

**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#
SETH MAGAZINER	7818

Street Address	City/Town, State and Zip Code
PO BOX 303	PROVIDENCE, RI 02901

Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 374-3979	(401) 580-1442		seth.magaziner@gmail.com

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

Reporting Period (Dates):	Period Beginning: 07/01/2017	Period Ending: 09/30/2017
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**SUMMARY OF ACTIVITY FOR PERIOD**

1. Beginning Cash Balance	\$ 328,808.16
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	0
a. (Individuals)	0
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	48,340.00
3. Political Parties	0
4. Political Action Committees	3,650.00
5. Loan Proceeds	0
6. Payroll Check off	0
7. Interest Received	0
8. State Check Off	0
9. Refund/Rebate	0
10. Party Building	0
11. Matching Public Funds	0
12. Other	0
13. Returned Contributions	0
14. Returned Checks	0
b. Other:	0
	0
	0
	0
3. Total Cash	380,798.16
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	15,708.98
c. Repayment of Loans	0
d. Account Payable Repayments	0
e. Other	0

4. Cash Disbursements, continued	
f. Other Disbursements	0
5. Ending Cash Balance	\$ 365,089.18

**CAMPAIGN FUND STATUS**

6. Report of In-Kind Contributions	0
7. Cash	\$ 365,089.18
8. Other Assets	0
9. Total Assets	\$ 365,089.18

**LIABILITIES AND FUND BALANCE**

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	701,500.00
c. Other Liabilities	0
11. Total Liabilities	701,500.00
12. Total Fund Balance	\$(336,410.82)
13. Total Liability / Fund Balance	365,089.18

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> 7,818	<b>Full Name of Candidate or Committee</b> SETH MAGAZINER	<b>Reporting Period</b> <b>From: 07/01/2017 To: 09/30/2017</b>
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<b>Item</b>	<b>Transaction Type</b> Check	<b>Contribution Type</b> Individual	<b>Receipt Date</b> 09/29/2017	<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		
	Joan		Abrams		Simmons College		
<b>Street Address</b>					<b>Street Address</b>		
PO Box 899					300 Fenway		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI	02809	Boston	MA	

<b>Item</b>	<b>Transaction Type</b> Check	<b>Contribution Type</b> Individual	<b>Receipt Date</b> 09/28/2017	<b>Deposit Date</b> 09/27/2017	<b>Contribution Amount</b> 500.00
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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		
	Antonio		Afonso		Moses Afonso		
<b>Street Address</b>					<b>Street Address</b>		
51 Rawson Rd					160 Westminster St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Cranston			RI	02864	Providence	RI	02903

<b>Item</b>	<b>Transaction Type</b> Credit/Debit Card	<b>Contribution Type</b> Individual	<b>Receipt Date</b> 09/18/2017	<b>Deposit Date</b> 09/20/2017	<b>Contribution Amount</b> 500.00
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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		
	Elizabeth		Alderman		Retired		
<b>Street Address</b>					<b>Street Address</b>		
41 Great Hills Farm Rd					41 Great Hills Farm Rd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bedford			NY	10506-2100	Bedford	NY	

<b>Item</b>	<b>Transaction Type</b> Credit/Debit Card	<b>Contribution Type</b> Individual	<b>Receipt Date</b> 08/31/2017	<b>Deposit Date</b> 09/05/2017	<b>Contribution Amount</b> 100.00
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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		
	Katharine		Amaral		Providence Public School Department		
<b>Street Address</b>					<b>Street Address</b>		
20 Adelphi Avenue					797 Westminster Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906	Providence	RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/28/2017	10/02/2017	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		
	Barbara		Arditte		Residential Properties, Ltd.		
<b>Street Address</b>					<b>Street Address</b>		
115 Windward Ln					140 Wickenden Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI	02809-1546	Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/19/2017	09/27/2017	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		
	Anthony		Arico		Retired		
<b>Street Address</b>					<b>Street Address</b>		
166 Lincoln Avenue					166 Lincoln Avenue		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Barrington			RI	02806	Barrington	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/06/2017	09/07/2017	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		
	Denise		Arsenault		Retired		
<b>Street Address</b>					<b>Street Address</b>		
15 Hattie Brown Ln					15 Hattie Brown Ln		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI	02809	Bristol	RI	02809

