

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#
J. AARON REGUNBERG	7859

Street Address	City/Town, State and Zip Code
50 DUNCAN AVE	PROVIDENCE, RI 02906

Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 263-7770			AARON@REGUNBERGFORREP.COM

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

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

1. Beginning Cash Balance	\$ 31,304.45
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	0
a. (Individuals)	0
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	3,785.45
3. Political Parties	0
4. Political Action Committees	1,200.00
5. Loan Proceeds	125,000.00
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	161,289.90
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	159,297.88
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	\$ 1,992.02

CAMPAIGN FUND STATUS

6. Report of In-Kind Contributions	86.00
7. Cash	\$ 1,992.02
8. Other Assets	0
	0
	0
9. Total Assets	\$ 1,992.02

LIABILITIES AND FUND BALANCE

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	130,000.00
c. Other Liabilites	0
	0
11. Total Liabilities	130,000.00
12. Total Fund Balance	\$(128,007.98)
13. Total Liability / Fund Balance	1,992.02

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

Key #	Full Name of Candidate or Committee	Reporting Period
7,859	J. AARON REGUNBERG	From: 09/05/2018 To: 10/09/2018

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	In-Kind	In-Kind - PAC	09/12/2018		86.00

In Kind/Other Receipts Description

Staff time

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
			RI WORKING FAMILIES					
Street Address					Street Address			
16 CUTLER ST								
City			State	Zip	City		State	Zip
WARREN			RI	02885				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		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			
	Caroline		Alday		Self Employed Psychologist			
Street Address					Street Address			
228 Garden St					9 S Angell St			
City			State	Zip	City		State	Zip
Cranston			RI		Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/10/2018		250.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Buck		Asprinio		Alleycat			
Street Address					Street Address			
17 Bluff St.					31 Kenyon St.			
City			State	Zip	City		State	Zip
Riverside			RI		Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		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			
	Katrina		Avery		Not Employed			
Street Address					Street Address			
425 SEAVIEW AVE					425 SEAVIEW AVE			
City			State	Zip	City		State	Zip
Warren			RI		Warren		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/06/2018		25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Mary Jane		Begin		RISD			
Street Address					Street Address			
30 Bay Road					2 College St.			
City			State	Zip	City		State	Zip
Barrington			RI		Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		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			
	Roberta		Berger		Not Employed			
Street Address					Street Address			
1050 Longboat Club Road 1006					1050 Longboat Club Road 1006			
City			State	Zip	City		State	Zip
Longboat Key			FL		Longboat Key		FL	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		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			
	Ellen		Brown		Not employed			
Street Address					Street Address			
7 Dana Street					7 Dana Street			
City			State	Zip	City		State	Zip
Providence			RI		Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		27.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Nancy		Brown		Not Employed			
Street Address					Street Address			
PO Box 183					PO Box 183			
City			State	Zip	City		State	Zip
Coventry			RI		Coventry		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/07/2018		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			
	Ellen		Burch		Not Employed			
Street Address					Street Address			
3641 39th Street Northwest F312					3641 39th Street Northwest F312			
City			State	Zip	City		State	Zip
Washington			DC	20016	Washington		DC	20016

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/08/2018		27.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Rosemarie		Cabral		Child Screener		
Street Address					Street Address		
11 Cider Lane					49 Farnum Pike		
City			State	Zip	City	State	Zip
Smithfield			RI		Smithfield	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/05/2018		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		
	Joan		Carello		not employed		
Street Address					Street Address		
359 Greenwich Ave Apt.238					359 Greenwich Ave Apt.238		
City			State	Zip	City	State	Zip
Warwick			RI		Warwick	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/12/2018		10.00

In Kind/Other Receipts Description

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

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/07/2018		50.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Paula		Carmichael		Reliant Medical Group		
Street Address					Street Address		
32 Southwick Drive					630 Plantation Street		
City			State	Zip	City	State	Zip
Lincoln			RI	02865	Worcester	MA	01605

