

# 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#                                |                           |            |
| BRIDGET GERACI VALVERDE                                        |                          | 8611                                |                           |            |
| Street Address                                                 |                          | City/Town, State and Zip Code       |                           |            |
| 14 CAMBRIDGE CT                                                |                          | NORTH KINGSTOWN, RI 02852           |                           |            |
| Mailing Address (if different)                                 |                          | City/Town, State and Zip Code       |                           |            |
| Telephone Number                                               | Daytime Telephone Number | Fax Number                          | E-mail                    |            |
| (860) 944-8003                                                 |                          |                                     | BRIDGETVALVERDE@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 |
| <b>SUMMARY OF ACTIVITY FOR PERIOD</b>                          |                          |                                     |                           |            |
| 1. Beginning Cash Balance                                      | \$ 47,947.80             | 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              | \$ 43,038.86              |            |
| c. (Political Action Committees)                               | 0                        |                                     |                           |            |
| 2. Individuals                                                 | 720.00                   | <b>CAMPAIGN FUND STATUS</b>         |                           |            |
| 3. Political Parties                                           | 0                        | 6. Report of In-Kind Contributions  | 0                         |            |
| 4. Political Action Committees                                 | 600.00                   |                                     |                           |            |
| 5. Loan Proceeds                                               | 0                        | 7. Cash                             | \$ 43,038.86              |            |
| 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                     | \$ 43,038.86              |            |
| 11. Matching Public Funds                                      | 0                        |                                     |                           |            |
| 12. Other                                                      | 0                        | <b>LIABILITIES AND FUND BALANCE</b> |                           |            |
| 13. Returned Contributions                                     | 0                        | 10. Liabilities                     |                           |            |
| 14. Returned Checks                                            | 0                        | a. Accounts Payable                 | \$ 0                      |            |
| b. Other:                                                      | 0                        | b. Loans Payable                    | 0                         |            |
|                                                                | 0                        | c. Other Liabilities                | 0                         |            |
|                                                                | 0                        |                                     | 0                         |            |
| 3. Total Cash                                                  | 49,267.80                |                                     | 0                         |            |
| 4. Cash Disbursements                                          |                          |                                     | 0                         |            |
| a. Aggregate Expenses                                          | 28.94                    |                                     | 0                         |            |
| b. Campaign Expenses                                           | 6,200.00                 | 11. Total Liabilities               | 0                         |            |
| c. Repayment of Loans                                          | 0                        | 12. Total Fund Balance              | \$ 43,038.86              |            |
| d. Account Payable Repayments                                  | 0                        | 13. Total Liability / Fund Balance  | 43,038.86                 |            |
| 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 |                       |                |  |                     |     |
|------------------------------------|------------|-------------------------------------|---------------------------------------|-------------------|-----|------------------|-----------------------|----------------|--|---------------------|-----|
| 8,611                              |            | BRIDGET GERACI VALVERDE             |                                       |                   |     | From: 07/01/2026 |                       | To: 10/05/2026 |  |                     |     |
| Item                               |            | Transaction Type                    |                                       | Contribution Type |     | Receipt Date     |                       | Deposit Date   |  | Contribution Amount |     |
|                                    |            | Credit/Debit Card                   |                                       | Individual        |     | 08/19/2026       |                       |                |  | 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         |                |  |                     |     |
|                                    | Paula      |                                     | Carmichael                            |                   |     |                  | Reliant Medical Group |                |  |                     |     |
| Street Address                     |            |                                     |                                       |                   |     |                  | Street Address        |                |  |                     |     |
| 32 Southwick Dr.                   |            |                                     |                                       |                   |     |                  | 630 Plantation St.    |                |  |                     |     |
| City                               |            |                                     |                                       | State             | Zip |                  | City                  |                |  | State               | Zip |
| Lincoln                            |            |                                     |                                       | RI                |     |                  | Worcester             |                |  | MA                  |     |
| Item                               |            | Transaction Type                    |                                       | Contribution Type |     | Receipt Date     |                       | Deposit Date   |  | Contribution Amount |     |
|                                    |            | Credit/Debit Card                   |                                       | Individual        |     | 07/06/2026       |                       |                |  | 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         |                |  |                     |     |
|                                    | Beth       |                                     | Dahlman                               |                   |     |                  | M+R                   |                |  |                     |     |
| Street Address                     |            |                                     |                                       |                   |     |                  | Street Address        |                |  |                     |     |
| 100 New Jersey Ave. SE, #526       |            |                                     |                                       |                   |     |                  | 1101 Connecticut Ave. |                |  |                     |     |
| City                               |            |                                     |                                       | State             | Zip |                  | City                  |                |  | State               | Zip |
| Washington                         |            |                                     |                                       | DC                |     |                  | Washington            |                |  | DC                  |     |
| Item                               |            | Transaction Type                    |                                       | Contribution Type |     | Receipt Date     |                       | Deposit Date   |  | Contribution Amount |     |
|                                    |            | Credit/Debit Card                   |                                       | Individual        |     | 08/05/2026       |                       |                |  | 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         |                |  |                     |     |
|                                    | Beth       |                                     | Dahlman                               |                   |     |                  | M+R                   |                |  |                     |     |
| Street Address                     |            |                                     |                                       |                   |     |                  | Street Address        |                |  |                     |     |
| 100 New Jersey Ave. SE, #526       |            |                                     |                                       |                   |     |                  | 1101 Connecticut Ave. |                |  |                     |     |
| City                               |            |                                     |                                       | State             | Zip |                  | City                  |                |  | State               | Zip |
| Washington                         |            |                                     |                                       | DC                |     |                  | Washington            |                |  | DC                  |     |
| Item                               |            | Transaction Type                    |                                       | Contribution Type |     | Receipt Date     |                       | Deposit Date   |  | Contribution Amount |     |
|                                    |            | Credit/Debit Card                   |                                       | Individual        |     | 09/04/2026       |                       |                |  | 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         |                |  |                     |     |
|                                    | Beth       |                                     | Dahlman                               |                   |     |                  | M+R                   |                |  |                     |     |
| Street Address                     |            |                                     |                                       |                   |     |                  | Street Address        |                |  |                     |     |
| 100 New Jersey Ave. SE, #526       |            |                                     |                                       |                   |     |                  | 1101 Connecticut Ave. |                |  |                     |     |
| City                               |            |                                     |                                       | State             | Zip |                  | City                  |                |  | State               | Zip |
| Washington                         |            |                                     |                                       | DC                |     |                  | Washington            |                |  | DC                  |     |

