

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#
JONATHON ACOSTA				8279
Street Address		City/Town, State and Zip Code		
100 ILLINOIS ST		CENTRAL FALLS, RI 02863		
Mailing Address (if different)		City/Town, State and Zip Code		
Telephone Number	Daytime Telephone Number	Fax Number	E-mail	
(401) 305-0545	(401) 305-0545		ACOSTA4RI@GMAIL.COM	
If Candidate Office Sought:		Party Affiliation if any:		
State Senator		Democratic		
Reporting Period (Dates):		Period Beginning:	07/01/2026	Period Ending: 10/05/2026
SUMMARY OF ACTIVITY FOR PERIOD				
1. Beginning Cash Balance	\$ 12,736.97	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	\$ 9,572.48	
c. (Political Action Committees)	0			
2. Individuals	198.00	CAMPAIGN FUND STATUS		
3. Political Parties	0	6. Report of In-Kind Contributions	0	
4. Political Action Committees	200.00			
5. Loan Proceeds	0	7. Cash	\$ 9,572.48	
6. Payroll Check off	0	8. Other Assets	0	
7. Interest Received	0		0	
8. State Check Off	0		0	
9. Refund/Rebate	0	9. Total Assets	\$ 9,572.48	
10. Party Building	0			
11. Matching Public Funds	0	LIABILITIES AND FUND BALANCE		
12. Other	0	10. Liabilities		
13. Returned Contributions	(500.00)	a. Accounts Payable	\$ 0	
14. Returned Checks	0	b. Loans Payable	25.00	
b. Other:	0	c. Other Liabilities	0	
	0		0	
	0		0	
3. Total Cash	12,634.97	11. Total Liabilities	25.00	
4. Cash Disbursements		12. Total Fund Balance	\$ 9,547.48	
a. Aggregate Expenses	0	13. Total Liability / Fund Balance	9,572.48	
b. Campaign Expenses	3,062.49			
c. Repayment of Loans	0			
d. Account Payable Repayments	0			
e. Other	0			

Name of Person Filing Report

I HEREBY CERTIFY THAT THIS REPORT OF CAMPAIGN
CONTRIBUTIONS AND EXPENDITURES AND THE SUPPORTING
DOCUMENTS ARE TRUE AND CORRECT.

Title of Person Filing Report

X _____
Signature of Person Date

Address of Person Filing This Report

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____

Day of _____ 20 _____

X _____
Notary Public

SCHEDULE OF CONTRIBUTIONS RECEIVED

Key #		Full Name of Candidate or Committee				Reporting Period			
8,279		JONATHON ACOSTA				From: 07/01/2026		To: 10/05/2026	
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date		Contribution Amount	
	Electronic Pay System		Individual		08/13/2026			100.00	
In Kind/Other Receipts Description									
Contributor InformationEmployer Data									
Prefix	First Name	MI	Last Name or PAC/Party Committee Name		Suffix	Employer Name			
	William		Farrell			William A Farrell & Associates			
Street Address					Street Address				
52 Valley St Apt 111					50 Park Row West Suite 100				
City			State	Zip	City			State	Zip
Providence			RI		Providence			RI	
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date		Contribution Amount	
	Electronic Pay System		Individual		08/21/2026			16.00	
In Kind/Other Receipts Description									
Contributor InformationEmployer Data									
Prefix	First Name	MI	Last Name or PAC/Party Committee Name		Suffix	Employer Name			
	Georgina		Manok			Brown University			
Street Address					Street Address				
102 Camp St Apt 3					2 Stimson Ave				
City			State	Zip	City			State	Zip
Providence			RI		Providence			RI	
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date		Contribution Amount	
	Electronic Pay System		Individual		07/21/2026			16.00	
In Kind/Other Receipts Description									
Contributor InformationEmployer Data									
Prefix	First Name	MI	Last Name or PAC/Party Committee Name		Suffix	Employer Name			
	Georgina		Manok			Brown University			
Street Address					Street Address				
102 Camp St Apt 3					2 Stimson Ave				
City			State	Zip	City			State	Zip
Providence			RI		Providence			RI	
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date		Contribution Amount	
	Electronic Pay System		Individual		09/21/2026			16.00	
In Kind/Other Receipts Description									
Contributor InformationEmployer Data									
Prefix	First Name	MI	Last Name or PAC/Party Committee Name		Suffix	Employer Name			
	Georgina		Manok			Brown University			
Street Address					Street Address				
102 Camp St Apt 3					2 Stimson Ave				
City			State	Zip	City			State	Zip
Providence			RI		Providence			RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/04/2026		50.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Susann		Schreier		Retired		
Street Address					Street Address		
7526 SW 140th Ave							
City			State	Zip	City	State	Zip
Miami			FL				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	08/07/2026		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		
			CENTRAL FALLS TEACHERS' UNION LOCAL 1				
Street Address					Street Address		
48 EASTGATE DRIVE							
City			State	Zip	City	State	Zip
WARWICK			RI	02886			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	08/25/2026		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 MEDICAL PAC				
Street Address					Street Address		
225 DYER ST, 2ND FLOOR							
City			State	Zip	City	State	Zip
PROVIDENCE			RI	02903			

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period	
8,279	JONATHON ACOSTA	From: 07/01/2026	To: 10/05/2026