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/08/2018		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		
	Donald		Coustan		not employed		
Street Address					Street Address		
265 Seaside Drive					265 Seaside Drive		
City			State	Zip	City	State	Zip
Jamestown			RI		Jamestown	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/06/2018		100.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Keri		Cronin		Dish		
Street Address					Street Address		
90 Union St.					155 Water St.		
City			State	Zip	City	State	Zip
Warren			RI		Warren	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		5.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	James		Crowley		Self Employed Physician		
Street Address					Street Address		
93 Bluff Street					93 Bluff Street		
City			State	Zip	City	State	Zip
East Providence			RI		East Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/05/2018		250.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Julian		Dash		Clean Economy Development LLC		
Street Address					Street Address		
21 Autumn Street					91 Clemence Street #3		
City			State	Zip	City	State	Zip
Providence			RI	02905	Providence	RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/10/2018		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		
	Helen		Drew		Not Employed		
Street Address					Street Address		
8 Pinecrest Road					8 Pinecrest Road		
City			State	Zip	City	State	Zip
Carolina			RI		Carolina	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		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		
	Karen		Drucker Stern		Not Employed		
Street Address					Street Address		
24 Progress Street					24 Progress Street		
City			State	Zip	City	State	Zip
Providence			RI		Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/10/2018		28.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Thomas		Dwyer		TDASI			
Street Address					Street Address			
530 SE Tenino St					530 SE Tenino St			
City					City		State	Zip
Portland					Portland		OR	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		5.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Elissa		Emerson		RI College			
Street Address					Street Address			
93 E. Manning St #1					600 Mt Pleasant Ave FLS 126			
City					City		State	Zip
Providence					Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/11/2018		5.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Elissa		Emerson		RI College			
Street Address					Street Address			
93 E. Manning St #1					600 Mt Pleasant Ave FLS 126			
City					City		State	Zip
Providence					Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/10/2018		30.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Elissa		Emerson		RI College			
Street Address					Street Address			
93 E. Manning St #1					600 Mt Pleasant Ave FLS 126			
City					City		State	Zip
Providence					Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/05/2018		50.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Louis		Giancola		South County Hospital			
Street Address					Street Address			
6 Barberry Hill Rd					100 Kenyon Ave			
City					City		State	Zip
Providence					Wakefield		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/08/2018		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				
	Ryan		Gildea		Not employed				
Street Address					Street Address				
60 Fosdyke St.					60 Fosdyke St.				
City				State	Zip	City		State	Zip
Providence				RI		Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		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				
	Jodi		Glass		Community Activist				
Street Address					Street Address				
222 Medway St					222 Medway St				
City				State	Zip	City		State	Zip
Providence				RI		Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/06/2018		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				
	Sarah		Gleason		Retired				
Street Address					Street Address				
30 John St.					30 John St.				
City				State	Zip	City		State	Zip
Providence				RI		Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/06/2018		10.00

In Kind/Other Receipts Description

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

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/10/2018		5.00

In Kind/Other Receipts Description

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

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/08/2018		27.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Connie		Grosch		Rhode Island Foundaiton			
Street Address					Street Address			
20 Freese Street					1 Union Station			
City					City		State	Zip
Providence					Providence		RI	02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/10/2018		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			
	Nicholas		Grumbach		Rhode Island Hospital			
Street Address					Street Address			
79 Larch Road					593 Eddy St			
City					City		State	Zip
East Greenwich					Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/08/2018		27.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Maria		Guglielmo		OrthoRI			
Street Address					Street Address			
40 Watch Hill Drive					120 Centerville Road			
City					City		State	Zip
East Greenwich					Warwick		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/10/2018		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			
	Roberta		Hazen Aaronson		self-employed			
Street Address					Street Address			
14 Hudson Place					14 Hudson Place			
City					City		State	Zip
Providence					Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		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			
	D. Steven		heckman		State of California			
Street Address					Street Address			
12810 Yucaipa Creek Pl.					454 W. 4th St.			
City					City		State	Zip
Yucaipa					San Bernardino		CA	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/07/2018		100.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Rosemary		Hobson		not employed		
Street Address					Street Address		
1060 Main Street					1060 Main Street		
City			State	Zip	City	State	Zip
Coventry			RI	02816	Coventry	RI	02816

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/05/2018		50.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Rosemary		Hobson		not employed		
Street Address					Street Address		
1060 Main Street					1060 Main Street		
City			State	Zip	City	State	Zip
Coventry			RI	02816	Coventry	RI	02816

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/05/2018		5.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Rosemary		Hobson		not employed		
Street Address					Street Address		
1060 Main Street					1060 Main Street		
City			State	Zip	City	State	Zip
Coventry			RI	02816	Coventry	RI	02816

