

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#
JESSICA DE LA CRUZ	8668

Street Address	City/Town, State and Zip Code
120 SCHOOL ST	NORTH SMITHFIELD, RI 02824

Mailing Address (if different)	City/Town, State and Zip Code
PO BOX 649	FORESTDALE, RI 02824

Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 484-0155			jessicaforri@gmail.com

If Candidate Office Sought:	Party Affiliation if any:
State Senator	Republican

Reporting Period (Dates):	Period Beginning: 07/01/2026	Period Ending: 10/05/2026
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 59,575.12
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	1,958.33
a. (Individuals)	1,758.33
b. (Political Parties)	0
c. (Political Action Committees)	200.00
2. Individuals	3,931.79
3. Political Parties	0
4. Political Action Committees	250.00
5. Loan Proceeds	0
6. Payroll Check off	0
7. Interest Received	0
8. State Check Off	0
9. Refund/Rebate	72.86
10. Party Building	0
11. Matching Public Funds	0
12. Other	0
13. Returned Contributions	0
14. Returned Checks	0
b. Other:	0
	0
	0
	0
3. Total Cash	65,788.10
4. Cash Disbursements	
a. Aggregate Expenses	704.44
b. Campaign Expenses	4,016.39
c. Repayment of Loans	0
d. Account Payable Repayments	0
e. Other	0

4. Cash Disbursements, continued	
f. Other Disbursements	0
	0
	0
5. Ending Cash Balance	\$ 61,067.27

CAMPAIGN FUND STATUS

6. Report of In-Kind Contributions	0
7. Cash	\$ 61,067.27
8. Other Assets	0
	0
	0
9. Total Assets	\$ 61,067.27

LIABILITIES AND FUND BALANCE

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	0
c. Other Liabilities	0
	0
	0
11. Total Liabilities	0
12. Total Fund Balance	\$ 61,067.27
13. Total Liability / Fund Balance	61,067.27

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 # 8,668	Full Name of Candidate or Committee JESSICA DE LA CRUZ				Reporting Period From: 07/01/2026 To: 10/05/2026	
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Item	Transaction Type Other	Contribution Type Aggregate - Individual	Receipt Date 07/01/2026	Deposit Date 07/01/2026	Contribution Amount 208.20
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In Kind/Other Receipts Description

Win Red

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 Other	Contribution Type Aggregate - Individual	Receipt Date 07/02/2026	Deposit Date 07/02/2026	Contribution Amount 275.00
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In Kind/Other Receipts Description

checks deposited

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 Other	Contribution Type Aggregate - Individual	Receipt Date 07/08/2026	Deposit Date 07/08/2026	Contribution Amount 51.03
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In Kind/Other Receipts Description

Win Red

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 Other	Contribution Type Aggregate - Individual	Receipt Date 07/22/2026	Deposit Date 07/22/2026	Contribution Amount 25.00
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In Kind/Other Receipts Description

Win Red

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
	Other	Aggregate - Individual	07/23/2026	07/23/2026	974.18

In Kind/Other Receipts Description

Win Red

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
	Other	Aggregate - Individual	07/27/2026	07/27/2026	10.41

In Kind/Other Receipts Description

Win Red

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
	Other	Aggregate - Individual	08/11/2026	08/11/2026	41.64

In Kind/Other Receipts Description

Win Red

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
	Other	Aggregate - Individual	09/17/2026	09/17/2026	100.00

In Kind/Other Receipts Description

Win Red

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
	Other	Aggregate - Individual	09/23/2026	09/23/2026	52.05

In Kind/Other Receipts Description

Win Red

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
	Other	Aggregate - Individual	09/25/2026	09/25/2026	10.41

In Kind/Other Receipts Description

Win Red

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
	Other	Aggregate - Individual	08/26/2026	08/26/2026	10.41

In Kind/Other Receipts Description

Win Red

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
	Other	Aggregate - PAC	07/02/2026	07/02/2026	200.00

In Kind/Other Receipts Description

Check 0890

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
Street Address					Street Address		
City		State	Zip		City		State Zip

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/24/2026	07/24/2026	520.51

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Marie		Fraley		Retired		
Street Address					Street Address		
28 Lincoln Dr					28 Lincoln Dr		
City		State	Zip		City		State Zip
North Smithfield		RI	02896		North Smithfield		RI 02896

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/14/2026	07/14/2026	25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Christopher		Gagne		Fusion Medical		
Street Address					Street Address		
75 Milton Ave					75 Milton Ave		
City		State	Zip		City		State Zip
N. Smithfield		RI	02896		N. Smithfield		RI 02896

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/27/2026	07/27/2026	25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Christopher		Gagne		Fusion Medical		
Street Address					Street Address		
75 Milton Ave					75 Milton Ave		
City			State	Zip	City	State	Zip
N. Smithfield			RI	02896	N. Smithfield	RI	02896