| Item | Transaction Type  | Contribution Type | Receipt Date | Deposit Date | Contribution Amount |
|------|-------------------|-------------------|--------------|--------------|---------------------|
|      | Credit/Debit Card | Individual        | 08/20/2026   |              | 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    | Street Address     | City State Zip |
|                         | Robert     |    | Dulski                                |        | Care New England | 345 Blackstone Bld | Providence RI  |
| Street Address          |            |    |                                       |        | City State Zip   |                    |                |
| 45 Ann Drive            |            |    |                                       |        | Providence RI    |                    |                |
| City State Zip          |            |    |                                       |        | City State Zip   |                    |                |
| East Greenwich RI       |            |    |                                       |        | Providence RI    |                    |                |

| Item | Transaction Type | Contribution Type | Receipt Date | Deposit Date | Contribution Amount |
|------|------------------|-------------------|--------------|--------------|---------------------|
|      | Check            | Individual        | 07/01/2026   |              | 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                          | Street Address   | City State Zip |
|                           | William    |    | Farrell                               |        | Willilam A Farrell and Associates, LLC | 10 Memorial Blvd | Providence RI  |
| Street Address            |            |    |                                       |        | City State Zip                         |                  |                |
| 52 Valley Street, Apt 111 |            |    |                                       |        | Providence RI                          |                  |                |
| City State Zip            |            |    |                                       |        | City State Zip                         |                  |                |
| Providence RI             |            |    |                                       |        | Providence RI                          |                  |                |

| Item | Transaction Type  | Contribution Type | Receipt Date | Deposit Date | Contribution Amount |
|------|-------------------|-------------------|--------------|--------------|---------------------|
|      | Credit/Debit Card | Individual        | 07/30/2026   |              | 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                          | Street Address   | City State Zip |
|                           | William    |    | Farrell                               |        | Willilam A Farrell and Associates, LLC | 10 Memorial Blvd | Providence RI  |
| Street Address            |            |    |                                       |        | City State Zip                         |                  |                |
| 52 Valley Street, Apt 111 |            |    |                                       |        | Providence RI                          |                  |                |
| City State Zip            |            |    |                                       |        | City State Zip                         |                  |                |
| Providence RI             |            |    |                                       |        | Providence RI                          |                  |                |

| Item | Transaction Type  | Contribution Type | Receipt Date | Deposit Date | Contribution Amount |
|------|-------------------|-------------------|--------------|--------------|---------------------|
|      | Credit/Debit Card | Individual        | 09/30/2026   |              | 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                          | Street Address   | City State Zip |
|                           | William    |    | Farrell                               |        | Willilam A Farrell and Associates, LLC | 10 Memorial Blvd | Providence RI  |
| Street Address            |            |    |                                       |        | City State Zip                         |                  |                |
| 52 Valley Street, Apt 111 |            |    |                                       |        | Providence RI                          |                  |                |
| City State Zip            |            |    |                                       |        | City State Zip                         |                  |                |
| Providence RI             |            |    |                                       |        | Providence RI                          |                  |                |

