

# 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#                   |
| FRANK A CICCONE III                                            |                              |                                     | 5221                   |
| Street Address                                                 |                              | City/Town, State and Zip Code       |                        |
| 15 MERCY STREET                                                |                              | PROVIDENCE, RI 02909                |                        |
| Mailing Address (if different)                                 |                              | City/Town, State and Zip Code       |                        |
| Telephone Number                                               | Daytime Telephone Number     | Fax Number                          | E-mail                 |
| (401) 275-0949                                                 | (401) 444-3481               |                                     | FRANKA2002@OUTLOOK.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                                      | \$ 270,340.41                | 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              | \$ 240,926.01          |
| c. (Political Action Committees)                               | 0                            |                                     |                        |
| 2. Individuals                                                 | 1,550.00                     | <b>CAMPAIGN FUND STATUS</b>         |                        |
| 3. Political Parties                                           | 0                            | 6. Report of In-Kind Contributions  | 0                      |
| 4. Political Action Committees                                 | 3,100.00                     |                                     |                        |
| 5. Loan Proceeds                                               | 0                            | 7. Cash                             | \$ 240,926.01          |
| 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                     | \$ 240,926.01          |
| 11. Matching Public Funds                                      | 0                            |                                     |                        |
| 12. Other                                                      | 900.00                       | <b>LIABILITIES AND FUND BALANCE</b> |                        |
| 13. Returned Contributions                                     | (250.00)                     | 10. Liabilities                     |                        |
| 14. Returned Checks                                            | 0                            | a. Accounts Payable                 | \$ 0                   |
| b. Other:                                                      | 0                            | b. Loans Payable                    | 3,948.45               |
|                                                                | 0                            | c. Other Liabilities                | 0                      |
|                                                                | 0                            |                                     | 0                      |
| 3. Total Cash                                                  | 275,640.41                   |                                     | 0                      |
| 4. Cash Disbursements                                          |                              |                                     | 0                      |
| a. Aggregate Expenses                                          | 0                            |                                     | 0                      |
| b. Campaign Expenses                                           | 34,714.40                    | 11. Total Liabilities               | 3,948.45               |
| c. Repayment of Loans                                          | 0                            | 12. Total Fund Balance              | \$ 236,977.56          |
| d. Account Payable Repayments                                  | 0                            | 13. Total Liability / Fund Balance  | 240,926.01             |
| 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 |                            |                |                     |
|------------------------------------|------------------|-------------------------------------|---------------------------------------|--|-------|------------------|----------------------------|----------------|---------------------|
| 5,221                              |                  | FRANK A CICCONE III                 |                                       |  |       | From: 07/01/2026 |                            | To: 10/05/2026 |                     |
| Item                               | Transaction Type |                                     | Contribution Type                     |  |       | Receipt Date     | Deposit Date               |                | Contribution Amount |
|                                    | Check            |                                     | Individual                            |  |       | 09/02/2026       |                            |                | 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 MICHAEL  |                                     | FARRELL                               |  |       |                  | ATTORNEY                   |                |                     |
| Street Address                     |                  |                                     |                                       |  |       | Street Address   |                            |                |                     |
| 52 VALLEY STREET                   |                  |                                     |                                       |  |       |                  |                            |                |                     |
| City                               |                  |                                     | State                                 |  | Zip   | City             |                            | State          | Zip                 |
| PROVIDENCE                         |                  |                                     | RI                                    |  | 02909 |                  |                            |                |                     |
| Item                               | Transaction Type |                                     | Contribution Type                     |  |       | Receipt Date     | Deposit Date               |                | Contribution Amount |
|                                    | Check            |                                     | Individual                            |  |       | 07/20/2026       |                            |                | 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              |                |                     |
|                                    | ROLAND           |                                     | FIORE                                 |  |       |                  | SOUTH COUNTY SAND & GRAVEL |                |                     |
| Street Address                     |                  |                                     |                                       |  |       | Street Address   |                            |                |                     |
| 571 MAIN STREET                    |                  |                                     |                                       |  |       |                  |                            |                |                     |
| City                               |                  |                                     | State                                 |  | Zip   | City             |                            | State          | Zip                 |
| WAKEFIELD                          |                  |                                     | RI                                    |  | 02879 |                  |                            |                |                     |
| Item                               | Transaction Type |                                     | Contribution Type                     |  |       | Receipt Date     | Deposit Date               |                | Contribution Amount |
|                                    | Check            |                                     | Individual                            |  |       | 07/20/2026       |                            |                | 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              |                |                     |
|                                    | TINA             |                                     | JERENY                                |  |       |                  | CHILD INC                  |                |                     |
| Street Address                     |                  |                                     |                                       |  |       | Street Address   |                            |                |                     |
| 109 HOMESTEAD AVENUE               |                  |                                     |                                       |  |       |                  |                            |                |                     |
| City                               |                  |                                     | State                                 |  | Zip   | City             |                            | State          | Zip                 |
| WARWICK                            |                  |                                     | RI                                    |  | 02889 |                  |                            |                |                     |
| Item                               | Transaction Type |                                     | Contribution Type                     |  |       | Receipt Date     | Deposit Date               |                | Contribution Amount |
|                                    | Check            |                                     | Individual                            |  |       | 09/02/2026       |                            |                | 300.00              |
| In Kind/Other Receipts Description |                  |                                     |                                       |  |       |                  |                            |                |                     |
|                                    |                  |                                     |                                       |  |       |                  |                            |                |                     |
| Contributor Information            |                  |                                     |                                       |  |       | Employer Data    |                            |                |                     |
| Prefix                             | First Name       | MI                                  | Last Name or PAC/Party Committee Name |  |       | Suffix           | Employer Name              |                |                     |
|                                    | KENNETH          | J                                   | MARANDOLA                             |  |       |                  | CONSULTANT                 |                |                     |
| Street Address                     |                  |                                     |                                       |  |       | Street Address   |                            |                |                     |
| 59 CREST DRIVE                     |                  |                                     |                                       |  |       |                  |                            |                |                     |
| City                               |                  |                                     | State                                 |  | Zip   | City             |                            | State          | Zip                 |
| CRANSTON                           |                  |                                     | RI                                    |  | 02921 |                  |                            |                |                     |

| Item | Transaction Type | Contribution Type | Receipt Date | Deposit Date | Contribution Amount |
|------|------------------|-------------------|--------------|--------------|---------------------|
|      | Other            | Other Receipt     | 09/25/2026   |              | 900.00              |

#### In Kind/Other Receipts Description

From National Council of Legislators from Gaming States for reimbursement of travel for conference in PA

| 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 |
|------|------------------|-------------------|--------------|--------------|---------------------|
|      | Check            | PAC               | 09/02/2026   |              | 1,600.00            |