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/10/2018		10.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Rosemary		Hobson		not employed		
Street Address					Street Address		
1060 Main Street					1060 Main Street		
City			State	Zip	City	State	Zip
Coventry			RI	02816	Coventry	RI	02816

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/12/2018		7.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Rosemary		Hobson		not employed		
Street Address					Street Address		
1060 Main Street					1060 Main Street		
City			State	Zip	City	State	Zip
Coventry			RI	02816	Coventry	RI	02816

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/10/2018		5.00

In Kind/Other Receipts Description

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	Street Address	City	State	Zip
	Pearl		Holloway		Providence School Dept.	797 Westminster St.	Providence	RI	
Street Address					Street Address				
67 George Arden Ave					797 Westminster St.				
City					City				
Warwick					Providence				
State					State				
RI					RI				
Zip					Zip				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/10/2018		25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	Street Address	City	State	Zip
	Pearl		Holloway		Providence School Dept.	797 Westminster St.	Providence	RI	
Street Address					Street Address				
67 George Arden Ave					797 Westminster St.				
City					City				
Warwick					Providence				
State					State				
RI					RI				
Zip					Zip				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/11/2018		25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	Street Address	City	State	Zip
	Barbara		Hunger		none	5 Thurston Street	Providence	RI	
Street Address					Street Address				
5 Thurston Street					5 Thurston Street				
City					City				
Providence					Providence				
State					State				
RI					RI				
Zip					Zip				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/08/2018		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	Street Address	City	State	Zip
	Nancy		Jacobs		Not Employed	61 Woodbury Street	Providence	RI	
Street Address					Street Address				
61 Woodbury Street					61 Woodbury Street				
City					City				
Providence					Providence				
State					State				
RI					RI				
Zip					Zip				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/10/2018		25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	Street Address	City	State	Zip
	Elizabeth		Jardine		Student	21 11th Street	Providence	RI	
Street Address					Street Address				
21 11th Street					21 11th Street				
City					City				
Providence					Providence				
State					State				
RI					RI				
Zip					Zip				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/10/2018		50.00

In Kind/Other Receipts Description

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

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/11/2018		54.27

In Kind/Other Receipts Description

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

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/07/2018		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			
	Lifespan		Jordan		Lifespan			
Street Address					Street Address			
689 Hope Street					164 Summit Avenue			
City					City		State	Zip
Providence					Providence		RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/07/2018		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			
	Marion		Jordan					
Street Address					Street Address			
689 Hope St. Apt. 3								
City					City		State	Zip
Providence								

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/07/2018		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			
	Mark		Kiester		Alachua Co Tax Collector			
Street Address					Street Address			
3500 Windmeadows Blvd #79					12 SE 1st Street			
City					City		State	Zip
Gainesville					Gainesville		FL	32601

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/06/2018		100.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Jane		Knight		Not Employed			
Street Address					Street Address			
21 Christine Rd					21 Christine Road			
City					City		State	Zip
Barrington					Barrington		RI	02806

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		27.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Rochelle		Lee		Pawtucket School Department			
Street Address					Street Address			
172 Ontario St.								
City					City		State	Zip
Providence					Pawtucket		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		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			
	Janice		Libby		Not employed			
Street Address					Street Address			
290 Doyle Ave					290 Doyle Ave			
City					City		State	Zip
Providence					Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/08/2018		18.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Simon		Libfeld		Not Employed			
Street Address					Street Address			
2843 Old Yorktown Road					2843 Old Yorktown Road			
City					City		State	Zip
Yorktown					Yorktown		NY	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		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			
	Marcia		Lindsay		Retired			
Street Address					Street Address			
18 Constellation Ct					18 Constellation Ct			
City					City		State	Zip
Jamestown					Jamestown		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		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			
	Lisa		Litvin		Not Employed			
Street Address					Street Address			
98 Villard Avenue					98 Villard Avenue			
City					City		State	Zip
Hastings-on-Hudson					Hastings-on-Hudson		NY	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/06/2018		100.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Lucy		Maddock Mark		RI Public Health Institute			
Street Address					Street Address			
11 Telford Rd					383 W. Fountain St. Ste. 101			
City					City		State	Zip
Barrington					Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/08/2018		27.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Sarah		Martino		The Miriam Hospital			
Street Address					Street Address			
46 East Manning Street, Apt 2					8 Third Street			
City					City		State	Zip
Providence					Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/07/2018		10.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	William		McEnery		Not Employed			
Street Address					Street Address			
10 Mystic Avenue					2 Altieri Way			
City					City		State	Zip
East Providence					Warwick		RI	02886