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/29/2017	10/02/2017	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		
	Julie		Babbage		Babbage Cofounder		
<b>Street Address</b>					<b>Street Address</b>		
2644 Longleaf Place					350 E Short St #212		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Lexington			KY	40503	Lexington	KY	40507

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/29/2017		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		
	Leon		Boghossian		Hinckley Allen & Snyder LLP		
<b>Street Address</b>					<b>Street Address</b>		
929 Armistice Blvd					100 WESTMINSTER ST		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Pawtucket			RI	02861-3321	Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/21/2017	09/27/2017	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			
	Stephen		Brigidi		Bristol Workshops			
<b>Street Address</b>					<b>Street Address</b>			
93 Highland Rd					4 Franklin St			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Bristol			RI	02809	Bristol	RI	02809	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Joseph		Brito	Jr.	CB Utility			
<b>Street Address</b>					<b>Street Address</b>			
99 Tupelo St					99 Tupelo St			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Bristol			RI	02809	Bristol	RI	02809	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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			
	George		Burman		Burman Architects			
<b>Street Address</b>					<b>Street Address</b>			
66 Highland Rd					66 Highland Rd			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Bristol			RI	02809	Bristol	RI	02809	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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			
	Linda		Bushee		Self-Employed Nurse			
<b>Street Address</b>					<b>Street Address</b>			
10 Sandra Dr					10 Sandra Drive			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Bristol			RI	02809	Bristol	RI		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/27/2017	09/29/2017	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			
	Maryellen		Butke		Self-Employed Educational Consultant			
<b>Street Address</b>					<b>Street Address</b>			
24 Firglade Ave					24 Firglade Ave			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Providence			RI	02906-2624	Providence	RI		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/09/2017	08/11/2017	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			
	Lisa		Caputo		Travelers			
<b>Street Address</b>					<b>Street Address</b>			
5 W 86th St					485 Lexington Ave			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
New York					New York		NY	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	08/22/2017	08/31/2017	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			
	Raymond		Chambers		Retired			
<b>Street Address</b>					<b>Street Address</b>			
310 South St					310 South St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Morristown					Morristown		NJ	07960

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/29/2017	10/02/2017	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			
	Robert		Ching		Retired			
<b>Street Address</b>					<b>Street Address</b>			
1000 Dartmouth Dr					1000 Dartmouth Drive			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Reno					Revo		NV	89509

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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			
	Cynthia		Coyne		Johnson & Wales University			
<b>Street Address</b>					<b>Street Address</b>			
8 Newbrook Dr					Richmond Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Barrington					Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/11/2017	09/13/2017	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			
	Pamela		Delaney		Self-Employed Consultant			
<b>Street Address</b>					<b>Street Address</b>			
133 Ferry Road					133 Ferry Road			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Bristol					Bristol		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/22/2017	09/25/2017	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			
	Thomas		DePetrillo		Providence Capital Group			
<b>Street Address</b>					<b>Street Address</b>			
548 Trimtown Road					250B Centerville Road			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
North Scituate					Warwick		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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			
	Kim	A.	Desisto		Anthony Desisto Law Associates			
<b>Street Address</b>					<b>Street Address</b>			
4 Oxford Road					450 Veterans Memorial Pkwy			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Barrington					East Providence		RI	02914

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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			
	Eric		Doescher		Self Employed Writer			
<b>Street Address</b>					<b>Street Address</b>			
242 President Avenue					242 President Avenue			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Providence		RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2017	09/12/2017	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			
	Serena		Dollive		Homology Medicines Inc			
<b>Street Address</b>					<b>Street Address</b>			
19 Everett Street					45 Wiggins Ave			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Waltham					Bedford		MA	01730

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2017	09/07/2017	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			
	Serena		Dollive		Homology Medicines Inc			
<b>Street Address</b>					<b>Street Address</b>			
19 Everett Street					45 Wiggins Ave			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Waltham					Bedford		MA	01730