| Item | Transaction Type  | Contribution Type | Receipt Date | Deposit Date | Contribution Amount |
|------|-------------------|-------------------|--------------|--------------|---------------------|
|      | Credit/Debit Card | Individual        | 09/01/2026   |              | 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                          | Street Address   | City State Zip |
|                           | William    |    | Farrell                               |        | Willilam A Farrell and Associates, LLC | 10 Memorial Blvd | Providence RI  |
| Street Address            |            |    |                                       |        | City State Zip                         |                  |                |
| 52 Valley Street, Apt 111 |            |    |                                       |        | Providence RI                          |                  |                |
| City State Zip            |            |    |                                       |        | City State Zip                         |                  |                |
| Providence RI             |            |    |                                       |        | Providence RI                          |                  |                |

| Item | Transaction Type  | Contribution Type | Receipt Date | Deposit Date | Contribution Amount |
|------|-------------------|-------------------|--------------|--------------|---------------------|
|      | Credit/Debit Card | Individual        | 08/13/2026   |              | 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   |       |     |
|                         | Kathleen   |    | Layton                                |        | Not employed    |       |     |
| Street Address          |            |    |                                       |        | Street Address  |       |     |
| 17 Pilgrim Dr           |            |    |                                       |        | 17 Pilgrim Dr   |       |     |
| City                    |            |    | State                                 | Zip    | City            | State | Zip |
| North Kingstown         |            |    | RI                                    |        | North Kingstown | RI    |     |

| Item | Transaction Type | Contribution Type | Receipt Date | Deposit Date | Contribution Amount |
|------|------------------|-------------------|--------------|--------------|---------------------|
|      | Check            | PAC               | 08/06/2026   |              | 150.00              |

**In Kind/Other Receipts Description**

| Contributor Information |            |    |                                       |        | Employer Data  |       |     |
|-------------------------|------------|----|---------------------------------------|--------|----------------|-------|-----|
| Prefix                  | First Name | MI | Last Name or PAC/Party Committee Name | Suffix | Employer Name  |       |     |
|                         |            |    | NURSE PRACTITIONER OF RHODE ISLAND P/ |        |                |       |     |
| Street Address          |            |    |                                       |        | Street Address |       |     |
| PO BOX 1144             |            |    |                                       |        |                |       |     |
| City                    |            |    | State                                 | Zip    | City           | State | Zip |
| EAST GREENWICH          |            |    | RI                                    | 02818  |                |       |     |

| Item | Transaction Type | Contribution Type | Receipt Date | Deposit Date | Contribution Amount |
|------|------------------|-------------------|--------------|--------------|---------------------|
|      | Check            | PAC               | 08/31/2026   |              | 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  |       |     |
|                         |            |    | RI EM PAC (Emergency Medicine)        |        |                |       |     |
| Street Address          |            |    |                                       |        | Street Address |       |     |
| 225 DYER ST, 2ND FLOOR  |            |    |                                       |        |                |       |     |
| City                    |            |    | State                                 | Zip    | City           | State | Zip |
| PROVIDENCE              |            |    | RI                                    | 02903  |                |       |     |

| Item | Transaction Type | Contribution Type | Receipt Date | Deposit Date | Contribution Amount |
|------|------------------|-------------------|--------------|--------------|---------------------|
|      | Check            | PAC               | 08/31/2026   |              | 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  |                |       |     |

| Item | Transaction Type | Contribution Type | Receipt Date | Deposit Date | Contribution Amount |
|------|------------------|-------------------|--------------|--------------|---------------------|
|      | Check            | PAC               | 08/27/2026   |              | 150.00              |

**In Kind/Other Receipts Description**

| Contributor Information |            |    |                                       |        | Employer Data  |       |     |
|-------------------------|------------|----|---------------------------------------|--------|----------------|-------|-----|
| Prefix                  | First Name | MI | Last Name or PAC/Party Committee Name | Suffix | Employer Name  |       |     |
|                         |            |    | RI PHYSICIAN ASSISTANTS 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 |                |
|-------|-------------------------------------|------------------|----------------|
| 8,611 | BRIDGET GERACI VALVERDE             | From: 07/01/2026 | To: 10/05/2026 |

| Check # | Expenditure Date | Payment Date | Disbursement Type     | Expenditure Type     | Expenditure Amount |
|---------|------------------|--------------|-----------------------|----------------------|--------------------|
|         | 09/30/2026       |              | Aggregate Expenditure | Fundraising Expenses | \$18.14            |