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/06/2018		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			
	Timothy		Mize		West Marine			
Street Address					Street Address			
30 Bay Road					379 W Main Rd			
City					City		State	Zip
Barrington					Middletown		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		5.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Jane		Mizrahi		self-employed social work		
Street Address					Street Address		
13 Bay Rd					180 Gano Street		
City			State	Zip	City	State	Zip
Warren			RI		Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/08/2018		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		
	Miliana		Morowitz		Not Employed		
Street Address					Street Address		
103 Challenge Court					103 Challenge Court		
City			State	Zip	City	State	Zip
Foster City			CA	94404	Foster City	CA	94404

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/11/2018		50.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Maureen		Murphy		not employed		
Street Address					Street Address		
5702 NW 209th St.					5702 NW 209th St.		
City			State	Zip	City	State	Zip
Ridgefield			WA		Ridgefield	WA	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/06/2018		50.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Sarah		O'Brien		Bayside Chiropractic		
Street Address					Street Address		
88 Boyce Avenue					291 Waterman Avenue		
City			State	Zip	City	State	Zip
Barrington			RI	02806	Providence	RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/08/2018		5.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Mary		Pendergast		Sisters of Mercy		
Street Address					Street Address		
99 Fillmore St					15 Highlandview Road		
City			State	Zip	City	State	Zip
Pawtucket			RI		Cumberland	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/06/2018		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			
	Keith		Phillis		Darrow Everett LLP			
Street Address					Street Address			
52 Fatima Drive					1 Turks Head Pl #1200			
City					City		State	Zip
Warren					Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/11/2018		50.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Lisa		Priess-Fried		Batsheva Dance Company			
Street Address					Street Address			
12 Colburn Drive					12 Colburn Drive			
City					City		State	Zip
Poughkeepsie					Poughkeepsie		NY	12603

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/07/2018		50.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Davif		Quinn		MURSD			
Street Address					Street Address			
39 Prospect					150 North Ave			
City					City		State	Zip
Attleboro					Mendon		MA	01756

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		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			
	Stephen		Record		not employed			
Street Address					Street Address			
PO Box 460					PO Box 460			
City					City		State	Zip
Block Island					Block Island		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/10/2018		10.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Lucille		Riccitelli		Not Employed			
Street Address					Street Address			
5 Wake Robin Rd Unit 3005					5 Wake Robin Rd Unit 3005			
City					City		State	Zip
Lincoln					Lincoln		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/08/2018		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			
	Joan		Richards		Brown University			
Street Address					Street Address			
15 Creighton St					69 Brown St			
City					City		State	Zip
Providence					Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/08/2018		27.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Timothy		Riker		Brown University			
Street Address					Street Address			
119 Oak Hill Avenue					195 Angell Street Box 1982			
City					City		State	Zip
Pawtucket					Providence		RI	02912

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/05/2018		5.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Brendan		Ryan		Providence Athenaeum			
Street Address					Street Address			
5 South Hill Dr.					251 Benefit St			
City					City		State	Zip
Cranston					Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/12/2018		5.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Brendan		Ryan		Providence Athenaeum			
Street Address					Street Address			
5 South Hill Dr.					251 Benefit St			
City					City		State	Zip
Cranston					Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		27.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name			
	Kathryn		Sanders		Rhode Island College			
Street Address					Street Address			
169 Sixth Street					60 Mount Pleasant Avenue			
City					City		State	Zip
Providence					Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/08/2018		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		
	Deborah		Schimberg		Verve, Inc.		
Street Address					Street Address		
305 Dudley Street					498 Pine Street		
City			State	Zip	City	State	Zip
Providence			RI	02907	Providence	RI	02907

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/07/2018		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		
	Janet		Scott		Not Employed		
Street Address					Street Address		
5251 Ellenwood Place					5251 Ellenwood Place		
City			State	Zip	City	State	Zip
Los Angeles			CA	90041	Los Angeles	CA	90041