#### In Kind/Other Receipts Description

| Contributor Information  |            |    |                                        |        | Employer Data  |
|--------------------------|------------|----|----------------------------------------|--------|----------------|
| Prefix                   | First Name | MI | Last Name or PAC/Party Committee Name  | Suffix | Employer Name  |
|                          |            |    | ENTERPRISE HOLDINGS, INC/ ENTERPRISE M |        |                |
| Street Address           |            |    |                                        |        | Street Address |
|                          |            |    |                                        |        |                |
| 600 CORPORATE PARK DRIVE |            |    |                                        |        |                |
| City State Zip           |            |    |                                        |        | City State Zip |
|                          |            |    |                                        |        |                |
| ST. LOUIS                |            |    | MO                                     | 63105  |                |

| Item | Transaction Type | Contribution Type | Receipt Date | Deposit Date | Contribution Amount |
|------|------------------|-------------------|--------------|--------------|---------------------|
|      | Check            | PAC               | 07/20/2026   |              | 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  |
|                         |            |    | PROVIDENCE CHAMBER PAC                |        |                |
| Street Address          |            |    |                                       |        | Street Address |
|                         |            |    |                                       |        |                |
| 30 EXCHANGE TERRACE     |            |    |                                       |        |                |
| City State Zip          |            |    |                                       |        | City State Zip |
|                         |            |    |                                       |        |                |
| PROVIDENCE              |            |    | RI                                    | 02903  |                |

| Item | Transaction Type | Contribution Type | Receipt Date | Deposit Date | Contribution Amount |
|------|------------------|-------------------|--------------|--------------|---------------------|
|      | Check            | PAC               | 09/25/2026   |              | 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 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               | 09/02/2026   |              | 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 PHYSICIAN ASSISTANTS 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               | 07/20/2026   |              | 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 |       |     |
|                         |            |    | RIMTA PAC (RI Marine Trade Association) |       |                |               |       |     |
| Street Address          |            |    |                                         |       | Street Address |               |       |     |
| 513 BROADWAY SUITE 320  |            |    |                                         |       |                |               |       |     |
| City                    |            |    | State                                   | Zip   | City           |               | State | Zip |
| NEWPORT                 |            |    | RI                                      | 02840 |                |               |       |     |

# SCHEDULE OF EXPENDITURES

| Key # | Full Name of Candidate or Committee | Reporting Period                |
|-------|-------------------------------------|---------------------------------|
| 5,221 | FRANK A CICCONE III                 | From: 07/01/2026 To: 10/05/2026 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type       | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------------|--------------------|
| 2197    | 07/31/2026       |              | Campaign Expenditure | Donations (All Others) | \$257.50           |

## Purpose of Expenditure

PAID BY CHASE CARD SERVICES FOR DONATION

| Payee Information                   |            |    |                         |       |       |
|-------------------------------------|------------|----|-------------------------|-------|-------|
| Prefix                              | First Name | MI | LastName or Vendor Name | State | Zip   |
|                                     |            |    | ADOPTION RI             |       |       |
| Street Address                      |            |    | City                    | State | Zip   |
| 290 WEST EXCHANGE STREET, SUITE 100 |            |    | PROVIDENCE              | RI    | 02903 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type       | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------------|--------------------|
| 2211    | 09/01/2026       |              | Campaign Expenditure | Donations (All Others) | \$1,000.00         |

## Purpose of Expenditure

| Payee Information |            |    |                         |       |       |
|-------------------|------------|----|-------------------------|-------|-------|
| Prefix            | First Name | MI | LastName or Vendor Name | State | Zip   |
|                   |            |    | ALMOST HOME RESCUR      |       |       |
| Street Address    |            |    | City                    | State | Zip   |
| C/O 4 NICOLE LANE |            |    | JOHNSTON                | RI    | 02919 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type            | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------------|--------------------|
| 2209    | 09/01/2026       |              | Campaign Expenditure | Office Equipment & Supplies | \$3,506.39         |

## Purpose of Expenditure

PAID BY CHASE CARD SERVICES FOR AN IPAD

| Payee Information     |            |    |                         |       |       |
|-----------------------|------------|----|-------------------------|-------|-------|
| Prefix                | First Name | MI | LastName or Vendor Name | State | Zip   |
|                       |            |    | APPLE STORE             |       |       |
| Street Address        |            |    | City                    | State | Zip   |
| PROVIDENCE PLACE MALL |            |    | PROVIDENCE              | RI    | 02903 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------|--------------------|
| 2189    | 07/01/2026       |              | Campaign Expenditure | Other            | \$26.75            |

## Purpose of Expenditure

PAID BY CHASE CARD SERVICES FOR DRY ICE

| Payee Information |            |    |                         |       |       |
|-------------------|------------|----|-------------------------|-------|-------|
| Prefix            | First Name | MI | LastName or Vendor Name | State | Zip   |
|                   |            |    | ART IN ICE              |       |       |
| Street Address    |            |    | City                    | State | Zip   |
| 1190 POST ROAD    |            |    | WARWICK                 | RI    | 02888 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------|--------------------|
| 2190    | 07/02/2026       |              | Campaign Expenditure | Other            | \$85.60            |

## Purpose of Expenditure

| Payee Information           |            |    |                              |       |       |
|-----------------------------|------------|----|------------------------------|-------|-------|
| Prefix                      | First Name | MI | LastName or Vendor Name      | State | Zip   |
|                             |            |    | BALLONS OVER RI/BORI GRAPHIX |       |       |
| Street Address              |            |    | City                         | State | Zip   |
| 11 KNIGHT STREET, BLDG E-18 |            |    | WARWICK                      | RI    | 02886 |

