

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#
DAWN M EUER				8551
Street Address		City/Town, State and Zip Code		
34 BLISS ROAD		NEWPORT, RI 02840		
Mailing Address (if different)		City/Town, State and Zip Code		
Telephone Number	Daytime Telephone Number	Fax Number	E-mail	
(401) 264-0680			dawn@electdawneuer.com	
If Candidate Office Sought:		Party Affiliation if any:		
State Senator		Democratic		
Reporting Period (Dates):		Period Beginning:	09/02/2026	Period Ending: 10/05/2026
SUMMARY OF ACTIVITY FOR PERIOD				
1. Beginning Cash Balance	\$ 60,381.10	4. Cash Disbursements, continued		
2. Cash Receipts		f. Other Disbursements		0
a. Contributions From:				0
1. Aggregate	25.00			0
a. (Individuals)	25.00			0
b. (Political Parties)	0	5. Ending Cash Balance		\$ 56,690.80
c. (Political Action Committees)	0			
2. Individuals	630.00	CAMPAIGN FUND STATUS		
3. Political Parties	0	6. Report of In-Kind Contributions		0
4. Political Action Committees	600.00			
5. Loan Proceeds	0	7. Cash		\$ 56,690.80
6. Payroll Check off	0	8. Other Assets		0
7. Interest Received	81.29			0
8. State Check Off	0			0
9. Refund/Rebate	0			0
10. Party Building	0	9. Total Assets		\$ 56,690.80
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		0
	0	c. Other Liabilities		0
	0			0
3. Total Cash	61,717.39			0
4. Cash Disbursements				0
a. Aggregate Expenses	6.91			0
b. Campaign Expenses	5,019.68	11. Total Liabilities		0
c. Repayment of Loans	0	12. Total Fund Balance		\$ 56,690.80
d. Account Payable Repayments	0	13. Total Liability / Fund Balance		56,690.80
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			
8,551		DAWN M EUER				From: 09/02/2026		To: 10/05/2026	
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Other		Aggregate - Individual			09/03/2026	09/03/2026		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						Street Address			
City			State		Zip	City			State Zip
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Electronic Pay System		Individual			09/21/2026	09/21/2026		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		
	Norman			Best			Rick best		
Street Address						Street Address			
27 Willow St						27 Willow St			
City			State		Zip	City			State Zip
Newport			RI		02840	Newport			RI 02840
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Electronic Pay System		Individual			09/02/2026			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		
	Richard			Cromwell			Maritime Solutions		
Street Address						Street Address			
19 Cherry Street						1250 East Main Road			
City			State		Zip	City			State Zip
Newport			RI		02840	Portsmouth			RI 02871
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Check		Individual			09/05/2026	09/06/2026		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		
	Wallace			Gernt			The Bradford Group		
Street Address						Street Address			
14 Wingate Rd						205 Governor 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	09/04/2026	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		
Street Address					Street Address		
PO Box 2722					170 Brown St		
City			State	Zip	City	State	Zip
Providence			RI	02906	Providence	RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/05/2026	09/05/2026	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		
	Laura		Hart		Providence Schools		
Street Address					Street Address		
431 Reservoir Ave					797 Westminster St		
City			State	Zip	City	State	Zip
Middletown			RI	02842	Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/05/2026	09/05/2026	75.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Henry		Kniskern		retired		
Street Address					Street Address		
41 Kay St.					41 Kay St.		
City			State	Zip	City	State	Zip
Newport			RI	02840	Newport	RI	03840

