

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#
ANDREW R DIMITRI			9740
Street Address		City/Town, State and Zip Code	
41 DALE AVENUE #G		JOHNSTON, RI 02919	
Mailing Address (if different)		City/Town, State and Zip Code	
Telephone Number		Daytime Telephone Number	Fax Number
(401) 219-9099		(401) 273-9095	
		E-mail	
		DIMITRIFORSENATE@GMAIL.COM	
If Candidate Office Sought:		Party Affiliation if any:	
State Senator		Democratic	
Reporting Period (Dates):		Period Beginning: 07/01/2026	Period Ending: 10/05/2026
SUMMARY OF ACTIVITY FOR PERIOD			
1. Beginning Cash Balance	\$ 43,871.41	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	\$ 38,891.90
c. (Political Action Committees)	0		
2. Individuals	767.00	CAMPAIGN FUND STATUS	
3. Political Parties	0	6. Report of In-Kind Contributions	0
4. Political Action Committees	0		
5. Loan Proceeds	0	7. Cash	\$ 38,891.90
6. Payroll Check off	0	8. Other Assets	
7. Interest Received	0		0
8. State Check Off	0		0
9. Refund/Rebate	0		0
10. Party Building	0	9. Total Assets	\$ 38,891.90
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	\$ 1,531.25
b. Other:	0	b. Loans Payable	6,900.00
	0	c. Other Liabilities	
	0		0
3. Total Cash	44,638.41		0
4. Cash Disbursements			0
a. Aggregate Expenses	0		0
b. Campaign Expenses	5,746.51	11. Total Liabilities	8,431.25
c. Repayment of Loans	0	12. Total Fund Balance	\$ 30,460.65
d. Account Payable Repayments	0	13. Total Liability / Fund Balance	38,891.90
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			
9,740		ANDREW R DIMITRI				From: 07/01/2026		To: 10/05/2026	
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date		Contribution Amount	
	Credit/Debit Card		Individual		08/13/2026			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			
	William		MichaelFarrell			William A Farrell & Associates LLC			
Street Address					Street Address				
52 Valley Street, Apt 111					50 Park Row West, Suite 100				
City			State	Zip	City			State	Zip
Providence			RI	02909	Providence			RI	02903
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date		Contribution Amount	
	Credit/Debit Card		Individual		09/02/2026			4.00	
In Kind/Other Receipts Description									
Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name		Suffix	Employer Name			
	Thomas		Marlowe			Seton Hall University			
Street Address					Street Address				
777-8 Jefferson Ave					400 S Orange Ave				
City			State	Zip	City			State	Zip
Rahway			NJ	07064	South Orange			NJ	07079
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date		Contribution Amount	
	Credit/Debit Card		Individual		09/14/2026			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			
	Thomas		Marlowe			Seton Hall University			
Street Address					Street Address				
777-8 Jefferson Ave					400 S Orange Ave				
City			State	Zip	City			State	Zip
Rahway			NJ	07064	South Orange			NJ	07079
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date		Contribution Amount	
	Credit/Debit Card		Individual		09/24/2026			4.00	
In Kind/Other Receipts Description									
Contributor Information					Employer Data				
Prefix	First Name	MI	Last Name or PAC/Party Committee Name		Suffix	Employer Name			
	Thomas		Marlowe			Seton Hall University			
Street Address					Street Address				
777-8 Jefferson Ave					400 S Orange Ave				
City			State	Zip	City			State	Zip
Rahway			NJ	07064	South Orange			NJ	07079

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	07/29/2026		4.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Thomas		Marlowe		Seton Hall University		
Street Address					Street Address		
777-8 Jefferson Ave					400 S Orange Ave		
City			State	Zip	City	State	Zip
Rahway			NJ	07064	South Orange	NJ	07079

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	07/21/2026		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		
	Joseph		MichaePolisena		Retired		
Street Address					Street Address		
93 Circuit Dr					93 Circuit Dr		
City			State	Zip	City	State	Zip
Narragansett			RI	02882	Narragansett	RI	02882

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period	
9,740	ANDREW R DIMITRI	From: 07/01/2026	To: 10/05/2026

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/07/2026		Account Payable	Consultant & Professional Services	\$1,531.25

Purpose of Expenditure

Compliance Services

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Galvin & Associates, LLC		
Street Address			City	State	Zip
One Park Row, 5th Fl			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/31/2026		Campaign Expenditure	Bank Fees	\$0.38

Purpose of Expenditure

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/17/2026		Campaign Expenditure	Bank Fees	\$9.48

Purpose of Expenditure

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/02/2026		Campaign Expenditure	Bank Fees	\$0.38

