b>Street Address</b>			
229 Medway St								
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Providence			RI	02906				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/11/2018		10.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Donald		Wilson		Nunnery O			
<b>Street Address</b>					<b>Street Address</b>			
20 Checkerberry Road					7408 Post Road			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Narragansett					North Kingstown		RI	02882

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/15/2018		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			
	James		Yoder		Not Employed			
<b>Street Address</b>					<b>Street Address</b>			
40 Cedar Circle								
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Kingston							RI	02881

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Matching Public Funds	10/09/2018		14,350.00

**In Kind/Other Receipts Description**

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>City</b>		<b>State</b>	<b>Zip</b>

**SCHEDULE OF EXPENDITURES**

Key #	Full Name of Candidate or Committee	Reporting Period	
7,813	NELLIE M GORBEA	From: 10/09/2018	To: 10/29/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/10/2018		Campaign Expenditure	Bank Fees	\$49.44

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			ActBlue		
Street Address			City	State	Zip
366 Summer St			Somerville	MA	02144

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
601	10/22/2018		Campaign Expenditure	Consultant & Professional Services	\$4,800.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Emely		Anico		
Street Address			City	State	Zip
291 Beckwith St			Cranston	RI	02910

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/25/2018		Campaign Expenditure	Food, Beverages and Meals	\$64.80

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Armando & Sons Meat Market		
Street Address			City	State	Zip
895 Elmwood Avenue			Providence	RI	02907

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/16/2018		Campaign Expenditure	Food, Beverages and Meals	\$86.40

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Armando & Sons Meat Market		
Street Address			City	State	Zip
895 Elmwood Avenue			Providence	RI	02907

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/25/2018		Campaign Expenditure	Food, Beverages and Meals	\$36.72

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Blue State Coffee		
Street Address			City	State	Zip
300 Thayer St, Providence, RI 02906			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/24/2018		Campaign Expenditure	Food, Beverages and Meals	\$34.56

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Bristol Bagel		
Street Address			City	State	Zip
420 Hope St			Bristol	RI	02809

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/25/2018		Campaign Expenditure	Advertising	\$57,734.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Buying Time,LLC		
Street Address			City	State	Zip
650 Massachusetts Avenue NW, Suite 210			Washington	DC	20001

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
600	10/17/2018		Campaign Expenditure	Advertising	\$11,333.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Buying Time,LLC		
Street Address			City	State	Zip
650 Massachusetts Avenue NW, Suite 210			Washington	DC	20001

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/18/2018		Campaign Expenditure	Advertising	\$51,333.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Buying Time,LLC		
Street Address			City	State	Zip
650 Massachusetts Avenue NW, Suite 210			Washington	DC	20001

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/18/2018		Campaign Expenditure	Bank Fees	\$30.00

**Purpose of Expenditure**

wire transfer fee

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Citizens Bank		
Street Address			City	State	Zip
One Citizens Plaza			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
607	10/26/2018		Campaign Expenditure	Donations (Political)	\$50.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Cranston Democratic City Committee		
Street Address			City	State	Zip
14 Garfield Ave			Cranston	RI	02920

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
608	10/26/2018		Campaign Expenditure	Donations (Political)	\$24.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			East Providence Democratic City Committee		
Street Address			City	State	Zip
55 Pocasset Ave			Providence	RI	02909

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
604	10/26/2018		Campaign Expenditure	Donations (All Others)	\$100.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			High Ground International		
Street Address			City	State	Zip
250 Prairie Ave			Providence	RI	02905

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/10/2018		Campaign Expenditure	Consultant & Professional Services	\$16.95

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Hostgator		
Street Address			City	State	Zip
5005 Mitchelldale Suite 100			Houston	TX	77092

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/09/2018		Campaign Expenditure	Travel & Lodging	\$477.99

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Hyatt Place Princeton		
Street Address			City	State	Zip
3565 US 1			Princeton	NJ	08540

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
606	10/26/2018		Campaign Expenditure	Advertising	\$125.19

