

State of Rhode Island

Board of Elections

Campaign Finance Division

2000 Plainfield Pike, Cranston, RI 02921

Tel. (401)222-2345 Fax (401)222-4424

www.elections.ri.gov

SUMMARY OF CAMPAIGN ACTIVITY

Name of Candidate, Political Party, Political Action Committee			Key#
ALANA M DIMARIO			8800
Street Address		City/Town, State and Zip Code	
47 TUPELO TRAIL		NARRAGANSETT, RI 02882	
Mailing Address (if different)		City/Town, State and Zip Code	
Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 626-2405			alana4ri@gmail.com
If Candidate Office Sought:		Party Affiliation if any:	
State Senator		Democratic	
Reporting Period (Dates):		Period Beginning:	Period Ending:
		09/02/2026	10/05/2026
SUMMARY OF ACTIVITY FOR PERIOD			
1. Beginning Cash Balance	\$ 52,387.61	4. Cash Disbursements, continued	
2. Cash Receipts		f. Other Disbursements	0
a. Contributions From:			0
1. Aggregate	0		0
a. (Individuals)	0		0
b. (Political Parties)	0	5. Ending Cash Balance	\$ 48,539.82
c. (Political Action Committees)	0		
2. Individuals	300.00	CAMPAIGN FUND STATUS	
3. Political Parties	0	6. Report of In-Kind Contributions	0
4. Political Action Committees	200.00		
5. Loan Proceeds	0	7. Cash	\$ 48,539.82
6. Payroll Check off	0	8. Other Assets	0
7. Interest Received	0		0
8. State Check Off	0		0
9. Refund/Rebate	0		0
10. Party Building	0	9. Total Assets	\$ 48,539.82
11. Matching Public Funds	0		
12. Other	0	LIABILITIES AND FUND BALANCE	
13. Returned Contributions	0	10. Liabilities	
14. Returned Checks	0	a. Accounts Payable	\$ 0
b. Other:	0	b. Loans Payable	2,050.00
	0	c. Other Liabilities	0
	0		0
3. Total Cash	52,887.61		0
4. Cash Disbursements			0
a. Aggregate Expenses	0		0
b. Campaign Expenses	4,347.79	11. Total Liabilities	2,050.00
c. Repayment of Loans	0	12. Total Fund Balance	\$ 46,489.82
d. Account Payable Repayments	0	13. Total Liability / Fund Balance	48,539.82
e. Other	0		

Name of Person Filing Report

I HEREBY CERTIFY THAT THIS REPORT OF CAMPAIGN
CONTRIBUTIONS AND EXPENDITURES AND THE SUPPORTING
DOCUMENTS ARE TRUE AND CORRECT.

Title of Person Filing Report

X _____
Signature of Person Date

Address of Person Filing This Report

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
8,800	ALANA M DIMARIO	From: 09/02/2026 To: 10/05/2026

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/14/2026		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		
	Tanja		Carroll			Not Employed		
Street Address					Street Address			
118 Pinecrest Drive								
City			State	Zip	City	State	Zip	
North Kingstown			RI	02852				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/04/2026		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		
	Gayle		Goldin			Family Values@Work		
Street Address					Street Address			
170 Brown Street					207 E Buffalo St 211			
City			State	Zip	City		State	Zip
Providence			RI	02906	Milwaukee		WI	53202

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/24/2026		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		
	Amy		Mason			Self Employed Medical Writer		
Street Address					Street Address			
2526 Titus Lake Rd					2526 Titus Lake Rd			
City			State	Zip	City		State	Zip
Jefferson			NY	12093	Jefferson		NY	12093

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	09/14/2026		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		
			RI MEDICAL PAC					
Street Address					Street Address			
225 DYER ST, 2ND FLOOR								
City			State	Zip	City	State	Zip	
PROVIDENCE			RI	02903				

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period		
8,800	ALANA M DIMARIO	From:	09/02/2026	To: 10/05/2026

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/03/2026		Campaign Expenditure	Donations (Political)	\$1,000.00
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Kim		Ahern		
Street Address			City	State	Zip
PO Box 40484			Providence	RI	02940

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/02/2026		Campaign Expenditure	Donations (Political)	\$500.00
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Sue		AnderBois		
Street Address			City	State	Zip
166 5th Street			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/15/2026		Campaign Expenditure	Gifts	\$100.00
Purpose of Expenditure					

Thank you gift for writing postcards

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Belmont Market		
Street Address			City	State	Zip
600 Kingstown Road			Wakefield	RI	02879

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/22/2026		Campaign Expenditure	Office Equipment & Supplies	\$30.00
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Canva.com		
Street Address			City	State	Zip

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/28/2026		Campaign Expenditure	Donations (All Others)	\$50.00

Purpose of Expenditure

Ticket to Electoberfest

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Clean Water Action		
Street Address			City	State	Zip
134 Thurbers Ave Suite 118			Providence	RI	02905

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/15/2026		Campaign Expenditure	Donations (All Others)	\$75.00
Purpose of Expenditure					
Ticket to Annual Breakfast					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Community Provider Network of RI		
Street Address			City	State	Zip
1130 Ten Rod Road Suite F101			North Kingstown	RI	02852
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/30/2026		Campaign Expenditure	Travel & Lodging	\$960.40
Purpose of Expenditure					
Flight to Behavioral Health Conference with Ballmer Institute for Children's Behavioral Health at the University of Oregon					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Delta.com		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/30/2026		Campaign Expenditure	Advertising	\$2.15
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Facebook.com		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/10/2026		Campaign Expenditure	Advertising	\$250.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Facebook.com		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/06/2026		Campaign Expenditure	Advertising	\$250.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Facebook.com		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/01/2026		Campaign Expenditure	Office Equipment & Supplies	\$26.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			GATHER RI		
Street Address			City	State	Zip

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/03/2026		Campaign Expenditure	Office Equipment & Supplies	\$5.34
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Google.com		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/03/2026		Campaign Expenditure	Office Equipment & Supplies	\$3.20
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Google.com		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/01/2026		Campaign Expenditure	Office Equipment & Supplies	\$28.25
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Google.com		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/20/2026		Campaign Expenditure	Travel & Lodging	\$104.46
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			LAZ Parking		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/25/2026		Campaign Expenditure	Advertising	\$107.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Mailchimp.com		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/09/2026		Campaign Expenditure	Food, Beverages and Meals	\$130.00
Purpose of Expenditure					
Ticket to Lobster & Clam Bake					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Mettatuxet Yacht Club		
Street Address			City	State	Zip
30 S River Drive			Narragansett	RI	02882

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/15/2026		Campaign Expenditure	Donations (All Others)	\$75.00
Purpose of Expenditure					
Ticket to Awards Ceremony					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			RI Association for Justice		
Street Address			City	State	Zip
400 Reservoir Ave Suite 3A			Providence	RI	02907
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/27/2026		Campaign Expenditure	Travel & Lodging	\$172.81
Purpose of Expenditure					
Flight to Tax Policy Conference in Arlington, VA					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Southwest.com		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/27/2026		Campaign Expenditure	Travel & Lodging	\$96.00
Purpose of Expenditure					
Travel to Tax Policy Conference in Arlington, VA					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Southwest.com		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/09/2026		Campaign Expenditure	Advertising	\$382.18
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Switchboard Public Benefit Corp		
Street Address			City	State	Zip
PO Box 33485			Washington	DC	20033