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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		
	Susan		Donovan		Retired		
<b>Street Address</b>					<b>Street Address</b>		
2 Rego Ave					2 Rego Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI	02809	Bristol	RI	02809

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/06/2017	09/07/2017	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		
	Rosemary		Doorly		Homemaker		
<b>Street Address</b>					<b>Street Address</b>		
376 Ocean Ave					376 Ocean Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Marblehead			MA	01945	Marblehead	MA	01945

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/23/2017	08/25/2017	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		
	Michael		Ehrlich		University Orthopedics		
<b>Street Address</b>					<b>Street Address</b>		
112 Sudbury Rd					2 Dudley Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Concord			MA	01742-2422	Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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		
	Barnaby		Evans		WaterFire Providence		
<b>Street Address</b>					<b>Street Address</b>		
101 Regent Avenue					101 Regent Avenue		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02908	Providence	RI	02908

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	08/22/2017	08/31/2017	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		
	Malcolm		Farmer		Hinckley Allen & Snyder LLP		
<b>Street Address</b>					<b>Street Address</b>		
190 Upton Ave					100 Westminster Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI		Providence	RI	02903



Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/28/2017	10/02/2017	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		Fernandes		Self Employed Real Estate			
<b>Street Address</b>					<b>Street Address</b>			
33 Collyer Street					33 Collyer Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Providence		RI	02904

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/30/2017	10/02/2017	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			
	Anne Marie		Fink		Matheys Lane Capital Management			
<b>Street Address</b>					<b>Street Address</b>			
158 Spring Street					1 W Exchange Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
East Greenwich					Providence		RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	07/31/2017		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			
	Kevin		Fox		Residential Properties			
<b>Street Address</b>					<b>Street Address</b>			
9 Maxcy Dr					140 Wickenden St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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			
	Joseph		Gallichio		Retired			
<b>Street Address</b>					<b>Street Address</b>			
60 Whisper Lane					60 Whisper Lane			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
North Kingstown					North Kingstown		RI	02852

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/29/2017	08/31/2017	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			
	Lawrence		Geuss		Newton Wellesley Orthopedics			
<b>Street Address</b>					<b>Street Address</b>			
22 Pheasant Landing Rd					2000 Washington Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Needham					Newton		MA	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/30/2017	10/02/2017	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			
	Ai		Cheng Goh		Self-Employed Fitness			
<b>Street Address</b>					<b>Street Address</b>			
55 Christopher Rd					50 Kneeland Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Randolph					Boston		MA	02129

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/19/2017	09/27/2017	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			
	Stanley		Goldstein		Retired			
<b>Street Address</b>					<b>Street Address</b>			
244 Gano St					244 Gano St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Providence		RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/19/2017	09/27/2017	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			
	Lindsay		Green		Self-Employed Graphic Designer			
<b>Street Address</b>					<b>Street Address</b>			
73 Union St					73 Union St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Bristol					Bristol		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/10/2017	08/14/2017	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			
	Sara		Greenbaum		CVS Health			
<b>Street Address</b>					<b>Street Address</b>			
1 West Exchange Street					1 Cvs Dr			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Woonsocket		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	08/22/2017	08/31/2017	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		Hammond		Retired			
<b>Street Address</b>					<b>Street Address</b>			
51 Manning Street					51 Manning 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	08/10/2017	08/14/2017	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Lisa		Hardiman		Not Employed		
<b>Street Address</b>					<b>Street Address</b>		
PO Box 897					PO Box 897		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Tampa			FL	33601	Tampa	FL	33601

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/09/2017		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		
	Arnold		Hiatt		The A.M. Fund		
<b>Street Address</b>					<b>Street Address</b>		
220 Boylston St					400 Atlantic Avenue		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Boston			MA		Boston	MA	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/29/2017	08/31/2017	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		Hibbitt		Retired		
<b>Street Address</b>					<b>Street Address</b>		
393 Poppasquash Road					393 Poppasquash Road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI		Bristol	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2017	09/12/2017	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		
	Heather		Hower		Brown University		
<b>Street Address</b>					<b>Street Address</b>		
61 Asylum Road					Box G-BH		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Warren			RI	02885	Providence	RI	02912