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			JB Foley Printing		
Street Address			City	State	Zip
1469 Broad St			Providence	RI	02905

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/23/2018		Campaign Expenditure	Donations (Political)	\$300.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Kathleen Clyde Committee		
Street Address			City	State	Zip
545 E Town St			Columbus	OH	43215

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/09/2018		Campaign Expenditure	Travel & Lodging	\$8.14

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Lyft		
Street Address			City	State	Zip
185 Berry St			San Francisco	CA	94158

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/09/2018		Campaign Expenditure	Travel & Lodging	\$8.23

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Lyft		
Street Address			City	State	Zip
185 Berry St			San Francisco	CA	94158

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
602	10/22/2018		Campaign Expenditure	Consultant & Professional Services	\$3,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Katie		Lynch Keefe		
Street Address			City	State	Zip
4 Brookfield Ct			East Greenwich	RI	02818

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
598	10/11/2018		Campaign Expenditure	Consultant & Professional Services	\$1,500.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			New Blue Interactive		
Street Address			City	State	Zip
1147 19th St., NW Suite 750			Washington	DC	20036

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
603	10/26/2018		Campaign Expenditure	Donations (Political)	\$150.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Newport Democratic Town Committee		
Street Address			City	State	Zip
34 Bliss Rd			Newport	RI	02840

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
596	10/11/2018		Campaign Expenditure	Consultant & Professional Services	\$1,800.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			NGP		
Street Address			City	State	Zip
1101 15th Street, NW, Suite 500			Washington	DC	20005

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/09/2018		Campaign Expenditure	Travel & Lodging	\$4.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			RI Turnpike Authority	
Street Address	City	State	Zip	
1 East Shore Rd	Jamestown	RI	02985	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/23/2018		Campaign Expenditure	Travel & Lodging	\$8.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			RI Turnpike Authority	
Street Address	City	State	Zip	
1 East Shore Rd	Jamestown	RI	02985	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/12/2018		Campaign Expenditure	Consultant & Professional Services	\$750.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			RI Web Gurus	
Street Address	City	State	Zip	
464 Victory Highway	West Greenwich	RI	02817	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/09/2018		Campaign Expenditure	Advertising	\$573.50

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Rocket Signs	
Street Address	City	State	Zip	
1409 N Broad St	Rome	GA	30161	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/24/2018		Campaign Expenditure	Office Equipment & Supplies	\$7.74

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Save a Lot	
Street Address	City	State	Zip	
699 Hartford Ave	Providence	RI	02909	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/15/2018		Campaign Expenditure	Office Equipment & Supplies	\$181.88

**Purpose of Expenditure**

**Payee Information**

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



Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
599	10/14/2018		Campaign Expenditure	Fundraising Expenses	\$344.27

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Staples, Inc.		
Street Address			City	State	Zip
1007 Ten Rod Road			North Kingstown	RI	02852

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
596	10/11/2018		Campaign Expenditure	Consultant & Professional Services	\$11,313.29

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			SWAY		
Street Address			City	State	Zip
4311 Leland Street			Chevy Chase	MD	20815

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
605	10/26/2018		Campaign Expenditure	Donations (Political)	\$1,000.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Team Nellie PAC		
Street Address			City	State	Zip
41 Blackstone Blvd			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/24/2018		Campaign Expenditure	Food, Beverages and Meals	\$37.87

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			The Back 40		
Street Address			City	State	Zip
20 S County Trail			North Kingstown	RI	02852

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/19/2018		Campaign Expenditure	Fundraising Expenses	\$56.44

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			The District Restaurant		
Street Address			City	State	Zip
54 South St			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/19/2018		Campaign Expenditure	Fundraising Expenses	\$436.44

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			The District Restaurant		
Street Address			City	State	Zip
54 South St			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/26/2018		Campaign Expenditure	Food, Beverages and Meals	\$54.45

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Tommy's Pizza		
Street Address			City	State	Zip
936 Chalkstone Ave			Providence	RI	02908

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
102	10/11/2018		Refund of Contribution	Other	\$152,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
Street Address			City	State	Zip