

**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: 10/09/2018	Period Ending: 10/29/2018
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**SUMMARY OF ACTIVITY FOR PERIOD**

1. Beginning Cash Balance	\$ 568,964.63
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	0
a. (Individuals)	0
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	14,645.00
3. Political Parties	0
4. Political Action Committees	1,450.00
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
3. Total Cash	585,059.63
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	60,996.41
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	\$ 524,063.22

**CAMPAIGN FUND STATUS**

6. Report of In-Kind Contributions	402.36
7. Cash	\$ 524,063.22
8. Other Assets	
	0
	0
	0
9. Total Assets	\$ 524,063.22

**LIABILITIES AND FUND BALANCE**

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	701,500.00
c. Other Liabilities	
	0
	0
11. Total Liabilities	701,500.00
12. Total Fund Balance	\$(177,436.78)
13. Total Liability / Fund Balance	524,063.22

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: 10/09/2018 To: 10/29/2018</b>
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<b>Item</b>	<b>Transaction Type</b>	<b>Contribution Type</b>	<b>Receipt Date</b>	<b>Deposit Date</b>	<b>Contribution Amount</b>
	In-Kind	In-Kind - Individual	10/17/2018		191.06

**In Kind/Other Receipts Description**

Food/Beverage for event

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Friends of Lauren		Carson		RI Clean Water Action			
<b>Street Address</b>					<b>Street Address</b>			
11 Willow Street					60 Valley St #101			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Newport					Providence		RI	

<b>Item</b>	<b>Transaction Type</b>	<b>Contribution Type</b>	<b>Receipt Date</b>	<b>Deposit Date</b>	<b>Contribution Amount</b>
	In-Kind	In-Kind - Individual	10/17/2018		62.26

**In Kind/Other Receipts Description**

Food/Beverage for event

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Lauren		Carson		RI Clean Water Action			
<b>Street Address</b>					<b>Street Address</b>			
11 Willow Street					60 Valley St #101			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Newport					PRovidence		RI	02909

<b>Item</b>	<b>Transaction Type</b>	<b>Contribution Type</b>	<b>Receipt Date</b>	<b>Deposit Date</b>	<b>Contribution Amount</b>
	In-Kind	In-Kind - Individual	10/24/2018		149.04

**In Kind/Other Receipts Description**

Coffee/Pastries

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Patrick		Rogers		Hinckley Allen & Snyder			
<b>Street Address</b>					<b>Street Address</b>			
50 Kennedy Plaza, Ste 1500					100 Westminster Street, Ste. 1500			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					Providence		RI	02903

<b>Item</b>	<b>Transaction Type</b>	<b>Contribution Type</b>	<b>Receipt Date</b>	<b>Deposit Date</b>	<b>Contribution Amount</b>
	Check	Individual	10/18/2018	10/29/2018	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			
	Joan		Arico		Retired			
<b>Street Address</b>					<b>Street Address</b>			
166 Lincoln Avenue					166 Lincoln Avenue			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Barrington					Barrington		RI	02806

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	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		
	JR		Beretta		Beretta Realty		
<b>Street Address</b>					<b>Street Address</b>		
13 Walcott Ave					869 Smithfield Rd		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Jamestown			RI	02835	North Providence	RI	02904

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/22/2018		200.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
Hon.	Christopher		Blazejewski		Sherin and Lodgen LLP		
<b>Street Address</b>					<b>Street Address</b>		
1 Thayer St					101 Federal Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906-1018	Boston	MA	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/16/2018	10/18/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	John		Boehnert		Self-Employed Attorney		
<b>Street Address</b>					<b>Street Address</b>		
100 Rocky Hollow Rd					50 South Main Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
East Greenwich			RI	02818	Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/23/2018	10/23/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Richard		Bready		Retired		
<b>Street Address</b>					<b>Street Address</b>		
280 Irving Ave					280 Irving Avenue		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906-5544	Providence	RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/18/2018	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		
	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
	Credit/Debit Card	Individual	10/09/2018	10/11/2018	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		
	Pamela		Coravos		Homemaker		
<b>Street Address</b>					<b>Street Address</b>		
22 Erie Avenue					22 Erie Avenue		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Newton			MA	02461	Newton	MA	02461