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/22/2017	09/27/2017	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		
	Colin		Kane		Peregrine Group		
<b>Street Address</b>					<b>Street Address</b>		
174 Wickford Point Road					20 Newman Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
North Kingstown			RI	02852	Rumford	RI	02916

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/29/2017		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		
	Thomas		Kelly		Eversource		
<b>Street Address</b>					<b>Street Address</b>		
31 Grenwold Road					85 Harding Avneue		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Quincy			MA	02169	Weymouth	MA	02188

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	08/08/2017	08/10/2017	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	J	Kennedy		Self Employed - Mental Health Advocate		
<b>Street Address</b>					<b>Street Address</b>		
14 Central Ave Ste 101					14 Central Ave Ste 101		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Island Heights			NJ	08732	Island Heights	NJ	08732

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/01/2017		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		
	Christopher		Kent		Amgen		
<b>Street Address</b>					<b>Street Address</b>		
9 Karen Ann Dr					40 Technology Way		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Smithfield			RI	02917-2312	West Greenwich	RI	02817

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/10/2017	08/14/2017	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		
	Elizabeth		Kimzey		Capitol Good Fund		
<b>Street Address</b>					<b>Street Address</b>		
3 Ames Street					22 A Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02909	Providence	RI	02907

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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		
	Jason		Knight	1 Newb	Self Employed Attorney		
<b>Street Address</b>					<b>Street Address</b>		
1 Newbrook Dr					1 Newbrook Dr		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Barrington			RI	02806	Barrington	RI	02806

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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			
	Sandra		Landay		Retired			
<b>Street Address</b>					<b>Street Address</b>			
1068 Hope Street					1068 Hope Street			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Bristol			RI	02809	Bristol	RI	02809	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/29/2017	08/31/2017	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			
	Pamela		Lenehan		Self-Employed Consultant			
<b>Street Address</b>					<b>Street Address</b>			
22 Pheasant Landing Rd					22 Pheasant Landing Rd			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Needham			MA	02492-1000	Needham	MA		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/28/2017	08/30/2017	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			
	Edward		Levine		Self Employed Consultant			
<b>Street Address</b>					<b>Street Address</b>			
35 Chapin Rd					35 Chapin Road			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Barrington			RI	02806	Barrington	RI	02806	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/29/2017	08/31/2017	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			
	Frederick		Levinger		Retired			
<b>Street Address</b>					<b>Street Address</b>			
100 Exchange St					100 Exchange St			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Providence			RI	02903-2609	Providence	RI		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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			
	Anne		Livingston		Self-Employed Attorney			
<b>Street Address</b>					<b>Street Address</b>			
100 Racquet Rd					100 Racquet Rd			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Jamestown			RI	02835	Jamestown	RI		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/29/2017		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		
	Christopher		Lometti		Cohen Milstein		
<b>Street Address</b>					<b>Street Address</b>		
3 Shelly Lane					88 Pine Street, 14th Floor		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
West Harrison			NY	10604	New York	NY	10005

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/22/2017	09/27/2017	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		
Hon.	William		Lynch		Lynch & Pine		
<b>Street Address</b>					<b>Street Address</b>		
35 Pequot Rd					1 Park Row		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Pawtucket			RI	02861-3317	Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/29/2017	10/02/2017	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		
	Sandra		Mack		Mack Law Associates		
<b>Street Address</b>					<b>Street Address</b>		
11 Hope Street					50 S Main Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI	02809	Providence	RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/06/2017	09/07/2017	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		
	Eileen		Malloy		Brown University		
<b>Street Address</b>					<b>Street Address</b>		
35 Ridge Rd					110 Elm St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI	02809	Providence	RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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		
	Juan		Mariscal		Retired		
<b>Street Address</b>					<b>Street Address</b>		
1303 Hope Street					1303 Hope Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI	02809	Bristol	RI	02809

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/29/2017	10/02/2017	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			
	Elliot		Maxwell		eMaxwell and Associates			
<b>Street Address</b>					<b>Street Address</b>			
5001 Worthington Dr					5001 Worthington Dr			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Bethesda					Bethesda		MD	20816