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/09/2026	07/09/2026	25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Christopher		Gagne		Fusion Medical		
Street Address					Street Address		
75 Milton Ave					75 Milton Ave		
City			State	Zip	City	State	Zip
N. Smithfield			RI	02896	N. Smithfield	RI	02896

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	08/17/2026	08/17/2026	25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Christopher		Gagne		Fusion Medical		
Street Address					Street Address		
75 Milton Ave					75 Milton Ave		
City			State	Zip	City	State	Zip
N. Smithfield			RI	02896	N. Smithfield	RI	02896

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/31/2026	07/31/2026	25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Christopher		Gagne		Fusion Medical		
Street Address					Street Address		
75 Milton Ave					75 Milton Ave		
City			State	Zip	City	State	Zip
N. Smithfield			RI	02896	N. Smithfield	RI	02896

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/24/2026	07/24/2026	206.23

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
Dr.	Cosmo		Haralambidis		Cranston Orthodontics and Cranston Pediatric Dentistry		
Street Address					Street Address		
59 Phenix Ave					59 Phenix Ave		
City			State	Zip	City	State	Zip
Cranston			RI	02920	Cranston	RI	02920

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/28/2026	07/28/2026	1,041.02

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	David		Holley		Stone Turn		
Street Address					Street Address		
166 Laurel Hill Rd					75 State Street Suite 1710		
City			State	Zip	City	State	Zip
East Greenwich			RI	02818	Boston	MA	02109

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	08/13/2026	08/13/2026	52.05

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Susanne		Juaire		New England Copperworks		
Street Address					Street Address		
199 Terrace Dr					25 Maple Ave		
City			State	Zip	City	State	Zip
Chepachet			RI	02814	Smithfield	RI	02917

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/05/2026	09/05/2026	52.05

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Susanne		Juaire		New England Copperworks		
Street Address					Street Address		
199 Terrace Dr					25 Maple Ave		
City			State	Zip	City	State	Zip
Chepachet			RI	02814	Smithfield	RI	02917

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/15/2026	07/15/2026	52.05

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Susanne		Juaire		New England Copperworks		
Street Address					Street Address		
199 Terrace Dr					25 Maple Ave		
City			State	Zip	City	State	Zip
Chepachet			RI	02814	Smithfield	RI	02917

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/24/2026	07/24/2026	206.23

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Wayne		Leary		Retired		
Street Address					Street Address		
330 Tarkiln Rd					330 Tarkiln Rd		
City			State	Zip	City	State	Zip
Mapleville			RI	02839	Mapleville	RI	02839

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	08/05/2026	08/05/2026	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		
	David		Mayer		Retired		
Street Address					Street Address		
35 Barberry Hill					35 Barberry Hill		
City			State	Zip	City		State Zip
Providence			RI	02906	Providence		RI 02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/30/2026	07/30/2026	104.10

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Kris		Murphy		QML		
Street Address					Street Address		
55 Crystal View Drive					272 Ferris Ave		
City			State	Zip	City		State Zip
Pascoag			RI	02859	Rumford		RI 02916

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/01/2026	09/01/2026	104.10

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Kris		Murphy		QML		
Street Address					Street Address		
55 Crystal View Drive					272 Ferris Ave		
City			State	Zip	City		State Zip
Pascoag			RI	02859	Rumford		RI 02916

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/30/2026	09/30/2026	104.10

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Kris		Murphy		QML		
Street Address					Street Address		
55 Crystal View Drive					272 Ferris Ave		
City			State	Zip	City		State Zip
Pascoag			RI	02859	Rumford		RI 02916

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/01/2026	07/01/2026	104.10

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Kris		Murphy		QML		
Street Address					Street Address		
55 Crystal View Drive					272 Ferris Ave		
City			State	Zip	City		State Zip
Pascoag			RI	02859	Rumford		RI 02916

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/31/2026	07/31/2026	260.25

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Ariana		Ramos		Telamon Insurance		
Street Address					Street Address		
40 Greene St					40 Greene St		
City			State	Zip	City	State	Zip
N. Smithfield			RI	02896	N. Smithfield	RI	02896

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	07/02/2026	07/02/2026	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		
	Deborah		Raspallo		Retired		
Street Address					Street Address		
3A Quail Circle					3A Quail Circle		
City			State	Zip	City	State	Zip
Smithfield			RI	02917	Smithfield	RI	02917

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	07/02/2026	07/02/2026	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		
			RI HOSPITALITY PAC				
Street Address					Street Address		
94 SABRA STREET							
City			State	Zip	City	State	Zip
CRANSTON			RI	02910			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Refund/Rebate	07/09/2026	07/09/2026	72.86