| Check #                                                  | Expenditure Date | Payment Date | Disbursement Type       | Expenditure Type          | Expenditure Amount |
|----------------------------------------------------------|------------------|--------------|-------------------------|---------------------------|--------------------|
| 2189                                                     | 07/01/2026       |              | Campaign Expenditure    | Food, Beverages and Meals | \$571.05           |
| Purpose of Expenditure                                   |                  |              |                         |                           |                    |
| PAID BY CHASE CARD SERVICES FOR DINNER WORKERS           |                  |              |                         |                           |                    |
| Payee Information                                        |                  |              |                         |                           |                    |
| Prefix                                                   | First Name       | MI           | LastName or Vendor Name |                           | Suffix             |
|                                                          |                  |              | BAR'LINO RISTORANTE     |                           |                    |
| Street Address                                           |                  |              | City                    | State                     | Zip                |
| 1395 ATWOOD AVENUE                                       |                  |              | JOHNSTON                | RI                        | 02919              |
| Check #                                                  | Expenditure Date | Payment Date | Disbursement Type       | Expenditure Type          | Expenditure Amount |
| 2197                                                     | 07/31/2026       |              | Campaign Expenditure    | Donations (All Others)    | \$350.00           |
| Purpose of Expenditure                                   |                  |              |                         |                           |                    |
| PAID BY CHASE CARD SERVICES FOR DONATION                 |                  |              |                         |                           |                    |
| Payee Information                                        |                  |              |                         |                           |                    |
| Prefix                                                   | First Name       | MI           | LastName or Vendor Name |                           | Suffix             |
|                                                          |                  |              | BEACON COMMUNICATIONS   |                           |                    |
| Street Address                                           |                  |              | City                    | State                     | Zip                |
| 1944 WARWICK AVENUE                                      |                  |              | WARWICK                 | RI                        | 02889              |
| Check #                                                  | Expenditure Date | Payment Date | Disbursement Type       | Expenditure Type          | Expenditure Amount |
| 2189                                                     | 07/01/2026       |              | Campaign Expenditure    | Food, Beverages and Meals | \$57.78            |
| Purpose of Expenditure                                   |                  |              |                         |                           |                    |
| PAID BY CHASE CARD SERVICES FOR FUNDRAISER BEVERAGES     |                  |              |                         |                           |                    |
| Payee Information                                        |                  |              |                         |                           |                    |
| Prefix                                                   | First Name       | MI           | LastName or Vendor Name |                           | Suffix             |
|                                                          |                  |              | CAFE NUOVO              |                           |                    |
| Street Address                                           |                  |              | City                    | State                     | Zip                |
| 1 CITIZENS PLAZA                                         |                  |              | PROVIDENCE              | RI                        | 02903              |
| Check #                                                  | Expenditure Date | Payment Date | Disbursement Type       | Expenditure Type          | Expenditure Amount |
| 2209                                                     | 09/01/2026       |              | Campaign Expenditure    | Food, Beverages and Meals | \$1,321.00         |
| Purpose of Expenditure                                   |                  |              |                         |                           |                    |
| PAID BY CHASE CARD SERVICES FOR DINNER SIGNATURE WORKERS |                  |              |                         |                           |                    |
| Payee Information                                        |                  |              |                         |                           |                    |
| Prefix                                                   | First Name       | MI           | LastName or Vendor Name |                           | Suffix             |
|                                                          |                  |              | CAPRICCIO RESTAURANT    |                           |                    |
| Street Address                                           |                  |              | City                    | State                     | Zip                |
| 2 PINE STREET                                            |                  |              | PROVIDENCE              | RI                        | 02903              |
| Check #                                                  | Expenditure Date | Payment Date | Disbursement Type       | Expenditure Type          | Expenditure Amount |
| 2209                                                     | 09/01/2026       |              | Campaign Expenditure    | Food, Beverages and Meals | \$183.65           |
| Purpose of Expenditure                                   |                  |              |                         |                           |                    |
| PAID BY CHASE CARD SERVICES                              |                  |              |                         |                           |                    |
| Payee Information                                        |                  |              |                         |                           |                    |
| Prefix                                                   | First Name       | MI           | LastName or Vendor Name |                           | Suffix             |
|                                                          |                  |              | CAPRICCIO RESTAURANT    |                           |                    |
| Street Address                                           |                  |              | City                    | State                     | Zip                |
| 2 PINE STREET                                            |                  |              | PROVIDENCE              | RI                        | 02903              |
| Check #                                                  | Expenditure Date | Payment Date | Disbursement Type       | Expenditure Type          | Expenditure Amount |
| 2214                                                     | 09/07/2026       |              | Campaign Expenditure    | Donations (All Others)    | \$500.00           |
| Purpose of Expenditure                                   |                  |              |                         |                           |                    |

| Payee Information      |            |    |                         |           |
|------------------------|------------|----|-------------------------|-----------|
| Prefix                 | First Name | MI | LastName or Vendor Name | Suffix    |
|                        |            |    | CCRI FOUNDATION         |           |
| Street Address         |            |    | City                    | State Zip |
| 1762 LOUISQUISSET PIKE |            |    | LINCOLN                 | RI 02865  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type       | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------------|--------------------|
| 2216    | 09/21/2026       |              | Campaign Expenditure | Donations (All Others) | \$900.00           |

Purpose of Expenditure

| Payee Information |            |    |                             |           |
|-------------------|------------|----|-----------------------------|-----------|
| Prefix            | First Name | MI | LastName or Vendor Name     | Suffix    |
|                   |            |    | CHRILDREN'S FRIEND LUNCHEON |           |
| Street Address    |            |    | City                        | State Zip |
| 153 SUMMER STREET |            |    | PROVIDENCE                  | RI 02903  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type          | Expenditure Amount |
|---------|------------------|--------------|----------------------|---------------------------|--------------------|
| 2197    | 07/31/2026       |              | Campaign Expenditure | Food, Beverages and Meals | \$258.85           |

Purpose of Expenditure

PAID BY CHASE CARD SERVICES FOR CONFERENCE DINNER

| Payee Information |            |    |                         |           |
|-------------------|------------|----|-------------------------|-----------|
| Prefix            | First Name | MI | LastName or Vendor Name | Suffix    |
|                   |            |    | CIVICO                  |           |
| Street Address    |            |    | City                    | State Zip |
| 1845 INDIA STREET |            |    | SAN DIEGL               | CA 92101  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type      | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------|--------------------|
| 2198    | 08/04/2026       |              | Campaign Expenditure | Donations (Political) | \$500.00           |

Purpose of Expenditure

| Payee Information   |            |    |                                  |           |
|---------------------|------------|----|----------------------------------|-----------|
| Prefix              | First Name | MI | LastName or Vendor Name          | Suffix    |
|                     |            |    | COMMITTEE FOR JOSEPH POLISENA JR |           |
| Street Address      |            |    | City                             | State Zip |
| 4 BELLA WOODS COURT |            |    | JOHNSTON                         | RI 02919  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type      | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------|--------------------|
| 2221    | 09/29/2026       |              | Campaign Expenditure | Donations (Political) | \$250.00           |

Purpose of Expenditure

| Payee Information        |            |    |                                 |           |
|--------------------------|------------|----|---------------------------------|-----------|
| Prefix                   | First Name | MI | LastName or Vendor Name         | Suffix    |
|                          |            |    | COMMITTEE TO ELECT LOU RAPTAKIS |           |
| Street Address           |            |    | City                            | State Zip |
| 2080 NOOSENECK HILL ROAD |            |    | COVENTRY                        | RI 02816  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type       | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------------|--------------------|
| 2194    | 07/20/2026       |              | Campaign Expenditure | Donations (All Others) | \$200.00           |

Purpose of Expenditure

| Payee Information |            |    |                         |           |
|-------------------|------------|----|-------------------------|-----------|
| Prefix            | First Name | MI | LastName or Vendor Name | Suffix    |
|                   |            |    | DAVID MARSHALL          |           |
| Street Address    |            |    | City                    | State Zip |
| 17 BOWLET STREET  |            |    | PROVIDENCE              | RI 02909  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------|--------------------|
| 2209    | 09/01/2026       |              | Campaign Expenditure | Other            | \$45.00            |