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/06/2017	09/07/2017	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		McAuliffe	Jr.	MAYFORTH GROUP			
<b>Street Address</b>					<b>Street Address</b>			
80 Fox Run					408 Broadway			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
East Greenwich					PROVIDENCE		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/22/2017	09/25/2017	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			
	Dennis		McCool		Memorial Hospital of Rhode Island			
<b>Street Address</b>					<b>Street Address</b>			
25 Reliance Dr					111 Brewster St			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Bristol					Pawtucket		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/28/2017	08/30/2017	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			
	Charles		McCoy		Nephrology Associates			
<b>Street Address</b>					<b>Street Address</b>			
5 Oyster Shell Ln					318 Waterman Ave			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Barrington					East Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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			
	Maureen		McDonald		Homemaker			
<b>Street Address</b>					<b>Street Address</b>			
433 Poppasquash Rd					433 Poppasquash Rd			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Bristol					Bristol		Ri	02809

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	08/22/2017	08/31/2017	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		
	Robert		McGinnis		Retired		
<b>Street Address</b>					<b>Street Address</b>		
700 South US Highway One					700 South US Highway One		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Jupiter			FL	33477	Jupiter	FL	33477

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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		
	Carol		McKenna		Retired		
<b>Street Address</b>					<b>Street Address</b>		
27 Cliff Dr					27 Cliff Dr		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI	02809	Bristol	RI	02809

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	07/25/2017		1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Joseph		McNamara		Wine Warehouse		
<b>Street Address</b>					<b>Street Address</b>		
3629 Sheridge Drive					6550 E Washington Blvd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Sherman Oaks			CA	91403	Commerce	CA	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/28/2017	10/02/2017	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		McNamee		Cleary Gottlieb Steen & Hamilton LLP		
<b>Street Address</b>					<b>Street Address</b>		
707 N Fillmore St					2000 Pennsylvania Ave NW		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Arlington			VA	22201	Washington	DC	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/20/2017	09/22/2017	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		
	Donald		Migliori		Motely Rice		
<b>Street Address</b>					<b>Street Address</b>		
28 Bridgeside Blvd					28 Bridgeside Blvd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Mount Pleasant			SC	29464	Mount Pleasant	SC	



Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/28/2017	08/30/2017	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		
	James		Moore		Retired		
<b>Street Address</b>					<b>Street Address</b>		
18 East Terrace					18 East Terrace		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Portsmouth			RI	02871	Portsmouth	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2017	09/12/2017	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		
	Anthony		Moretini		IBM		
<b>Street Address</b>					<b>Street Address</b>		
45 Highland Road					Rt 100		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI	02809	Abingdon	MD	21009

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/28/2017	09/27/2017	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	V	Moses		Moses & Afonso, Ltd.		
<b>Street Address</b>					<b>Street Address</b>		
160 Westminster Street					160 Westminster St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02903	Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/22/2017	09/27/2017	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		
	Suzanne		Murray		Homemaker		
<b>Street Address</b>					<b>Street Address</b>		
218 El Brillo Way					218 El Brillo Way		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Palm Beach			FL	33480	Palm Beach	FL	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/03/2017	09/05/2017	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		
	Marcus		Osborne		Walmart		
<b>Street Address</b>					<b>Street Address</b>		
1100 NE Thorn Hill Road					706 SW 8th Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bentonville			AR	72712	Bentonville	AR	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/18/2017	09/20/2017	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			
	Teresa		Paiva-Weed		Hospital Association of Rhode Island			
<b>Street Address</b>					<b>Street Address</b>			
18 Seaview Avenue					405 Promenade Street			
<b>City</b>		<b>State</b>		<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Newport		RI		02840	Providence	RI	02908	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/28/2017	10/02/2017	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		Peixinho		Franklin and Company			
<b>Street Address</b>					<b>Street Address</b>			
11 Memorial Blvd.					11 Memorial Blvd			
<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	09/29/2017	10/02/2017	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			
	Jina		Petrarca		Petrarca & Petrarca Law Offices			
<b>Street Address</b>					<b>Street Address</b>			
2 Granstand Drive					330 Silver Spring Street			
<b>City</b>		<b>State</b>		<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Lincoln		RI		02865	Providence	RI	02904	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/27/2017	08/29/2017	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			
	Andrew		Posner		Capitol Good Fund			
<b>Street Address</b>					<b>Street Address</b>			
90 Border Street					22 A St			
<b>City</b>		<b>State</b>		<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Dedham		MA		02026	Providence	RI	02907	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/23/2017	08/24/2017	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			
	Marsha		Prindiville		Avery-Smith Insurance			
<b>Street Address</b>					<b>Street Address</b>			
18 George Street					237 New Meadow Road			
<b>City</b>		<b>State</b>		<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
Warren		RI		02885	Barrington	RI	02806	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	07/22/2017		1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Lisa		Raiola		Hope & Main		
<b>Street Address</b>					<b>Street Address</b>		
39 High St					691 Main Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI	02809	Warren	RI	02885