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/12/2018	10/15/2018	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		
	Adam		Deitch		Proskauer Rose LLP		
<b>Street Address</b>					<b>Street Address</b>		
49 Grove 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	10014-3419	New York	NY	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/17/2018	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		
	Karrie		DiSanto		Self Employed Web Design/Digital Marketing		
<b>Street Address</b>					<b>Street Address</b>		
431A Maple Avenue					431A Maple Avenue		
<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	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		
	Kenneth		Dulgarian		Dulgarian Properties		
<b>Street Address</b>					<b>Street Address</b>		
336 Olney St					144 Waterman St., Suite 6		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906	Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/29/2018		1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Justin		Galacki		Microsoft		
<b>Street Address</b>					<b>Street Address</b>		
50 West 34th St Apt 14C4					11 Times Square		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
New York			NY	10001	New York	NY	10036

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/24/2018	10/26/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Larry		Goldstein		Goldstein Associates, LLC		
<b>Street Address</b>					<b>Street Address</b>		
140 Blackstone Blvd					244 Gano Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906	Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/28/2018	10/30/2018	100.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	John		Gooding		David Gooding Inc		
<b>Street Address</b>					<b>Street Address</b>		
265 Narragansett Bay Ave					173 Spark St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Warwick			RI	02889	Brockton	MA	02302

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	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		
	Thomas		Guerra		The Foundry Associates		
<b>Street Address</b>					<b>Street Address</b>		
27 Sylvia Ln					235 Promenade St		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Lincoln			RI	02865-4538	Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/27/2018	10/29/2018	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		
	Michael		Hanna		Retired		
<b>Street Address</b>					<b>Street Address</b>		
31 James P Murphy Ind Hwy					31 James P Murphy Ind Hwy		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
West Warwick			RI	02893	West Warwick	RI	02893

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/18/2018	10/22/2018	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		
	Marie		Hennedy		Retired		
<b>Street Address</b>					<b>Street Address</b>		
56 Marion Street					56 Marion Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
East Greenwich			RI	02818	East Greenwich	RI	02818

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/27/2018	10/29/2018	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		
	Michael		Knipper		Citizens Bank		
<b>Street Address</b>					<b>Street Address</b>		
2 Hallview Dr					1 Citizens Plaza		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Simsbury			CT	06070	Providence	RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/29/2018		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		
	Brooke		Lee		Self-Employed Artist		
<b>Street Address</b>					<b>Street Address</b>		
271 Angell St					271 Angell Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02906-2101	Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/18/2018	10/29/2018	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		
	Annette		Leiderman Raisky		Michael Hayes Newport		
<b>Street Address</b>					<b>Street Address</b>		
11 Willow St					204 Bellevue Avenue		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Newport			RI	02840	Newport	RI	02840

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/29/2018		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		
	Paul		Lenahan		Microsoft		
<b>Street Address</b>					<b>Street Address</b>		
601 Belmont Avenue E					1 Microsoft Way		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Seattle			WA	98102	Redmond	WA	

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		
	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	10/15/2018		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		
	Matthew		Marcello		Hinckley, Allen & Snyder LLP		
<b>Street Address</b>					<b>Street Address</b>		
255 Promenade St					50 Kennedy Plaza, Suite 1500		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Providence			RI	02908-5776	Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/25/2018	10/29/2018	200.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Antonio		Martini		Hinckley Allen		
<b>Street Address</b>					<b>Street Address</b>		
8 Pennacook Street					28 State Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Norfolk			MA	02056	Boston	MA	02109

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/16/2018		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		
	Laurene		McKillop		Retired		
<b>Street Address</b>					<b>Street Address</b>		
1535 Frontier Drive					1535 Frontier Drive		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Melbourne			FL	32940	Melbourne	FL	32940

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/15/2018		1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Joshua		McKinney-Zarrilli		Self-Employed Investor		
<b>Street Address</b>					<b>Street Address</b>		
601 Bellevue Ave					166 COGGESHALL AVE.		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Newport			RI	02840	NEWPORT	RI	02840

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/29/2018	10/29/2018	200.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Kris		Moussette		Hinckley Allen		
<b>Street Address</b>					<b>Street Address</b>		
15 Marthas Way					28 State Street		
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Mansfield			MA	02048	Boston	MA	02109



Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/26/2018	10/29/2018	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		
	Ronald		Murdock		Progeny Systems Corp		
<b>Street Address</b>					<b>Street Address</b>		
245 Ferry Landing Circle					60 Hammarlund Way		
<b>City</b>					<b>City</b>		<b>State</b> <b>Zip</b>
Portsmouth					Middletown		RI