In Kind/Other Receipts Description

Returns

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
			Amazon				
Street Address					Street Address		
410 Terry Ave N							
City			State	Zip	City	State	Zip
Seattle			WA	98109			

CF-3

Rev. 3/02

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period	
8,668	JESSICA DE LA CRUZ	From: 07/01/2026	To: 10/05/2026

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/10/2026		Aggregate Expenditure	Food, Beverages and Meals	\$99.92

Purpose of Expenditure

food at airport

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	

Street Address	City	State	Zip
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Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/13/2026		Aggregate Expenditure	Food, Beverages and Meals	\$146.52

Purpose of Expenditure

conference dining - DC

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	

Street Address	City	State	Zip
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Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/05/2026		Aggregate Expenditure	Donations (All Others)	\$100.00

Purpose of Expenditure

North Smithfield Heritage Association check #1066

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	

Street Address	City	State	Zip
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Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/05/2026		Aggregate Expenditure	Advertising	\$358.00

Purpose of Expenditure

Checks 1068, 1070, 1071 Paid canvassers

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	

Street Address	City	State	Zip
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Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/25/2026		Campaign Expenditure	Office Equipment & Supplies	\$219.17

Purpose of Expenditure

Tech accessories for canvassing

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
Amazon					
Street Address			City	State	Zip
410 Terry Ave N			Seattle	WA	98109
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/21/2026		Campaign Expenditure	Office Equipment & Supplies	\$20.28
Purpose of Expenditure					
canvassing supplies					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
Amazon					
Street Address			City	State	Zip
410 Terry Ave N			Seattle	WA	98109
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/21/2026		Campaign Expenditure	Office Equipment & Supplies	\$650.54
Purpose of Expenditure					
hardware for canvassing					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
Amazon					
Street Address			City	State	Zip
410 Terry Ave N			Seattle	WA	98109
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/21/2026		Campaign Expenditure	Office Equipment & Supplies	\$106.82
Purpose of Expenditure					
Campaign supplies					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
Amazon					
Street Address			City	State	Zip
410 Terry Ave N			Seattle	WA	98109
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/21/2026		Campaign Expenditure	Office Equipment & Supplies	\$35.30
Purpose of Expenditure					
Office supplies					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
Amazon					
Street Address			City	State	Zip
410 Terry Ave N			Seattle	WA	98109
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/01/2026		Campaign Expenditure	Office Equipment & Supplies	\$213.98
Purpose of Expenditure					
Parade supplies					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
Amazon					
Street Address			City	State	Zip
410 Terry Ave N			Seattle	WA	98109

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1067	10/05/2026		Campaign Expenditure	Donations (Political)	\$250.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Elizabeth W. Newberry		
Street Address			City	State	Zip
53 Follett Street			N. Smithfield	RI	02896
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/31/2026		Campaign Expenditure	Advertising	\$103.37
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			FACEBOOK		
Street Address			City	State	Zip
1 HACKER WAY			MENLO PARK	CA	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/10/2026		Campaign Expenditure	Advertising	\$251.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			FACEBOOK		
Street Address			City	State	Zip
1 HACKER WAY			MENLO PARK	CA	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/29/2026		Campaign Expenditure	Advertising	\$129.35
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			FACEBOOK		
Street Address			City	State	Zip
1 HACKER WAY			MENLO PARK	CA	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1199	09/28/2026		Campaign Expenditure	Advertising	\$353.10
Purpose of Expenditure					
palm cards					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Format Printing		
Street Address			City	State	Zip
1084 Charles St			North Providence	RI	02904
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1197	07/07/2026		Campaign Expenditure	Donations (Political)	\$500.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Friends of John Loughlin		
Street Address			City	State	Zip
PO Box 67			Tiverton	RI	02878

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/02/2026		Campaign Expenditure	Advertising	\$17.98
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Google		
Street Address			City	State	Zip
1600 Amphitheatre Parkway			Mountain View	CA	94043
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/03/2026		Campaign Expenditure	Advertising	\$17.98
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Google		
Street Address			City	State	Zip
1600 Amphitheatre Parkway			Mountain View	CA	94043
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/02/2026		Campaign Expenditure	Advertising	\$17.98
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Google		
Street Address			City	State	Zip
1600 Amphitheatre Parkway			Mountain View	CA	94043
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/02/2026		Campaign Expenditure	Advertising	\$17.98
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Google		
Street Address			City	State	Zip
1600 Amphitheatre Parkway			Mountain View	CA	94043
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/13/2026		Campaign Expenditure	Travel & Lodging	\$116.99
Purpose of Expenditure					
airport parking					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			LAZ Parking TF Green Airport		
Street Address			City	State	Zip
2000 Post Rd			Warwick	RI	02886
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/07/2026		Campaign Expenditure	Advertising	\$188.32
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Mail Chimp		
Street Address			City	State	Zip
675 Ponce de Leon Ave NE Suite 5000			Atlanta	GA	30308