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/29/2017	08/31/2017	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		
	Marcia		Reback		Retired		
<b>Street Address</b>					<b>Street Address</b>		
88 John St					88 John Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906-3031	Providence	RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/28/2017	10/02/2017	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		
	Justin		Reid		CVS		
<b>Street Address</b>					<b>Street Address</b>		
15 Adelphi Ave					1 CVS Drive		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906	Woonsocket	RI	02895

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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		
	Rebecca		Riley		Retired		
<b>Street Address</b>					<b>Street Address</b>		
4100 Main Road					4100 Main Road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Tiverton			RI	02878	Tiverton	RI	02878

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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		
	Anthony		Santurri		Colosseum		
<b>Street Address</b>					<b>Street Address</b>		
117 John Street					180 Pine Street		
<b>City</b>			<b>State</b>	<b>Zip</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
	Check	Individual	08/22/2017	08/31/2017	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			
	James		Schaye		Eaton Hudson Inc			
<b>Street Address</b>					<b>Street Address</b>			
222 Ocean Avenue					1037 Chuck Dawley Blvd			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Marblehead					Mount Pleasant		SC	29464

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/29/2017	10/02/2017	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			
	Mark		Schwager		Genesis Physician Services			
<b>Street Address</b>					<b>Street Address</b>			
1425 Diplomat Drive					10 Woodland Drive			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
East Greenwich					Covetry		RI	02816

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/06/2017	09/07/2017	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			
	Jacqueline	S.	Shoback		Boston Private Financial Holdings			
<b>Street Address</b>					<b>Street Address</b>			
262 Clinton Road					10 Post Office Square			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Brookline					Boston		MA	02109

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/17/2017	08/21/2017	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			
	Lonnie		Smith		Retired			
<b>Street Address</b>					<b>Street Address</b>			
14363 Chester Ave					14363 Chester Ave			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Saratoga					Saratoga		CA	95070

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/17/2017	08/21/2017	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			
	Lori		Snady-McCoy		Rhode Island Eye Institute			
<b>Street Address</b>					<b>Street Address</b>			
5 Oyster Sheel Lane					150 East Manning Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Barrington					Providence		RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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			
	Angie		Sousa		Self Employed			
<b>Street Address</b>					<b>Street Address</b>			
2 Mockingbird Path					2 Mockingbird Path			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>		<b>State</b>	<b>Zip</b>
Dartmouth			MA	02747	Dartmouth		MA	02747

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/08/2017	09/11/2017	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			
	June		Speakman		Roger Williams University			
<b>Street Address</b>					<b>Street Address</b>			
11 Hanson Rd					1 Old Ferry Rd			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>		<b>State</b>	<b>Zip</b>
Barrington			RI	02806-2618	Bristol		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/28/2017	08/30/2017	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			
	Donna		St. Angelo		Ferreira Electric			
<b>Street Address</b>					<b>Street Address</b>			
25 Duffield Road					86 Washington Street			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>		<b>State</b>	<b>Zip</b>
Bristol			RI	02809	Bristol		RI	02809