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/11/2018	10/15/2018	500.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Patrick	J.	Murray		Bristol County Savings Bank		
<b>Street Address</b>					<b>Street Address</b>		
255 Boxwood Lane					29 Broadway		
<b>City</b>					<b>City</b>		<b>State</b> <b>Zip</b>
Bridgewater					Taunton		MA

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/11/2018	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		
	Kenneth		Orenstein		Orenstein Real Estate Services		
<b>Street Address</b>					<b>Street Address</b>		
330 Lloyd Ave					330 Lloyd Avenue		
<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
	Credit/Debit Card	Individual	10/18/2018	10/22/2018	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		
	Stacy		Paterno		KDG Strategies		
<b>Street Address</b>					<b>Street Address</b>		
65 New Meadow Rd					500 Exchange St		
<b>City</b>					<b>City</b>		<b>State</b> <b>Zip</b>
Barrington					Providence		RI 02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/18/2018	10/22/2018	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		
	Richard		Pinto		Fabiani Pinto LLC		
<b>Street Address</b>					<b>Street Address</b>		
38 N Court Street					177 North Main Street		
<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	10/18/2018	10/22/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Maya		Saxena		Saxena White P.A.			
<b>Street Address</b>					<b>Street Address</b>			
1112 Vista Del Mar Dr S					150 E Palmetto Park Road			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Delray Beach					Boca Raton		FL	33432

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/29/2018		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			
	Stephen		Schweich		Mooreland Partners			
<b>Street Address</b>					<b>Street Address</b>			
127 Lloyd Ave					140 E 45th Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Providence					New York		NY	10017

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/18/2018	10/22/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Steven		Singer		Saxena White P.A.			
<b>Street Address</b>					<b>Street Address</b>			
8 Dunham Road					10 Bank Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Scarsdale					White Plains		NY	10606

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/15/2018		500.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Robert		Struck		Robert E. Struck Jr & Co.			
<b>Street Address</b>					<b>Street Address</b>			
7 McMillen Way					235 Promenade Street			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Narragansett					Providence		RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/18/2018	10/22/2018	1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Joseph		White	III	Saxena White P.A.			
<b>Street Address</b>					<b>Street Address</b>			
16001 Quiet Vista Circle					150 E Palmetto Park Road			
<b>City</b>					<b>City</b>		<b>State</b>	<b>Zip</b>
Delray Beach					Boca Raton		FL	33432

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	10/16/2018		1,000.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
			HINCKLEY ALLEN SNYDER RHODE ISLAND F			
<b>Street Address</b>					<b>Street Address</b>	
100 WESTMINSTER ST SUITE 1500						
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State Zip</b>
PROVIDENCE			RI	02903		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	10/18/2018	10/29/2018	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	
			NORTHERN RI CHAMBER OF COMMERCE PA			
<b>Street Address</b>					<b>Street Address</b>	
6 BLACKSTONE VALLEY PLACE						
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State Zip</b>
LINCOLN			RI	02865		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	10/11/2018		200.00

**In Kind/Other Receipts Description**

Contributor Information					Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
			UNAP LOCAL 5019 (United Nurses & Health Profe			
<b>Street Address</b>					<b>Street Address</b>	
204 MONEY HILL ROAD						
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State Zip</b>
CHEPACHET			RI	02814		

**SCHEDULE OF EXPENDITURES**

Key #	Full Name of Candidate or Committee	Reporting Period
7,818	SETH MAGAZINER	From: 10/09/2018 To: 10/29/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/12/2018		Campaign Expenditure	Employee Services	\$1,290.76

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Morgan		Alger		
Street Address	City			State	Zip
490 Old Coach Rd	Charlestown			RI	02813

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/25/2018		Campaign Expenditure	Employee Services	\$1,290.75

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Morgan		Alger		
Street Address	City			State	Zip
490 Old Coach Rd	Charlestown			RI	02813

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/25/2018		Campaign Expenditure	Employee Services	\$2,146.54

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	LeeAnn		Byrne		
Street Address	City			State	Zip
56 Alvira Ave	Warwick			RI	02888

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/12/2018		Campaign Expenditure	Employee Services	\$2,146.54

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	LeeAnn		Byrne		
Street Address	City			State	Zip
56 Alvira Ave	Warwick			RI	02888

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/20/2018		Campaign Expenditure	Advertising	\$50.00