## Purpose of Expenditure

Stripe fees

| Payee Information |            |    |                         |        |
|-------------------|------------|----|-------------------------|--------|
| Prefix            | First Name | MI | LastName or Vendor Name | Suffix |

| Street Address | City | State | Zip |
|----------------|------|-------|-----|
|----------------|------|-------|-----|

| Check # | Expenditure Date | Payment Date | Disbursement Type     | Expenditure Type     | Expenditure Amount |
|---------|------------------|--------------|-----------------------|----------------------|--------------------|
|         | 09/30/2026       |              | Aggregate Expenditure | Fundraising Expenses | \$10.80            |

## Purpose of Expenditure

ActBlue fees

| Payee Information |            |    |                         |        |
|-------------------|------------|----|-------------------------|--------|
| Prefix            | First Name | MI | LastName or Vendor Name | Suffix |

| Street Address | City | State | Zip |
|----------------|------|-------|-----|
|----------------|------|-------|-----|

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type      | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------|--------------------|
| 160     | 09/03/2026       |              | Campaign Expenditure | Donations (Political) | \$2,000.00         |

## 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 |  |
|--------------|------------|----|--|

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------|--------------------|
| 158     | 08/31/2026       |              | Campaign Expenditure | Advertising      | \$1,000.00         |

## Purpose of Expenditure

local races

| Payee Information |            |    |                         |        |
|-------------------|------------|----|-------------------------|--------|
| Prefix            | First Name | MI | LastName or Vendor Name | Suffix |

|        |      |  |  |  |
|--------|------|--|--|--|
| Linnea | Drew |  |  |  |
|--------|------|--|--|--|

| Street Address | City | State | Zip |
|----------------|------|-------|-----|
|----------------|------|-------|-----|

|                 |                 |    |  |
|-----------------|-----------------|----|--|
| 191 CAMP AVENUE | North Kingstown | RI |  |
|-----------------|-----------------|----|--|

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------|--------------------|
| 162     | 09/29/2026       |              | Campaign Expenditure | Advertising      | \$100.00           |

## Purpose of Expenditure

local races

| Payee Information      |            |    |                         |       |        |  |
|------------------------|------------|----|-------------------------|-------|--------|--|
| Prefix                 | First Name | MI | LastName or Vendor Name |       | Suffix |  |
|                        | Jennifer   |    | Krueger                 |       |        |  |
| Street Address         |            |    | City                    | State | Zip    |  |
| 49 RIVER HEIGHTS DRIVE |            |    | Wakefield               | RI    |        |  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type      | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------|--------------------|
| 157     | 08/12/2026       |              | Campaign Expenditure | Donations (Political) | \$1,000.00         |

| Purpose of Expenditure |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| local races            |  |  |  |  |  |  |

| Payee Information |            |    |                         |       |        |  |
|-------------------|------------|----|-------------------------|-------|--------|--|
| Prefix            | First Name | MI | LastName or Vendor Name |       | Suffix |  |
|                   | Matthew    |    | McCoy                   |       |        |  |
| Street Address    |            |    | City                    | State | Zip    |  |
| 381 Potter Rd     |            |    | North Kingstown         | RI    |        |  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type      | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------|--------------------|
| 159     | 08/19/2026       |              | Campaign Expenditure | Donations (Political) | \$100.00           |

| Purpose of Expenditure |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| local races            |  |  |  |  |  |  |

| Payee Information |            |    |                         |       |        |  |
|-------------------|------------|----|-------------------------|-------|--------|--|
| Prefix            | First Name | MI | LastName or Vendor Name |       | Suffix |  |
|                   | Deepak     |    | Vishnu                  |       |        |  |
| Street Address    |            |    | City                    | State | Zip    |  |
| 2 SALLY ANN DRIVE |            |    | East Greenwich          | RI    |        |  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type      | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------|--------------------|
| 155     | 08/06/2026       |              | Campaign Expenditure | Donations (Political) | \$1,000.00         |

| Purpose of Expenditure |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| local races            |  |  |  |  |  |  |

| Payee Information |            |    |                         |       |        |  |
|-------------------|------------|----|-------------------------|-------|--------|--|
| Prefix            | First Name | MI | LastName or Vendor Name |       | Suffix |  |
|                   | Stacey     |    | Weinstein               |       |        |  |
| Street Address    |            |    | City                    | State | Zip    |  |
| 737 Old Baptist   |            |    | North Kingstown         | RI    |        |  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type      | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------|--------------------|
| 156     | 07/23/2026       |              | Campaign Expenditure | Donations (Political) | \$1,000.00         |

| Purpose of Expenditure |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| local races            |  |  |  |  |  |  |

| Payee Information |            |    |                         |       |        |  |
|-------------------|------------|----|-------------------------|-------|--------|--|
| Prefix            | First Name | MI | LastName or Vendor Name |       | Suffix |  |
|                   | Erin       |    | West Earle              |       |        |  |
| Street Address    |            |    | City                    | State | Zip    |  |
| 170 MITOLA DRIVE  |            |    | North Kingstown         | RI    |        |  |