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/08/2018		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		
	Anne		Scurria		Not Employed		
Street Address					Street Address		
120 Riverside Drive					120 Riverside Drive		
City			State	Zip	City	State	Zip
East Providence			RI		East Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/10/2018		10.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Karen		Sheahan		not employed		
Street Address					Street Address		
355 Blackstone Blvd Apt #541					355 Blackstone Blvd Apt #541		
City			State	Zip	City	State	Zip
Providence			RI		Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/11/2018		25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Nikhil		Shimpi		National Labor Relations Board		
Street Address					Street Address		
476 Clinton Ave. Apt. 1A							
City			State	Zip	City	State	Zip
Brooklyn			NY				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/08/2018		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		
	Katherine		Stone		NAFI		
Street Address					Street Address		
195 Bay Spring Avenue					501 Centerville Ave		
City			State	Zip	City	State	Zip
Barrington			RI		Warwick	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/08/2018		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		
	Katherine		Stone		NAFI		
Street Address					Street Address		
195 Bay Spring Avenue					501 Centerville Ave		
City			State	Zip	City	State	Zip
Barrington			RI		Warwick	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/10/2018		15.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Bruce		Stowers		Not Employed		
Street Address					Street Address		
550 Broad St #2					550 Broad St #2		
City			State	Zip	City	State	Zip
Providence			RI		Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/11/2018		100.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Carol		Sullivan		Not Employed		
Street Address					Street Address		
703 Black Hut Rd					703 Black Hut Rd		
City			State	Zip	City	State	Zip
Glendale			RI		Glendale	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/06/2018		100.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Linda		Teoli		1199 SEIU Rhode Island		
Street Address					Street Address		
3 Diaz Ct.					77 Huyshope Ave.		
City			State	Zip	City	State	Zip
West Warwick			RI		Hartford	CT	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		5.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	James		Turner		not employed		
Street Address					Street Address		
77 Post Road					77 Post Road		
City			State	Zip	City	State	Zip
Wariwck			RI		Warwick	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/08/2018		27.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	David		Vivian		Not employed		
Street Address					Street Address		
175 Parkview Dr. Apt 11							
City			State	Zip	City	State	Zip
Pawtucket			RI				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/05/2018		100.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Kate		Weymouth		Barrington Town Council		
Street Address					Street Address		
79 Alfred Drown Rd.					283 County Rd.		
City			State	Zip	City	State	Zip
Barrington			RI		Barrington	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/06/2018		20.18

In Kind/Other Receipts Description

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

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/11/2018		100.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Connie		Worthington		Retired		
Street Address					Street Address		
240 Cole Ave.							
City			State	Zip	City	State	Zip
Providence							

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2018		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		
	Kersti		Yllo		Wheaton College		
Street Address					Street Address		
52 Larch St.					26 E Main St		
City			State	Zip	City	State	Zip
Providence			RI		Norton	MA	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Loan	Loan Proceeds	09/05/2018		125,000.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Aaron		Regunberg		Providence Student Union		
Street Address					Street Address		
62 Camp Street					741 Westminster Street		
City			State	Zip	City	State	Zip
Providence			RI	02906	Providence	RI	02903

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

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
			JOHNSTON ASSOCIATION FIREFIGHTERS LOC				
Street Address					Street Address		
1520 ATWOOD AVENUE							
City			State	Zip	City	State	Zip
JOHNSTON			RI	02919			

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

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
			PAWTUCKET FIREFIGHTERS LOCAL 1261 PAC				
Street Address					Street Address		
155 ROOSEVELT AVE							
City			State	Zip	City	State	Zip
PAWTUCKET			RI	02861			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	09/14/2018		1,000.00

In Kind/Other Receipts Description

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

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period
7,859	J. AARON REGUNBERG	From: 09/05/2018 To: 10/09/2018

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/06/2018		Campaign Expenditure	Advertising	\$850.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			aBodhi Properties LLC		
Street Address			City	State	Zip
80 Dexter St			Providence	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/06/2018		Campaign Expenditure	Fundraising Expenses	\$455.82

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Actblue		
Street Address			City	State	Zip
366 Summer Street			Somerville	MA	02114

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/05/2018		Campaign Expenditure	Fundraising Expenses	\$118.95

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Actblue		
Street Address			City	State	Zip
366 Summer Street			Somerville	MA	02114

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/24/2018		Campaign Expenditure	Consultant & Professional Services	\$694.59