**Purpose of Expenditure**

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/24/2018		Campaign Expenditure	Advertising	\$20.00

**Purpose of Expenditure**

**Payee Information**

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
504	10/10/2018		Campaign Expenditure	Advertising	\$50,000.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			GPS Impact	
Street Address	City	State	Zip	
220 SE 6th Street Suite 330	DesMoines	IA	50309	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/27/2018		Campaign Expenditure	Advertising	\$45.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Hootsuite	
Street Address	City	State	Zip	
5 East 8th Avenue	Vancouver CANADA	BC		

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
319	10/26/2018		Campaign Expenditure	Donations (All Others)	\$30.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			London / Riley Memorial Scholarship Fund	
Street Address	City	State	Zip	
53 Dante Street	Johnston	RI	02919	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
507	10/22/2018		Campaign Expenditure	Donations (Political)	\$150.00

**Purpose of Expenditure**

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Newport Democratic City Committee	
Street Address	City	State	Zip	
PO Box 3454	Newport	RI	02840	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
509	10/19/2018		Campaign Expenditure	Donations (All Others)	\$75.00

**Purpose of Expenditure**

Gala Oct 27/ad book

**Payee Information**

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Oasis International	
Street Address	City	State	Zip	
600 Broad Street	Providence	RI	02907	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
320	10/12/2018		Campaign Expenditure	Donations (All Others)	\$100.00

**Purpose of Expenditure**

FR to ship ambulance to DR

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
	Julio		Ortiz	RI	02907
Street Address			City	State	Zip
6 Lenox Avenue			Providence	RI	02907

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/12/2018		Campaign Expenditure	Employee Services	\$1,619.73

**Purpose of Expenditure**

Taxes

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
			Paychex Inc	RI	02915
Street Address			City	State	Zip
501 Wampanoag Trl			Riverside	RI	02915

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/15/2018		Campaign Expenditure	Employee Services	\$108.55

**Purpose of Expenditure**

EIB

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
			Paychex Inc	RI	02915
Street Address			City	State	Zip
501 Wampanoag Trl			Riverside	RI	02915

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/26/2018		Campaign Expenditure	Employee Services	\$1,619.74

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
			Paychex Inc	RI	02915
Street Address			City	State	Zip
501 Wampanoag Trl			Riverside	RI	02915

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/26/2018		Campaign Expenditure	Employee Services	\$37.55

**Purpose of Expenditure**

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
			Paychex Inc	RI	02915
Street Address			City	State	Zip
501 Wampanoag Trl			Riverside	RI	02915

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/15/2018		Campaign Expenditure	Office Equipment & Supplies	\$73.33

**Purpose of Expenditure**

**Payee Information**

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

<b>Check #</b>	<b>Expenditure Date</b>	<b>Payment Date</b>	<b>Disbursement Type</b>	<b>Expenditure Type</b>	<b>Expenditure Amount</b>
	10/23/2018		Campaign Expenditure	Food, Beverages and Meals	\$52.92

**Purpose of Expenditure**

Coffee hour

**Payee Information**

<b>Prefix</b>	<b>First Name</b>	<b>MI</b>	<b>LastName or Vendor Name</b>	<b>Suffix</b>
			Stop & Shop	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
275 Warwick Avenue		Cranston	RI	02905

<b>Check #</b>	<b>Expenditure Date</b>	<b>Payment Date</b>	<b>Disbursement Type</b>	<b>Expenditure Type</b>	<b>Expenditure Amount</b>
508	10/22/2018		Campaign Expenditure	Donations (All Others)	\$100.00

**Purpose of Expenditure**

10/28/2018 event sponsorship

**Payee Information**

<b>Prefix</b>	<b>First Name</b>	<b>MI</b>	<b>LastName or Vendor Name</b>	<b>Suffix</b>
			Temple Beth-El	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
70 Orchard Street		Providence	RI	02906

<b>Check #</b>	<b>Expenditure Date</b>	<b>Payment Date</b>	<b>Disbursement Type</b>	<b>Expenditure Type</b>	<b>Expenditure Amount</b>
	10/15/2018		Campaign Expenditure	Fundraising Expenses	\$40.00

**Purpose of Expenditure****Payee Information**

<b>Prefix</b>	<b>First Name</b>	<b>MI</b>	<b>LastName or Vendor Name</b>	<b>Suffix</b>
			USPS	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
24 Corliss Street		Providence	RI	02904