Purpose of Expenditure

PAID BY CHASE CARD SERVICES FOR AIRLINE CHANGE TO RI BAGS

| Payee Information                                         |                  |              |                         |                  |                    |
|-----------------------------------------------------------|------------------|--------------|-------------------------|------------------|--------------------|
| Prefix                                                    | First Name       | MI           | LastName or Vendor Name |                  | Suffix             |
|                                                           |                  |              | DELTA AIR               |                  |                    |
| Street Address                                            |                  |              | City                    | State            | Zip                |
| 1030 DELTA BOULEVARD                                      |                  |              | ATLANTA                 | GA               | 30354              |
| Check #                                                   | Expenditure Date | Payment Date | Disbursement Type       | Expenditure Type | Expenditure Amount |
| 2209                                                      | 09/01/2026       |              | Campaign Expenditure    | Other            | \$1,249.20         |
| Purpose of Expenditure                                    |                  |              |                         |                  |                    |
| PAID BY CHASE CARD SERVICES FOR AIRLINE CHANGE TO RI      |                  |              |                         |                  |                    |
| Payee Information                                         |                  |              |                         |                  |                    |
| Prefix                                                    | First Name       | MI           | LastName or Vendor Name |                  | Suffix             |
|                                                           |                  |              | DELTA AIR               |                  |                    |
| Street Address                                            |                  |              | City                    | State            | Zip                |
| 1030 DELTA BOULEVARD                                      |                  |              | ATLANTA                 | GA               | 30354              |
| Check #                                                   | Expenditure Date | Payment Date | Disbursement Type       | Expenditure Type | Expenditure Amount |
| 2209                                                      | 09/01/2026       |              | Campaign Expenditure    | Other            | \$45.00            |
| Purpose of Expenditure                                    |                  |              |                         |                  |                    |
| PAID BY CHASE CARD SERVICES FOR AIRLINE CHANGE TO RI BAGS |                  |              |                         |                  |                    |
| Payee Information                                         |                  |              |                         |                  |                    |
| Prefix                                                    | First Name       | MI           | LastName or Vendor Name |                  | Suffix             |
|                                                           |                  |              | DELTA AIR               |                  |                    |
| Street Address                                            |                  |              | City                    | State            | Zip                |
| 1030 DELTA BOULEVARD                                      |                  |              | ATLANTA                 | GA               | 30354              |
| Check #                                                   | Expenditure Date | Payment Date | Disbursement Type       | Expenditure Type | Expenditure Amount |
| 2209                                                      | 09/01/2026       |              | Campaign Expenditure    | Other            | \$1,249.20         |
| Purpose of Expenditure                                    |                  |              |                         |                  |                    |
| PAID BY CHASE CARD SERVICES FOR AIRLINE CHANGE TO RI      |                  |              |                         |                  |                    |
| Payee Information                                         |                  |              |                         |                  |                    |
| Prefix                                                    | First Name       | MI           | LastName or Vendor Name |                  | Suffix             |
|                                                           |                  |              | DELTA AIR               |                  |                    |
| Street Address                                            |                  |              | City                    | State            | Zip                |
| 1030 DELTA BOULEVARD                                      |                  |              | ATLANTA                 | GA               | 30354              |
| Check #                                                   | Expenditure Date | Payment Date | Disbursement Type       | Expenditure Type | Expenditure Amount |
| 2210                                                      | 09/01/2026       |              | Campaign Expenditure    | Advertising      | \$1,500.00         |
| Purpose of Expenditure                                    |                  |              |                         |                  |                    |
| FOR BILLBOARD                                             |                  |              |                         |                  |                    |
| Payee Information                                         |                  |              |                         |                  |                    |
| Prefix                                                    | First Name       | MI           | LastName or Vendor Name |                  | Suffix             |
|                                                           |                  |              | DV8 REALTY LLC          |                  |                    |
| Street Address                                            |                  |              | City                    | State            | Zip                |
| 536 ATWELLS AVENUE                                        |                  |              | PROVIDENCE              | RI               | 02909              |
| Check #                                                   | Expenditure Date | Payment Date | Disbursement Type       | Expenditure Type | Expenditure Amount |
| 2199                                                      | 08/06/2026       |              | Campaign Expenditure    | Other            | \$1,000.00         |
| Purpose of Expenditure                                    |                  |              |                         |                  |                    |
| FOR RENTAL OF SLIDE FOR FEAST                             |                  |              |                         |                  |                    |
| Payee Information                                         |                  |              |                         |                  |                    |
| Prefix                                                    | First Name       | MI           | LastName or Vendor Name |                  | Suffix             |
|                                                           |                  |              | FRANK'S RENTALS INC     |                  |                    |
| Street Address                                            |                  |              | City                    | State            | Zip                |
| 2071 PLAINFIELD PIKE                                      |                  |              | JOHNSTON                | RI               | 02919              |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type      | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------|--------------------|
| 2200    | 08/13/2026       |              | Campaign Expenditure | Donations (Political) | \$500.00           |

**Purpose of Expenditure**

| Payee Information |            |    |                           |        |       |
|-------------------|------------|----|---------------------------|--------|-------|
| Prefix            | First Name | MI | LastName or Vendor Name   | Suffix |       |
|                   |            |    | FRIENDS OF DAVID MARSHALL |        |       |
| Street Address    |            |    | City                      | State  | Zip   |
| 17 BOWLETT STREET |            |    | PROVIDENCE                | RI     | 02909 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type      | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------|--------------------|
| 2205    | 08/26/2026       |              | Campaign Expenditure | Donations (Political) | \$300.00           |

**Purpose of Expenditure**

| Payee Information |            |    |                          |        |       |
|-------------------|------------|----|--------------------------|--------|-------|
| Prefix            | First Name | MI | LastName or Vendor Name  | Suffix |       |
|                   |            |    | FRIENDS OF DAVID TIKOIAN |        |       |
| Street Address    |            |    | City                     | State  | Zip   |
| 114 AUSTIN AVENUE |            |    | SMITHFIELD               | RI     | 02917 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type      | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------|--------------------|
| 2202    | 08/13/2026       |              | Campaign Expenditure | Donations (Political) | \$500.00           |

**Purpose of Expenditure**

| Payee Information    |            |    |                         |        |       |
|----------------------|------------|----|-------------------------|--------|-------|
| Prefix               | First Name | MI | LastName or Vendor Name | Suffix |       |
|                      |            |    | FRIENDS OF DON GREBIEN  |        |       |
| Street Address       |            |    | City                    | State  | Zip   |
| 249 ROOSEVELT AVENUE |            |    | PAWTUCKET               | RI     | 02860 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type      | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------|--------------------|
| 2223    | 09/29/2026       |              | Campaign Expenditure | Donations (Political) | \$200.00           |

**Purpose of Expenditure**

| Payee Information      |            |    |                               |        |       |
|------------------------|------------|----|-------------------------------|--------|-------|
| Prefix                 | First Name | MI | LastName or Vendor Name       | Suffix |       |
|                        |            |    | FRIENDS OF EDWARD W. STRAVATO |        |       |
| Street Address         |            |    | City                          | State  | Zip   |
| 35 SOUTH BENNETT DRIVE |            |    | JOHNSTON                      | RI     | 02919 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type      | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------|--------------------|
| 2215    | 09/11/2026       |              | Campaign Expenditure | Donations (Political) | \$2,000.00         |