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/02/2026		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		
	Lauren		Nocera		Self - Consultant		
Street Address					Street Address		
50 School Street					50 School Street		
City			State	Zip	City	State	Zip
Westerly			RI		Westerly	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/02/2026		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		
	Lauren		Nocera		Self - Consultant		
Street Address					Street Address		
50 School Street					50 School Street		
City			State	Zip	City	State	Zip
Westerly			RI		Westerly	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	10/02/2026		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		
	Lauren		Nocera		Self - Consultant		
Street Address					Street Address		
50 School Street					50 School Street		
City			State	Zip	City	State	Zip
Westerly			RI		Westerly	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/02/2026	09/02/2026	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		
	Mike		Rubin		retired		
Street Address					Street Address		
232 Raleigh Ave					retired		
City			State	Zip	City	State	Zip
Pawtucket			RI	02860	retired	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/02/2026	09/02/2026	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		
	Jeffrey		Taylor		Mayforth Group		
Street Address					Street Address		
18 Squantum Drive					111 Wayland Ave		
City			State	Zip	City	State	Zip
Warwick			RI	02888	Providence	RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	09/30/2026	09/30/2026	80.71

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
			People's Credit Union				
Street Address					Street Address		
858 W Main Rd							
City			State	Zip	City	State	Zip
Middletown			RI	02842			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	09/30/2026		0.58

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
			People's Credit Union				
Street Address					Street Address		
858 W Main Rd							
City			State	Zip	City	State	Zip
Middletown			RI	02842			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	09/09/2026		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		
			RI ALLIANCE SSE SEIU COPE (Social Service En					
Street Address					Street Address			
1258 ELMWOOD AVENUE								
City			State	Zip	City	State	Zip	
PROVIDENCE			RI	02907				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	09/05/2026	09/05/2026	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 COLLEGE/AFT COPE					
Street Address					Street Address			
600 MOUNT PLEASANT AVENUE								
City			State	Zip	City	State	Zip	
PROVIDENCE			RI	02908				

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period		
8,551	DAWN M EUER	From:	09/02/2026	To: 10/05/2026

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/02/2026		Aggregate Expenditure	Advertising	\$6.91

Purpose of Expenditure

merchant fees for donations via electronic system 09/02/2026-10/05/2026

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
	10/02/2026		Campaign Expenditure	Fundraising Expenses	\$180.20

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
Street Address			City	State	Zip
28720 Roadside Dr Suite 299			Agoura Hills	CA	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/02/2026		Campaign Expenditure	Fundraising Expenses	\$85.45

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
Street Address			City	State	Zip
28720 Roadside Dr Suite 299			Agoura Hills	CA	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/02/2026		Campaign Expenditure	Advertising	\$2,133.42

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
Street Address			City	State	Zip
1259 W Main Rd First Floor,			Middletown	RI	02842

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/01/2026		Campaign Expenditure	Advertising	\$17.98

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
Street Address			City	State	Zip
1600 Amphitheatre Parkway			Mountain View	CA	94043

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/09/2026		Campaign Expenditure	Donations (All Others)	\$125.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Higher Ground International		
Street Address			City	State	Zip
21 Peace Street			Providence	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/09/2026		Campaign Expenditure	Donations (All Others)	\$257.50

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Newport Public Education Foundation		
Street Address			City	State	Zip
320 Thames Street # 1237			Newport	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/03/2026		Campaign Expenditure	Advertising	\$568.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Newport This Week		
Street Address			City	State	Zip
86 Broadway			Newport	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/22/2026		Campaign Expenditure	Consultant & Professional Services	\$180.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Spence Creative LLC		
Street Address			City	State	Zip
4 Pond Ave			Newport	RI	02840

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/03/2026		Campaign Expenditure	Advertising	\$57.33

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	DC	20033

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/09/2026		Campaign Expenditure	Donations (All Others)	\$98.80

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			The Alcove		
Street Address			City	State	Zip
189 Broadway			Providence	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/02/2026		Campaign Expenditure	Advertising	\$766.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			USPS		
Street Address			City	State	Zip
169 Broadway			Newport	RI	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/24/2026		Campaign Expenditure	Consultant & Professional Services	\$550.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
	Erika		Wheeler		
Street Address			City	State	Zip
5 Chester Ave.			Bristol	RI	02809