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/07/2026		Campaign Expenditure	Advertising	\$188.32
Purpose of Expenditure					
newsletter					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Mail Chimp		
Street Address			City	State	Zip
675 Ponce de Leon Ave NE Suite 5000			Atlanta	GA	30308
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/08/2026		Campaign Expenditure	Advertising	\$188.32
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Mail Chimp		
Street Address			City	State	Zip
675 Ponce de Leon Ave NE Suite 5000			Atlanta	GA	30308
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/05/2026		Campaign Expenditure	Consultant & Professional Services	\$21.40
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Open AI Chat GPT		
Street Address			City	State	Zip
1455 3rd St			San Francisco	CA	94158
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/08/2026		Campaign Expenditure	Consultant & Professional Services	\$21.40
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Open AI Chat GPT		
Street Address			City	State	Zip
1455 3rd St			San Francisco	CA	94158
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/05/2026		Campaign Expenditure	Consultant & Professional Services	\$21.40
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Open AI Chat GPT		
Street Address			City	State	Zip
1455 3rd St			San Francisco	CA	94158
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/06/2026		Campaign Expenditure	Consultant & Professional Services	\$21.40
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Open AI Chat GPT		
Street Address			City	State	Zip
1455 3rd St			San Francisco	CA	94158

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/01/2026		Campaign Expenditure	Travel & Lodging	\$24.85
Purpose of Expenditure					
Conference travel					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			UBER		
Street Address			City	State	Zip
1515 3rd Street			San Francisco	CA	94158
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/10/2026		Campaign Expenditure	Travel & Lodging	\$24.94
Purpose of Expenditure					
conference travel					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			UBER		
Street Address			City	State	Zip
1515 3rd Street			San Francisco	CA	94158
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/13/2026		Campaign Expenditure	Travel & Lodging	\$28.93
Purpose of Expenditure					
conference travel					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			UBER		
Street Address			City	State	Zip
1515 3rd Street			San Francisco	CA	94158
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/06/2026		Campaign Expenditure	Office Equipment & Supplies	\$71.63
Purpose of Expenditure					
Parade					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Walmart.com		
Street Address			City	State	Zip
702 SW 8th Street			Bentonville	AR	72716
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/01/2026		Campaign Expenditure	Bank Fees	\$12.30
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Win Red		
Street Address			City	State	Zip
1776 Wilson Blvd Suite 530			Arlington	VA	22219
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/08/2026		Campaign Expenditure	Bank Fees	\$2.02
Purpose of Expenditure					

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Win Red				
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/09/2026		Campaign Expenditure	Bank Fees	\$0.99

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Win Red				
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/14/2026		Campaign Expenditure	Advertising	\$0.99

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Win Red				
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/15/2026		Campaign Expenditure	Bank Fees	\$2.05

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Win Red				
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/22/2026		Campaign Expenditure	Bank Fees	\$0.99

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Win Red				
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/23/2026		Campaign Expenditure	Bank Fees	\$38.35

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Win Red				
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/24/2026		Campaign Expenditure	Bank Fees	\$36.77

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Win Red	
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/27/2026		Campaign Expenditure	Bank Fees	\$1.40

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Win Red	
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/28/2026		Campaign Expenditure	Bank Fees	\$41.02

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Win Red	
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/05/2026		Campaign Expenditure	Bank Fees	\$19.70

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Win Red	
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/30/2026		Campaign Expenditure	Bank Fees	\$4.10

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Win Red	
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/31/2026		Campaign Expenditure	Bank Fees	\$11.24

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Win Red	
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/11/2026		Campaign Expenditure	Bank Fees	\$1.64

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Win Red				
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/13/2026		Campaign Expenditure	Bank Fees	\$2.05

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Win Red				
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/17/2026		Campaign Expenditure	Bank Fees	\$0.99

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Win Red				
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/01/2026		Campaign Expenditure	Bank Fees	\$4.10

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Win Red				
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/26/2026		Campaign Expenditure	Bank Fees	\$0.41

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Win Red				
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/05/2026		Campaign Expenditure	Bank Fees	\$2.05

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Win Red				
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/23/2026		Campaign Expenditure	Bank Fees	\$2.05

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Win Red				
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/25/2026		Campaign Expenditure	Bank Fees	\$0.41
Purpose of Expenditure					

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Win Red				
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/17/2026		Campaign Expenditure	Bank Fees	\$3.94
Purpose of Expenditure					

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Win Red				
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/30/2026		Campaign Expenditure	Bank Fees	\$4.10
Purpose of Expenditure					

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
Win Red				
Street Address			City	State Zip
1776 Wilson Blvd Suite 530			Arlington	VA 22219