**Purpose of Expenditure**

| Payee Information |            |    |                            |        |       |
|-------------------|------------|----|----------------------------|--------|-------|
| Prefix            | First Name | MI | LastName or Vendor Name    | Suffix |       |
|                   |            |    | FRIENDS OF ENRIQUE SANCHEZ |        |       |
| Street Address    |            |    | City                       | State  | Zip   |
| 17 MESSER STREET  |            |    | PROVIDENCE                 | RI     | 02909 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type       | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------------|--------------------|
| 2203    | 08/18/2026       |              | Campaign Expenditure | Donations (All Others) | \$200.00           |

**Purpose of Expenditure**

| Payee Information |            |    |                                  |        |       |
|-------------------|------------|----|----------------------------------|--------|-------|
| Prefix            | First Name | MI | LastName or Vendor Name          | Suffix |       |
|                   |            |    | FRIENDS OF HENRY "RICK" LOMBARDI |        |       |
| Street Address    |            |    | City                             | State  | Zip   |
| 6 ORVILLE DRIVE   |            |    | MIDDLETOWN                       | RI     | 02842 |

| Check #                                      | Expenditure Date | Payment Date | Disbursement Type        | Expenditure Type       | Expenditure Amount |
|----------------------------------------------|------------------|--------------|--------------------------|------------------------|--------------------|
| 2206                                         | 08/26/2026       |              | Campaign Expenditure     | Donations (Political)  | \$300.00           |
| Purpose of Expenditure                       |                  |              |                          |                        |                    |
| Payee Information                            |                  |              |                          |                        |                    |
| Prefix                                       | First Name       | MI           | LastName or Vendor Name  |                        | Suffix             |
|                                              |                  |              | FRIENDS OF ROBERT BRITTO |                        |                    |
| Street Address                               |                  |              | City                     | State                  | Zip                |
| 20 BYRON STREET                              |                  |              | EAST PROVIDENCE          | RI                     | 02916              |
| Check #                                      | Expenditure Date | Payment Date | Disbursement Type        | Expenditure Type       | Expenditure Amount |
| 2197                                         | 07/31/2026       |              | Campaign Expenditure     | Other                  | \$56.50            |
| Purpose of Expenditure                       |                  |              |                          |                        |                    |
| PAID BY CHASE CARD SERVICES FOR WEBSITE FEES |                  |              |                          |                        |                    |
| Payee Information                            |                  |              |                          |                        |                    |
| Prefix                                       | First Name       | MI           | LastName or Vendor Name  |                        | Suffix             |
|                                              |                  |              | GOOGLE SUITE             |                        |                    |
| Street Address                               |                  |              | City                     | State                  | Zip                |
| 1600 AMPHITHEATRE PARKWAY                    |                  |              | MOUNTAIN VIEW            | CA                     | 94043              |
| Check #                                      | Expenditure Date | Payment Date | Disbursement Type        | Expenditure Type       | Expenditure Amount |
| 2189                                         | 07/01/2026       |              | Campaign Expenditure     | Other                  | \$56.50            |
| Purpose of Expenditure                       |                  |              |                          |                        |                    |
| PAID BY CHASE CARD SERVICES FOR WEBSITE FEES |                  |              |                          |                        |                    |
| Payee Information                            |                  |              |                          |                        |                    |
| Prefix                                       | First Name       | MI           | LastName or Vendor Name  |                        | Suffix             |
|                                              |                  |              | GOOGLE SUITE             |                        |                    |
| Street Address                               |                  |              | City                     | State                  | Zip                |
| 1600 AMPHITHEATRE PARKWAY                    |                  |              | MOUNTAIN VIEW            | CA                     | 94043              |
| Check #                                      | Expenditure Date | Payment Date | Disbursement Type        | Expenditure Type       | Expenditure Amount |
| 2209                                         | 09/01/2026       |              | Campaign Expenditure     | Other                  | \$56.50            |
| Purpose of Expenditure                       |                  |              |                          |                        |                    |
| PAID BY CHASE CARD SERVICES FOR WEBSITE FEES |                  |              |                          |                        |                    |
| Payee Information                            |                  |              |                          |                        |                    |
| Prefix                                       | First Name       | MI           | LastName or Vendor Name  |                        | Suffix             |
|                                              |                  |              | GOOGLE SUITE             |                        |                    |
| Street Address                               |                  |              | City                     | State                  | Zip                |
| 1600 AMPHITHEATRE PARKWAY                    |                  |              | MOUNTAIN VIEW            | CA                     | 94043              |
| Check #                                      | Expenditure Date | Payment Date | Disbursement Type        | Expenditure Type       | Expenditure Amount |
| 2197                                         | 07/31/2026       |              | Campaign Expenditure     | Other                  | \$2,698.63         |
| Purpose of Expenditure                       |                  |              |                          |                        |                    |
| PAID BY CHASE CARD SERVICES FOR CONFERENCE   |                  |              |                          |                        |                    |
| Payee Information                            |                  |              |                          |                        |                    |
| Prefix                                       | First Name       | MI           | LastName or Vendor Name  |                        | Suffix             |
|                                              |                  |              | HARD ROCK HOTEL          |                        |                    |
| Street Address                               |                  |              | City                     | State                  | Zip                |
| 207 FIFTH AVENUE                             |                  |              | SAN DIEGO                | CA                     | 92101              |
| Check #                                      | Expenditure Date | Payment Date | Disbursement Type        | Expenditure Type       | Expenditure Amount |
| 2196                                         | 07/29/2026       |              | Campaign Expenditure     | Donations (All Others) | \$300.00           |
| Purpose of Expenditure                       |                  |              |                          |                        |                    |