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/08/2026		Campaign Expenditure	Bank Fees	\$0.75
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Actblue		
Street Address			City	State	Zip
PO Box 441146			Somerville	MA	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/23/2026		Campaign Expenditure	Bank Fees	\$0.24
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Actblue		
Street Address			City	State	Zip
PO Box 441146			Somerville	MA	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/25/2026		Campaign Expenditure	Bank Fees	\$0.24
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Actblue		
Street Address			City	State	Zip
PO Box 441146			Somerville	MA	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/17/2026		Campaign Expenditure	Bank Fees	\$1.50
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Actblue		
Street Address			City	State	Zip
PO Box 441146			Somerville	MA	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/23/2026		Campaign Expenditure	Bank Fees	\$0.24
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Actblue		
Street Address			City	State	Zip
PO Box 441146			Somerville	MA	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1024	07/25/2026		Campaign Expenditure	Office Equipment & Supplies	\$71.00

Purpose of Expenditure

Reimbursement to Rep Alzate for flowers and trophies for Colombian Independence Statehouse Event

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Karen		Alzate		
Street Address			City	State	Zip
984 York Ave			Pawtucket	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1027	08/28/2026		Campaign Expenditure	Donations (All Others)	\$250.00

Purpose of Expenditure

Central Falls School District Flynn Flyers 5K

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Central Fall School District		
Street Address			City	State	Zip
934 Dexter St			Central Falls	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1029	10/02/2026		Campaign Expenditure	Donations (All Others)	\$100.00

Purpose of Expenditure

Central Falls Cornhole for a Cause fundraiser

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			City of Central Falls		
Street Address			City	State	Zip
580 Broad St			Central Falls	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/04/2026		Campaign Expenditure	Food, Beverages and Meals	\$115.34

Purpose of Expenditure

Central Falls restaurant week lunch

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			El Paisa		
Street Address			City	State	Zip
598 Dexter St			Central Falls	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/02/2026		Campaign Expenditure	Food, Beverages and Meals	\$118.30

Purpose of Expenditure

Central Falls restaurant week dinner

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			El Paso Restaurant		
Street Address			City	State	Zip
1252 Broad St			Central Falls	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/02/2026		Campaign Expenditure	Advertising	\$100.94

Purpose of Expenditure

500 campaign palm cards

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Express Printing		
Street Address			City	State	Zip
102 County Street			Fall River	MA	02723
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/04/2026		Campaign Expenditure	Food, Beverages and Meals	\$100.82
Purpose of Expenditure					
Campaign manager lunch to discuss lawn signs, VAN, mailchimp, and campaign lit order.					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Heng Thai Restaurant		
Street Address			City	State	Zip
165 Angell St			Providence	RI	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/19/2026		Campaign Expenditure	Food, Beverages and Meals	\$89.92
Purpose of Expenditure					
40 empanadas for Progreso Latino potluck					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			LA CASONA		
Street Address			City	State	Zip
768 BROAD ST			CENTRAL FALLS	RI	02863
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1026	08/04/2026		Campaign Expenditure	Food, Beverages and Meals	\$100.00
Purpose of Expenditure					
Lemonade for CF Meet Your Elected Officials Event on 7/27					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Palagi Brothers		
Street Address			City	State	Zip
28 Delta Drive			Pawtucket	RI	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1025	08/04/2026		Campaign Expenditure	Donations (Political)	\$1,000.00
Purpose of Expenditure					
Campaign contribution					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
	Janie		Segui		
Street Address			City	State	Zip
96 Balcom Ave			Warwick	RI	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1023	07/15/2026		Campaign Expenditure	Food, Beverages and Meals	\$972.00
Purpose of Expenditure					
Pasta dinners for signature collection events at Wilfrid Manor 7/6 and Forand Manor 7/7					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Spumoni's		
Street Address			City	State	Zip
1537 Newport Ave			Pawtucket	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/23/2026		Campaign Expenditure	Bank Fees	\$0.58
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Stripe		
Street Address			City	State	Zip
354 Oyster Point Blvd.			San Francisco	CA	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/08/2026		Campaign Expenditure	Bank Fees	\$1.33
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Stripe		
Street Address			City	State	Zip
354 Oyster Point Blvd.			San Francisco	CA	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/17/2026		Campaign Expenditure	Bank Fees	\$2.43
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Stripe		
Street Address			City	State	Zip
354 Oyster Point Blvd.			San Francisco	CA	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/25/2026		Campaign Expenditure	Bank Fees	\$0.58
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Stripe		
Street Address			City	State	Zip
354 Oyster Point Blvd.			San Francisco	CA	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/23/2026		Campaign Expenditure	Bank Fees	\$0.58
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Stripe		
Street Address			City	State	Zip
354 Oyster Point Blvd.			San Francisco	CA	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/25/2026		Campaign Expenditure	Office Equipment & Supplies	\$0.82
Purpose of Expenditure					
postage to mail reimbursement check to board of elections					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			USPS		
Street Address			City	State	Zip
40 Montgomery St			Pawtucket	RI	02860

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/02/2026		Campaign Expenditure	Food, Beverages and Meals	\$34.88
Purpose of Expenditure					
Policy breakfast w/Senator Kallman and Mayor Elect Greenman					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Wildflour Bakery Cafe		
Street Address			City	State	Zip
727 East Ave			Pawtucket	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1028	09/28/2026		Refund of Contribution	Other	\$500.00
Purpose of Expenditure					
Forfeiture of Unregistered PAC contribution -Central Falls FOP					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
Street Address			City	State	Zip