Purpose of Expenditure

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/16/2026		Campaign Expenditure	Bank Fees	\$0.42

Purpose of Expenditure

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/28/2026		Campaign Expenditure	Bank Fees	\$0.38
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			ActBlue		
Street Address			City	State	Zip
366 Summer St			Somerville	MA	02144
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/28/2026		Campaign Expenditure	Food, Beverages and Meals	\$259.44
Purpose of Expenditure					
Meal with Legislators					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Atwood Grill		
Street Address			City	State	Zip
1413 Atwood Ave			Johnston	RI	02919
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/16/2026		Campaign Expenditure	Advertising	\$475.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			CGL Printing LLC		
Street Address			City	State	Zip
15 Belmont Dr			Lincoln	RI	02865
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/25/2026		Campaign Expenditure	Food, Beverages and Meals	\$23.60
Purpose of Expenditure					
Purchased Lemonade for Volunteers					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Del's Lemonade		
Street Address			City	State	Zip
1501 Hartford Ave			Johnston	RI	02919
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/09/2026		Campaign Expenditure	Fundraising Expenses	\$78.07
Purpose of Expenditure					
Food & Beverage for Poll Workers					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Dunkin' Donuts		
Street Address			City	State	Zip
1491 Atwood Ave			Johnston	RI	02919
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/16/2026		Campaign Expenditure	Donations (Political)	\$250.00
Purpose of Expenditure					

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Friends of Angelica Bovis	
Street Address			City	State Zip
65 Esmond St, Unit D			Smithfield	RI 02917

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/23/2026		Campaign Expenditure	Donations (Political)	\$150.00

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Friends of Joe Casoli	
Street Address			City	State Zip
206 Langdon St			Providence	Ri 02904

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/16/2026		Campaign Expenditure	Donations (Political)	\$500.00

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Friends of Lori Urso	
Street Address			City	State Zip
273 Kenyon Ave.			Pawtucket	RI 02861

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/03/2026		Campaign Expenditure	Food, Beverages and Meals	\$256.80

Purpose of Expenditure

Campaign Signature Event

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Hei Place	
Street Address			City	State Zip
1 Commerce Way			Johnston	RI 02919

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/01/2026		Campaign Expenditure	Donations (All Others)	\$250.00

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Italo American Club of RI	
Street Address			City	State Zip
477 Broadway			Providence	RI 02909

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/21/2026		Campaign Expenditure	Food, Beverages and Meals	\$6.03

Purpose of Expenditure

Meeting with Representatives

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
			La Salle Bakery	
Street Address			City	State Zip
993 Smith St			Providence	RI 02908

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/06/2026		Campaign Expenditure	Food, Beverages and Meals	\$545.57

Purpose of Expenditure

Constituent Event Food & Beverage

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Luigi's Restaurant & Gourmet Express				
Street Address			City	State Zip
1357 Hartford Ave			Johnston	RI 02919

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/05/2026		Campaign Expenditure	Fundraising Expenses	\$59.97

Purpose of Expenditure

Constituent Event Food & Beverage

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Market Basket				
Street Address			City	State Zip
1300 Hartford Ave			Johnston	RI 02919

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/09/2026		Campaign Expenditure	Food, Beverages and Meals	\$50.67

Purpose of Expenditure

Food & Beverage for Poll Workers

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Market Basket				
Street Address			City	State Zip
1300 Hartford Ave			Johnston	RI 02919

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/24/2026		Campaign Expenditure	Fundraising Expenses	\$760.00

Purpose of Expenditure

Constituent Event

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Mumsy's Ice Cream Delights				
Street Address			City	State Zip
6 Grove Ave			North Providence	RI 02904

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/21/2026		Campaign Expenditure	Food, Beverages and Meals	\$295.32

Purpose of Expenditure

Constituent Event Food & Beverage

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Oriental Taste				
Street Address			City	State Zip
2244 Plainfield Pike, #6			Cranston	RI 02921

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/10/2026		Campaign Expenditure	Donations (All Others)	\$1,295.00

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Our Lady of Grace Church				
Street Address			City	State Zip
4 Lafayette St			Johnston	RI 02919

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/12/2026		Campaign Expenditure	Advertising	\$100.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Providence Firefighters Local 798		
Street Address			City	State	Zip
92 Printery St			Providence	RI	02904
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/18/2026		Campaign Expenditure	Advertising	\$350.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			The Warwick Beacon		
Street Address			City	State	Zip
1944 Warwick Ave, #4			Warwick	RI	02889
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/05/2026		Campaign Expenditure	Bank Fees	\$30.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Washington Trust		
Street Address			City	State	Zip
156 Westminster St			Providence	RI	02903