| Payee Information                                       |                  |              |                                    |                           |                    |
|---------------------------------------------------------|------------------|--------------|------------------------------------|---------------------------|--------------------|
| Prefix                                                  | First Name       | MI           | LastName or Vendor Name            |                           | Suffix             |
|                                                         |                  |              | HARTFORD PARK RESIDENT ASSOCIATION |                           |                    |
| Street Address                                          |                  |              | City                               | State                     | Zip                |
| 335 HARTFORD AVENUE                                     |                  |              | PROVIDENCE                         | RI                        | 02909              |
| Check #                                                 | Expenditure Date | Payment Date | Disbursement Type                  | Expenditure Type          | Expenditure Amount |
| 2189                                                    | 07/01/2026       |              | Campaign Expenditure               | Food, Beverages and Meals | \$97.76            |
| Purpose of Expenditure                                  |                  |              |                                    |                           |                    |
| PAID BY CHASE CARD SERVICES FOR LUNCH MEETING           |                  |              |                                    |                           |                    |
| Payee Information                                       |                  |              |                                    |                           |                    |
| Prefix                                                  | First Name       | MI           | LastName or Vendor Name            |                           | Suffix             |
|                                                         |                  |              | HEMENWAY'S RESTAURANT              |                           |                    |
| Street Address                                          |                  |              | City                               | State                     | Zip                |
| 121 SOUTH MAIN STREET                                   |                  |              | PROVIDENCE                         | RI                        | 02903              |
| Check #                                                 | Expenditure Date | Payment Date | Disbursement Type                  | Expenditure Type          | Expenditure Amount |
| 2218                                                    | 09/22/2026       |              | Campaign Expenditure               | Advertising               | \$600.00           |
| Purpose of Expenditure                                  |                  |              |                                    |                           |                    |
| Payee Information                                       |                  |              |                                    |                           |                    |
| Prefix                                                  | First Name       | MI           | LastName or Vendor Name            |                           | Suffix             |
|                                                         |                  |              | INSTITUTE FOR LABOR STUDIES        |                           |                    |
| Street Address                                          |                  |              | City                               | State                     | Zip                |
| 1540 PONTIAC AVENUE SUITE A                             |                  |              | CRANSTON                           | RI                        | 02920              |
| Check #                                                 | Expenditure Date | Payment Date | Disbursement Type                  | Expenditure Type          | Expenditure Amount |
| 2209                                                    | 09/01/2026       |              | Campaign Expenditure               | Other                     | \$613.20           |
| Purpose of Expenditure                                  |                  |              |                                    |                           |                    |
| PAID BY CHASE CARD SERVICES FOR CONFERENCE REGISTRATION |                  |              |                                    |                           |                    |
| Payee Information                                       |                  |              |                                    |                           |                    |
| Prefix                                                  | First Name       | MI           | LastName or Vendor Name            |                           | Suffix             |
|                                                         |                  |              | JW MARRIOTT RIVERSIDE              |                           |                    |
| Street Address                                          |                  |              | City                               | State                     | Zip                |
| 500 WEST RIVER STREET                                   |                  |              | SAVANNAH                           | GA                        | 31401              |
| Check #                                                 | Expenditure Date | Payment Date | Disbursement Type                  | Expenditure Type          | Expenditure Amount |
| 2197                                                    | 07/31/2026       |              | Campaign Expenditure               | Other                     | \$220.17           |
| Purpose of Expenditure                                  |                  |              |                                    |                           |                    |
| PAID BY CHASE CARD SERVICES FOR LUNCH CONFERENCE        |                  |              |                                    |                           |                    |
| Payee Information                                       |                  |              |                                    |                           |                    |
| Prefix                                                  | First Name       | MI           | LastName or Vendor Name            |                           | Suffix             |
|                                                         |                  |              | LOU & MICKEYS                      |                           |                    |
| Street Address                                          |                  |              | City                               | State                     | Zip                |
| 224 5TH AVENUE                                          |                  |              | SAN DIEGO                          | CA                        | 92101              |
| Check #                                                 | Expenditure Date | Payment Date | Disbursement Type                  | Expenditure Type          | Expenditure Amount |
| 2197                                                    | 07/31/2026       |              | Campaign Expenditure               | Food, Beverages and Meals | \$50.06            |
| Purpose of Expenditure                                  |                  |              |                                    |                           |                    |
| PAID BY CHASE CARD SERVICES FOR OFFICE LUNCH            |                  |              |                                    |                           |                    |
| Payee Information                                       |                  |              |                                    |                           |                    |
| Prefix                                                  | First Name       | MI           | LastName or Vendor Name            |                           | Suffix             |
|                                                         |                  |              | MILLS TAVERN                       |                           |                    |
| Street Address                                          |                  |              | City                               | State                     | Zip                |
| 101 NORTH MAIN STREET                                   |                  |              | PROVIDENCE                         | RI                        | 02903              |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type          | Expenditure Amount |
|---------|------------------|--------------|----------------------|---------------------------|--------------------|
| 2189    | 07/01/2026       |              | Campaign Expenditure | Food, Beverages and Meals | \$102.98           |

**Purpose of Expenditure**

PAID BY CHASE CARD SERVICES FOR STAFF LUNCH

| Payee Information     |            |    |                         |        |       |
|-----------------------|------------|----|-------------------------|--------|-------|
| Prefix                | First Name | MI | LastName or Vendor Name | Suffix |       |
|                       |            |    | MILLS TAVERN            |        |       |
| Street Address        |            |    | City                    | State  | Zip   |
| 101 NORTH MAIN STREET |            |    | PROVIDENCE              | RI     | 02903 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type       | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------------|--------------------|
| 2191    | 07/14/2026       |              | Campaign Expenditure | Donations (All Others) | \$2,500.00         |

**Purpose of Expenditure**

| Payee Information |            |    |                         |        |       |
|-------------------|------------|----|-------------------------|--------|-------|
| Prefix            | First Name | MI | LastName or Vendor Name | Suffix |       |
|                   |            |    | MOUNT HOPE COWBOYS      |        |       |
| Street Address    |            |    | City                    | State  | Zip   |
| 109 CAMP STREET   |            |    | PROVIDENCE              | RI     | 02906 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type          | Expenditure Amount |
|---------|------------------|--------------|----------------------|---------------------------|--------------------|
| 2209    | 09/01/2026       |              | Campaign Expenditure | Food, Beverages and Meals | \$274.85           |

**Purpose of Expenditure**

PAID BY CHASE CARD SERVICES FOR LUNCH

| Payee Information   |            |    |                          |        |       |
|---------------------|------------|----|--------------------------|--------|-------|
| Prefix              | First Name | MI | LastName or Vendor Name  | Suffix |       |
|                     |            |    | NEIMAN MARCUS RESTAURANT |        |       |
| Street Address      |            |    | City                     | State  | Zip   |
| 150 STOCKTON STREET |            |    | SAN FRANCISCO            | CA     | 94108 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type          | Expenditure Amount |
|---------|------------------|--------------|----------------------|---------------------------|--------------------|
| 2189    | 07/01/2026       |              | Campaign Expenditure | Food, Beverages and Meals | \$260.93           |

**Purpose of Expenditure**

PAID BY CHASE CARD SERVICES FOR ICE CREAM SANDWICHES

| Payee Information |            |    |                         |        |       |
|-------------------|------------|----|-------------------------|--------|-------|
| Prefix            | First Name | MI | LastName or Vendor Name | Suffix |       |
|                   |            |    | NEWPORT CREAMERY        |        |       |
| Street Address    |            |    | City                    | State  | Zip   |
| 673 SMITH STREET  |            |    | PROVIDENCE              | RI     | 02908 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type       | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------------|--------------------|
| 2219    | 09/22/2026       |              | Campaign Expenditure | Donations (All Others) | \$250.00           |