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Angle Mastagni Mathews Political Strategies, LLC		
Street Address			City	State	Zip
507 North Sylvania			Fort Worth	TX	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/10/2018		Campaign Expenditure	Advertising	\$120,456.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Berlin Rosen, LTD		
Street Address			City	State	Zip
15 Maiden Lane Suite 1600			New York	NY	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/11/2018		Campaign Expenditure	Advertising	\$5,000.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Berlin Rosen, LTD		
Street Address			City	State	Zip
15 Maiden Lane Suite 1600			New York	NY	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/11/2018		Campaign Expenditure	Advertising	\$10,000.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Berlin Rosen, LTD		
Street Address			City	State	Zip
15 Maiden Lane Suite 1600			New York	NY	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
311	09/14/2018		Campaign Expenditure	Consultant & Professional Services	\$1,000.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Jameson		Boyd		
Street Address			City	State	Zip
114 Vinton Street #2			Providence	RI	02909

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/21/2018		Campaign Expenditure	Advertising	\$5,193.83

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Checkmate Consulting Group and Printing		
Street Address			City	State	Zip
461 Main Street			East Greenwich	RI	02818

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/05/2018		Campaign Expenditure	Bank Fees	\$20.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Coastway Bank		
Street Address			City	State	Zip
180 Washington Street			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/11/2018		Campaign Expenditure	Office Equipment & Supplies	\$8.78

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			CVS		
Street Address			City	State	Zip
960 Broad Street			Providence	RI	02905

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
308	09/17/2018		Campaign Expenditure	Consultant & Professional Services	\$500.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	David		Danicher		
Street Address			City	State	Zip
57 Adelaide Avenue			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/11/2018		Campaign Expenditure	Food, Beverages and Meals	\$36.14

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Dunkin Donuts		
Street Address			City	State	Zip
860 Elmwood Ave			Providence	RI	02907

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/12/2018		Campaign Expenditure	Food, Beverages and Meals	\$16.99

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Dunkin Donuts		
Street Address			City	State	Zip
860 Elmwood Ave			Providence	RI	02907

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/13/2018		Campaign Expenditure	Food, Beverages and Meals	\$24.48

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Dunkin Donuts		
Street Address			City	State	Zip
860 Elmwood Ave			Providence	RI	02907

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/12/2018		Campaign Expenditure	Advertising	\$750.00

Purpose of Expenditure

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/10/2018		Campaign Expenditure	Advertising	\$500.00

Purpose of Expenditure

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/05/2018		Campaign Expenditure	Advertising	\$177.24

Purpose of Expenditure

Payee Information

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/11/2018		Campaign Expenditure	Food, Beverages and Meals	\$70.42

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Flames Restaurant	
Street Address	City	State	Zip	
734 Eddy Street	Providence	RI	02903	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
310	09/18/2018		Campaign Expenditure	Consultant & Professional Services	\$300.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Bryan		Garcia	
Street Address	City	State	Zip	
428 Adelaide Avenue	Providence	RI	02906	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/01/2018		Campaign Expenditure	Other	\$5.00

Purpose of Expenditure

Payee Information

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
309	09/17/2018		Campaign Expenditure	Consultant & Professional Services	\$400.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Christopher		Guzman	
Street Address	City	State	Zip	
57 Algonquin St	Providence	RI	09207	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/11/2018		Campaign Expenditure	Consultant & Professional Services	\$30.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Zachary		Hall	
Street Address	City	State	Zip	
411 Valley St	Providence	RI		

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
307	09/14/2018		Campaign Expenditure	Consultant & Professional Services	\$500.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Jason		Hernandez	
Street Address	City	State	Zip	
56 Vineyard Street	Providence	RI	02907	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/11/2018		Campaign Expenditure	Office Equipment & Supplies	\$154.49

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Home Depot	
Street Address	City	State	Zip	
387 Charles St.	Providence	RI	02908	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/13/2018		Campaign Expenditure	Telephone	\$130.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Hubdialer	
Street Address	City	State	Zip	
PO Box 615	Manhasset,	NY	11030	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/11/2018		Campaign Expenditure	Telephone	\$130.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Hubdialer	
Street Address	City	State	Zip	
50 West 17th St, Fl 9	New York	NY	10011	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/12/2018		Campaign Expenditure	Telephone	\$130.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Hubdialer	
Street Address	City	State	Zip	
50 West 17th St, Fl 9	New York	NY	10011	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/12/2018		Campaign Expenditure	Telephone	\$195.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Hubdialer	
Street Address	City	State	Zip	
PO Box 615	Manhasset,	NY	11030	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/13/2018		Campaign Expenditure	Food, Beverages and Meals	\$48.03