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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			
	Michael		Szostak		Retired			
<b>Street Address</b>					<b>Street Address</b>			
1 W. Exchange Street					1 W. Exchange Street			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>		<b>State</b>	<b>Zip</b>
Providence			RI	02903	Providence		RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/30/2017	10/02/2017	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			
	Louise		Ellen Teitz		Roger Williams University Law School			
<b>Street Address</b>					<b>Street Address</b>			
10 Metacom Avenue					10 Metacom Avenue			
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>		<b>State</b>	<b>Zip</b>
Bristol			RI	02809	Bristol		RI	02809

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/20/2017	09/22/2017	750.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Lowell		Thomas		South Shore Capital Advisors		
<b>Street Address</b>					<b>Street Address</b>		
54 Whittier Road					174 Bellevue Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Jamestown			RI		Newport	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/10/2017	09/12/2017	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		
	Andrew		Tyska		Bristol Marine		
<b>Street Address</b>					<b>Street Address</b>		
26 Patricia Ann Drive					99 Poppasquash Road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI		Bristol	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	08/22/2017	08/31/2017	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		
	Sandra		Van den Broek		Self-Employed Art Dealer		
<b>Street Address</b>					<b>Street Address</b>		
182 Poppasquash Road					50 W. 67th Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI	02809	New York	NY	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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		
	Celeste		Verria		Information Requested		
<b>Street Address</b>					<b>Street Address</b>		
19 Waterman St							
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI	02809			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/17/2017	08/21/2017	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		
	Judith		Waligunda		Retired		
<b>Street Address</b>					<b>Street Address</b>		
82 Fernwood Rd					82 Fernwood Rd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Chestnut Hill			MA	02467	Chestnut Hill	MA	02467

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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		
	Claire		Wanebo		Roger Williams Medical Center		
<b>Street Address</b>					<b>Street Address</b>		
116 Poppasquash Rd					825 Chalkstone Ave,		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI		Providence	RI	02908

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	40.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Andrea		Watson		Retired		
<b>Street Address</b>					<b>Street Address</b>		
90 Windward Ln					90 Windward Ln		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI	02809	Bristol	RI	02809

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/11/2017	09/13/2017	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		
	Kate		Weymouth		Town of Barrington/Council		
<b>Street Address</b>					<b>Street Address</b>		
79 Alfred Drown Road					283 County Rd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Barrington			RI	02806	Barrington	RI	02806

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/28/2017	09/27/2017	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		White	Jr.	TACO INCORPORATED		
<b>Street Address</b>					<b>Street Address</b>		
16 Stone Tower Ln					1160 Cranston St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Barrington			RI	02806	Cranston	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/09/2017	09/11/2017	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		
	Joye		Whitney		(add)ventures		
<b>Street Address</b>					<b>Street Address</b>		
PO Box 23113					117 Chapman Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02903	Providence	RI	02905

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	08/22/2017	08/31/2017	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		
	James		Winoker		Belvoir Properties		
<b>Street Address</b>					<b>Street Address</b>		
1180 Narragansett Blvd					17 Virginia Ave		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Cranston			RI	02905-3905	Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2017	09/07/2017	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		
	Ellen		Winsor		Self Employed - Policy Advocate		
<b>Street Address</b>					<b>Street Address</b>		
736 East Shore Road					736 East Shore Road		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Jamestown			RI	02835-1845	Jamestown	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2017	09/11/2017	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		
	MaryKae		Wright		Retired		
<b>Street Address</b>					<b>Street Address</b>		
165 Wood St					165 Wood St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Bristol			RI	02809	Bristol	RI	02809

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/20/2017	09/22/2017	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		
	Richard		Zall		Proskauer Rose LLP		
<b>Street Address</b>					<b>Street Address</b>		
50 W 67th St					11 Times Square		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
New York			NY	10021	New York	NY	10036

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	09/11/2017	09/13/2017	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		
			INTERNATIONAL UNION OF PAINTERS & ALL				
<b>Street Address</b>					<b>Street Address</b>		
7234 PARKWAY DRIVE							
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
HANOVER			MD	21076			



Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	09/29/2017		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	
			NEARI PACE (National Education Association of R			
<b>Street Address</b>					<b>Street Address</b>	
99 BALD HILL ROAD						
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State Zip</b>
CRANSTON			RI	02920		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	09/29/2017		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	
			PLUMBER & PIPEFITTERS LOCAL 51 PAC			
<b>Street Address</b>					<b>Street Address</b>	
11 HEMINGWAY DRIVE						
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State Zip</b>
EAST PROVIDENCE			RI	02914		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	09/11/2017	09/13/2017	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	
			PROGRESSIVE ACTION PAC			
<b>Street Address</b>					<b>Street Address</b>	
50 DUNCAN AVE						
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State Zip</b>
PROVIDENCE			RI	02906		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	09/11/2017	09/13/2017	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	
			REALTORS PAC OF RI			
<b>Street Address</b>					<b>Street Address</b>	
100 BIGNALL STREET						
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State Zip</b>
WARWICK			RI	02888		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	09/06/2017	09/07/2017	250.00

**In Kind/Other Receipts Description**

check#2916

Contributor Information					Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
			RI FEDERATION OF TEACHERS COPE PAC			
<b>Street Address</b>					<b>Street Address</b>	
356 SMITH STREET						
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State Zip</b>
PROVIDENCE			RI	02908		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	09/11/2017	09/13/2017	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	
			UNAP LOCAL 5019 (United Nurses & Health Profe			
Street Address					Street Address	
204 MONEY HILL ROAD						
City			State	Zip	City	
CHEPACHET			RI	02814		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	09/11/2017	09/13/2017	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	
			UNITED NURSES & ALLIED PROFESSIONALS			
Street Address					Street Address	
375 BRANCH AVENUE						
City			State	Zip	City	
PROVIDENCE			RI	02904		

**SCHEDULE OF EXPENDITURES**

Key #	Full Name of Candidate or Committee	Reporting Period
7,818	SETH MAGAZINER	From: 07/01/2017 To: 09/30/2017

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
384	07/06/2017		Campaign Expenditure	Consultant & Professional Services	\$4,000.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Julie		Andrews		
Street Address			City	State	Zip
294 Wayland Avenue			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
387	08/07/2017		Campaign Expenditure	Consultant & Professional Services	\$4,000.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Julie		Andrews		
Street Address			City	State	Zip
294 Wayland Avenue			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
389	09/06/2017		Campaign Expenditure	Consultant & Professional Services	\$4,000.00

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Julie		Andrews		
Street Address			City	State	Zip
294 Wayland Avenue			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/05/2017		Campaign Expenditure	Bank Fees	\$515.42

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			First Bank Merchant Services		
Street Address			City	State	Zip
1500 W Main St			Carbondale	IL	62901

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/03/2017		Campaign Expenditure	Bank Fees	\$354.32

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			First Bank Merchant Services		
Street Address			City	State	Zip
1500 W Main St			Carbondale	IL	62901

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/03/2017		Campaign Expenditure	Bank Fees	\$195.24

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			First Bank Merchant Services	
Street Address	City	State	Zip	
1500 W Main St	Carbondale	IL	62901	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
390	09/12/2017		Campaign Expenditure	Advertising	\$125.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Jewish Voice	
Street Address	City	State	Zip	
401 Elmgrove Avenue	Providence	RI	02906	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
385	07/11/2017		Campaign Expenditure	Consultant & Professional Services	\$450.00

**Purpose of Expenditure**

**Payee Information**

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/10/2017		Campaign Expenditure	Refunds/Reimbursements	\$1,569.00

**Purpose of Expenditure**

To Julie Andrews check#391 cleared 9/12/2017

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			The Lobster Pot	
Street Address	City	State	Zip	
119 Hope Street	Bristol	RI	02809	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
315	07/19/2017		Campaign Expenditure	Donations (Political)	\$250.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Young Democrats of Rhode Island	
Street Address	City	State	Zip	
118 Gano Street	Providence	RI	02906	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
386	07/26/2017		Campaign Expenditure	Donations (Political)	\$250.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Young Democrats of Rhode Island	
Street Address	City	State	Zip	
118 Gano Street	Providence	RI	02906	