**Purpose of Expenditure**

| Payee Information |            |    |                                               |        |       |
|-------------------|------------|----|-----------------------------------------------|--------|-------|
| Prefix            | First Name | MI | LastName or Vendor Name                       | Suffix |       |
|                   |            |    | NORTH PROVIDENCE YOUTH BASKETBALL ASSOCIATION |        |       |
| Street Address    |            |    | City                                          | State  | Zip   |
| 3 PLEASANT STREET |            |    | NORTH PROVIDENCE                              | RI     | 02904 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type          | Expenditure Amount |
|---------|------------------|--------------|----------------------|---------------------------|--------------------|
| 2189    | 07/01/2026       |              | Campaign Expenditure | Food, Beverages and Meals | \$471.24           |

**Purpose of Expenditure**

PAID BY CHASE CARD SERVICES FOR WIENERS

| Payee Information          |            |    |                         |           |
|----------------------------|------------|----|-------------------------|-----------|
| Prefix                     | First Name | MI | LastName or Vendor Name | Suffix    |
| OLNEYVILLE NEW YORK SYSTEM |            |    |                         |           |
| Street Address             |            |    | City                    | State Zip |
| 18 PLAINFIELD STREET       |            |    | PROVIDENCE              | RI 02909  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type       | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------------|--------------------|
| 2217    | 09/21/2026       |              | Campaign Expenditure | Donations (All Others) | \$200.00           |

Purpose of Expenditure

| Payee Information                   |            |    |                         |           |
|-------------------------------------|------------|----|-------------------------|-----------|
| Prefix                              | First Name | MI | LastName or Vendor Name | Suffix    |
| OUR LADY OF MERCY SCHOOL AND PARISH |            |    |                         |           |
| Street Address                      |            |    | City                    | State Zip |
| 55 4TH STREET                       |            |    | EAST GREENWICH          | RI 02818  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type          | Expenditure Amount |
|---------|------------------|--------------|----------------------|---------------------------|--------------------|
| 2189    | 07/01/2026       |              | Campaign Expenditure | Food, Beverages and Meals | \$250.00           |

Purpose of Expenditure

PAID BY CHASE CARD SERVICES FOR STAFF LUNCH

| Payee Information   |            |    |                         |           |
|---------------------|------------|----|-------------------------|-----------|
| Prefix              | First Name | MI | LastName or Vendor Name | Suffix    |
| PARKSIDE ROTISSERIE |            |    |                         |           |
| Street Address      |            |    | City                    | State Zip |
| 1190 POST ROAD      |            |    | WARWICK                 | RI 02909  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type       | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------------|--------------------|
| 2195    | 07/25/2026       |              | Campaign Expenditure | Donations (All Others) | \$200.00           |

Purpose of Expenditure

| Payee Information              |            |    |                         |           |
|--------------------------------|------------|----|-------------------------|-----------|
| Prefix                         | First Name | MI | LastName or Vendor Name | Suffix    |
| PLATES WITH PURPOSE            |            |    |                         |           |
| Street Address                 |            |    | City                    | State Zip |
| 889 OAKLAND BEACH AVENUE #9616 |            |    | WARWICK                 | RI 02889  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type            | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------------|--------------------|
| 2209    | 09/01/2026       |              | Campaign Expenditure | Office Equipment & Supplies | \$82.00            |

Purpose of Expenditure

PAID BY CHASE CARD SERVICES FOR POSTAGE

| Payee Information |            |    |                         |           |
|-------------------|------------|----|-------------------------|-----------|
| Prefix            | First Name | MI | LastName or Vendor Name | Suffix    |
| POSTMASTER        |            |    |                         |           |
| Street Address    |            |    | City                    | State Zip |
| CORLISS STREET    |            |    | PROVIDENCE              | RI 02904  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type            | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------------|--------------------|
| 2209    | 09/01/2026       |              | Campaign Expenditure | Office Equipment & Supplies | \$246.00           |

Purpose of Expenditure

PAID BY CHASE CARD SERVICES FOR POSTAGE

| Payee Information |            |    |                         |           |
|-------------------|------------|----|-------------------------|-----------|
| Prefix            | First Name | MI | LastName or Vendor Name | Suffix    |
| POSTMASTER        |            |    |                         |           |
| Street Address    |            |    | City                    | State Zip |
| CORLISS STREET    |            |    | PROVIDENCE              | RI 02904  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type       | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------------|--------------------|
| 2197    | 07/31/2026       |              | Campaign Expenditure | Donations (All Others) | \$1,362.50         |

**Purpose of Expenditure**

PAID BY CHASE CARD SERVICES FOR DONATION

| Payee Information |            |    |                         |        |       |
|-------------------|------------|----|-------------------------|--------|-------|
| Prefix            | First Name | MI | LastName or Vendor Name | Suffix |       |
|                   |            |    | PROGRESSO LATINO        |        |       |
| Street Address    |            |    | City                    | State  | Zip   |
| 626 BROAD STREET  |            |    | CENTRAL FALLS           | RI     | 02863 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type       | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------------|--------------------|
| 2213    | 09/07/2026       |              | Campaign Expenditure | Donations (All Others) | \$500.00           |

**Purpose of Expenditure**

| Payee Information       |            |    |                                          |        |       |
|-------------------------|------------|----|------------------------------------------|--------|-------|
| Prefix                  | First Name | MI | LastName or Vendor Name                  | Suffix |       |
|                         |            |    | RHODE ISLAND COLLEGE ALUMNI & FOUNDATION |        |       |
| Street Address          |            |    | City                                     | State  | Zip   |
| 600 MT. PLEASANT AVENUE |            |    | PROVIDENCE                               | RI     | 02908 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type      | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------|--------------------|
| 2208    | 08/31/2026       |              | Campaign Expenditure | Donations (Political) | \$400.00           |

**Purpose of Expenditure**

| Payee Information           |            |    |                                         |        |       |
|-----------------------------|------------|----|-----------------------------------------|--------|-------|
| Prefix                      | First Name | MI | LastName or Vendor Name                 | Suffix |       |
|                             |            |    | RI NAGE IBPO POLITICAL ACTION COMMITTEE |        |       |
| Street Address              |            |    | City                                    | State  | Zip   |
| 15 MESSENGER DRIVE, SUITE 2 |            |    | WARWICK                                 | RI     | 02888 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------|--------------------|
| 2209    | 09/01/2026       |              | Campaign Expenditure | Other            | \$176.64           |

**Purpose of Expenditure**

PAID BY CHASE CARD SERVICES FOR LUNCH

| Payee Information   |            |    |                         |        |       |
|---------------------|------------|----|-------------------------|--------|-------|
| Prefix              | First Name | MI | LastName or Vendor Name | Suffix |       |
|                     |            |    | RITZ CARLTON            |        |       |
| Street Address      |            |    | City                    | State  | Zip   |
| 600 STOCKTON STREET |            |    | SAN FRANCISCO           | CA     | 94108 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------|--------------------|
| 2209    | 09/01/2026       |              | Campaign Expenditure | Other            | \$493.18           |