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			La Broa Pizza		
Street Address			City	State	Zip
925 Broad St			Providence	RI	02907

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/13/2018		Campaign Expenditure	Advertising	\$55.23

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			La Broa Pizza		
Street Address			City	State	Zip
925 Broad St			Providence	RI	02907

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/13/2018		Campaign Expenditure	Food, Beverages and Meals	\$77.71

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			La Broa Pizza		
Street Address			City	State	Zip
925 Broad St			Providence	RI	02907

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/10/2018		Campaign Expenditure	Food, Beverages and Meals	\$70.14

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			La Broa Pizza		
Street Address			City	State	Zip
925 Broad St			Providence	RI	02907

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/13/2018		Campaign Expenditure	Employee Services	\$6,643.55

Purpose of Expenditure

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/14/2018		Campaign Expenditure	Consultant & Professional Services	\$28.69

Purpose of Expenditure

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/14/2018		Campaign Expenditure	Employee Services	\$2,711.64

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Paychex Inc.		
Street Address			City	State	Zip
501 Wampanoag Trail			Riverside	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/07/2018		Campaign Expenditure	Office Equipment & Supplies	\$6.97

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Pricerite		
Street Address			City	State	Zip
325 Valley St.			Providence	RI	02940

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/07/2018		Campaign Expenditure	Office Equipment & Supplies	\$22.44

Purpose of Expenditure

Payee Information

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/06/2018		Campaign Expenditure	Office Equipment & Supplies	\$73.80

Purpose of Expenditure

Payee Information

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/08/2018		Campaign Expenditure	Office Equipment & Supplies	\$22.44

Purpose of Expenditure

Payee Information

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/11/2018		Campaign Expenditure	Office Equipment & Supplies	\$17.11

Purpose of Expenditure

Payee Information

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/13/2018		Campaign Expenditure	Office Equipment & Supplies	\$14.97

Purpose of Expenditure

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/10/2018		Campaign Expenditure	Food, Beverages and Meals	\$86.38

Purpose of Expenditure

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/06/2018		Campaign Expenditure	Telephone	\$33.29

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Tracfone Wireless		
Street Address			City	State	Zip
9700 N.W. 112th Avenue			Miami	FL	33178

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/12/2018		Campaign Expenditure	Telephone	\$33.29

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Tracfone Wireless		
Street Address			City	State	Zip
9700 N.W. 112th Avenue			Miami	FL	33178

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/18/2018		Campaign Expenditure	Fundraising Expenses	\$69.25

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Vantiv, LLC		
Street Address			City	State	Zip
8500 Governors Hill Drive			Symmes Township	OH	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/26/2018		Campaign Expenditure	Fundraising Expenses	\$108.45

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Vantiv, LLC		
Street Address			City	State	Zip
8500 Governors Hill Drive			Symmes Township	OH	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/09/2018		Campaign Expenditure	Telephone	\$10.95

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Vesta At&T	
Street Address	City	State	Zip	
1950 SW Garden Plaza	Portland	OR	97219	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/08/2018		Campaign Expenditure	Office Equipment & Supplies	\$32.09

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Walgreens	
Street Address	City	State	Zip	
533 ELMWOOD AVE	Providence	RI	02907	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/08/2018		Campaign Expenditure	Office Equipment & Supplies	\$5.62

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Walgreens	
Street Address	City	State	Zip	
335 PRAIRIE AVE	Providence	RI	02905	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/12/2018		Campaign Expenditure	Office Equipment & Supplies	\$2.99

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Walgreens	
Street Address	City	State	Zip	
533 ELMWOOD AVE	Providence	RI	02907	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
313	09/21/2018		Campaign Expenditure	Consultant & Professional Services	\$1,000.00

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Gabrielle		Warshay	
Street Address	City	State	Zip	
321 Taber Avenue	Providence	RI	02906	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/14/2018		Campaign Expenditure	Food, Beverages and Meals	\$275.12

Purpose of Expenditure

Payee Information

Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Wild Colonial Tavern	
Street Address	City	State	Zip	
250 South Water Street	Providence	RI		