**Purpose of Expenditure**

PAID BY CHASE CARD SERVICES FOR HOTEL CHARGES

| Payee Information   |            |    |                         |        |       |
|---------------------|------------|----|-------------------------|--------|-------|
| Prefix              | First Name | MI | LastName or Vendor Name | Suffix |       |
|                     |            |    | RITZ CARLTON            |        |       |
| Street Address      |            |    | City                    | State  | Zip   |
| 600 STOCKTON STREET |            |    | SAN FRANCISCO           | CA     | 94108 |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type          | Expenditure Amount |
|---------|------------------|--------------|----------------------|---------------------------|--------------------|
| 2212    | 09/01/2026       |              | Campaign Expenditure | Food, Beverages and Meals | \$750.00           |

**Purpose of Expenditure**

| Payee Information |            |    |                         |           |
|-------------------|------------|----|-------------------------|-----------|
| Prefix            | First Name | MI | LastName or Vendor Name | Suffix    |
|                   |            |    | ROSARIO SOCIETY         |           |
| Street Address    |            |    | City                    | State Zip |
| 17 ROSARIO DR     |            |    | PROVIDENCE              | RI 02909  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type     | Expenditure Amount |
|---------|------------------|--------------|----------------------|----------------------|--------------------|
| 2192    | 07/14/2026       |              | Campaign Expenditure | Fundraising Expenses | \$630.00           |

Purpose of Expenditure

| Payee Information |            |    |                         |           |
|-------------------|------------|----|-------------------------|-----------|
| Prefix            | First Name | MI | LastName or Vendor Name | Suffix    |
|                   |            |    | ROSARIO SOCIETY         |           |
| Street Address    |            |    | City                    | State Zip |
| 17 ROSARIO DR     |            |    | PROVIDENCE              | RI 02909  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type       | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------------|--------------------|
| 2222    | 09/29/2026       |              | Campaign Expenditure | Donations (All Others) | \$100.00           |

Purpose of Expenditure

| Payee Information |            |    |                         |           |
|-------------------|------------|----|-------------------------|-----------|
| Prefix            | First Name | MI | LastName or Vendor Name | Suffix    |
|                   |            |    | SAINT PATRICK ACADEMY   |           |
| Street Address    |            |    | City                    | State Zip |
| 244 SMITH STREET  |            |    | PROVIDENCE              | RI 02908  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type      | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------|--------------------|
| 2220    | 09/25/2026       |              | Campaign Expenditure | Donations (Political) | \$200.00           |

Purpose of Expenditure

| Payee Information |            |    |                                      |           |
|-------------------|------------|----|--------------------------------------|-----------|
| Prefix            | First Name | MI | LastName or Vendor Name              | Suffix    |
|                   |            |    | SMITHFIELD DEMOCRATIC TOWN COMMITTEE |           |
| Street Address    |            |    | City                                 | State Zip |
| 17 RIMWOOD DRIVE  |            |    | SMITHFIELD                           | RI 02917  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------|--------------------|
| 2189    | 07/01/2026       |              | Campaign Expenditure | Other            | \$909.40           |

Purpose of Expenditure

PAID BY CHASE CARD SERVICES FOR AIRFARE FOR CONFERENCE

| Payee Information  |            |    |                         |           |
|--------------------|------------|----|-------------------------|-----------|
| Prefix             | First Name | MI | LastName or Vendor Name | Suffix    |
|                    |            |    | SOUTHWEST AIR           |           |
| Street Address     |            |    | City                    | State Zip |
| P.O. BOX 36647-1CR |            |    | DALLAS                  | TX 75235  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type            | Expenditure Amount |
|---------|------------------|--------------|----------------------|-----------------------------|--------------------|
| 2209    | 09/01/2026       |              | Campaign Expenditure | Office Equipment & Supplies | \$43.00            |

Purpose of Expenditure

PAID BY CHASE CARD SERVICES FOR ENVELOPES

| 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 |
|---------|------------------|--------------|----------------------|------------------|--------------------|
| 2209    | 09/01/2026       |              | Campaign Expenditure | Other            | \$82.49            |

Purpose of Expenditure

PAID BY CHASE CARD SERVICES FOR RIDE TO HOTEL

| Payee Information |            |    |                         |           |
|-------------------|------------|----|-------------------------|-----------|
| Prefix            | First Name | MI | LastName or Vendor Name | Suffix    |
| TAXI SERVICE      |            |    |                         |           |
| Street Address    |            |    | City                    | State Zip |
| FROM AIRPORT      |            |    | SAN FRANCISCO           | CA 94128  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------|--------------------|
| 2209    | 09/01/2026       |              | Campaign Expenditure | Other            | \$72.90            |

**Purpose of Expenditure**

PAID BY CHASE CARD SERVICES FOR RIDE TO AIRPORT

| Payee Information |            |    |                         |           |
|-------------------|------------|----|-------------------------|-----------|
| Prefix            | First Name | MI | LastName or Vendor Name | Suffix    |
| TAXI SERVICE      |            |    |                         |           |
| Street Address    |            |    | City                    | State Zip |
| RIDE TO AIRPORT   |            |    | SAN FRANCISCO           | CA 94108  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type       | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------------|--------------------|
| 2207    | 08/31/2026       |              | Campaign Expenditure | Donations (All Others) | \$250.00           |

**Purpose of Expenditure**

| Payee Information            |            |    |                         |           |
|------------------------------|------------|----|-------------------------|-----------|
| Prefix                       | First Name | MI | LastName or Vendor Name | Suffix    |
| THE FLYNN'S FLYERS 5K        |            |    |                         |           |
| Street Address               |            |    | City                    | State Zip |
| 934 DEXTER STREET, 2ND FLOOR |            |    | CENTRAL FALLS           | RI 02863  |

| Check # | Expenditure Date | Payment Date | Disbursement Type    | Expenditure Type       | Expenditure Amount |
|---------|------------------|--------------|----------------------|------------------------|--------------------|
| 2201    | 08/13/2026       |              | Campaign Expenditure | Donations (All Others) | \$100.00           |

**Purpose of Expenditure**

| Payee Information         |            |    |                         |           |
|---------------------------|------------|----|-------------------------|-----------|
| Prefix                    | First Name | MI | LastName or Vendor Name | Suffix    |
| VNA HOME & HEALTH HOSPICE |            |    |                         |           |
| Street Address            |            |    | City                    | State Zip |
| 200 BUTLER DRIVE          |            |    | PROVIDENCE              | RI 02906  |

| Check # | Expenditure Date | Payment Date | Disbursement Type      | Expenditure Type | Expenditure Amount |
|---------|------------------|--------------|------------------------|------------------|--------------------|
| 2193    | 07/20/2026       |              | Refund of Contribution | Other            | \$250.00           |

**Purpose of Expenditure**

REFUND OF OVERAGE

| Payee Information |            |    |                         |           |
|-------------------|------------|----|-------------------------|-----------|
| Prefix            | First Name | MI | LastName or Vendor Name | Suffix    |
| DONNA SANTORO     |            |    |                         |           |
| Street Address    |            |    | City                    | State Zip |
| 3 AVALON PLACE    |            |    | CUMBERLAND              | RI 02864  |