

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#	
MATTHEW L LAMOUNTAIN		9397	
Street Address		City/Town, State and Zip Code	
84 DARTMOUTH AVENUE		WARWICK, RI 02888	
Mailing Address (if different)		City/Town, State and Zip Code	
Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 226-4898			LAMOUNTAINFORSENATE@GMAIL.COM
If Candidate Office Sought:		Party Affiliation if any:	
State Senator		Democratic	
Reporting Period (Dates):		Period Beginning:	Period Ending:
		07/01/2026	10/05/2026
SUMMARY OF ACTIVITY FOR PERIOD			
1. Beginning Cash Balance	\$ 106,740.44	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	\$ 106,222.03
c. (Political Action Committees)	0		
2. Individuals	350.00	CAMPAIGN FUND STATUS	
3. Political Parties	0	6. Report of In-Kind Contributions	0
4. Political Action Committees	0		
5. Loan Proceeds	0	7. Cash	\$ 106,222.03
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	\$ 106,222.03
11. Matching Public Funds	0		
12. Other	0	LIABILITIES AND FUND BALANCE	
13. Returned Contributions	0	10. Liabilities	
14. Returned Checks	0	a. Accounts Payable	\$ 0
b. Other:	0	b. Loans Payable	5,000.00
	0	c. Other Liabilities	0
	0		0
3. Total Cash	107,090.44		0
4. Cash Disbursements			0
a. Aggregate Expenses	0		0
b. Campaign Expenses	868.41	11. Total Liabilities	5,000.00
c. Repayment of Loans	0	12. Total Fund Balance	\$ 101,222.03
d. Account Payable Repayments	0	13. Total Liability / Fund Balance	106,222.03
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	
9,397	MATTHEW L LAMOUNTAIN			From: 07/01/2026	To: 10/05/2026
Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/13/2026		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		
	Willaim		Farrell			William Farrell & Associates		
Street Address					Street Address			
52 Valley Street unit 111					50 Park Row West			
City			State	Zip	City		State	Zip
Providence			RI	02909	Providence		RI	02903
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date		Contribution Amount
	Credit/Debit Card		Individual		08/19/2026			100.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	Street Address	City
	Melissa		Larsen		Self - Attorney	40 Cardinal Lane	East Greenwich
Street Address	City	State	Zip		City	State	Zip
40 Cardinal Lane	East Greenwich	RI	02818		East Greenwich	RI	

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period	
9,397	MATTHEW L LAMOUNTAIN	From: 07/01/2026	To: 10/05/2026

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/21/2026		Campaign Expenditure	Bank Fees	\$13.41
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			ActBlue		
Street Address			City	State	Zip
366 Summer St			Somerville	MA	02144

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/25/2026		Campaign Expenditure	Donations (All Others)	\$250.00
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Preservation Society of Newport County		
Street Address			City	State	Zip
424 Bellevue Ave			Newport	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/01/2026		Campaign Expenditure	Donations (All Others)	\$600.00
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			VOWS		
Street Address			City	State	Zip
325 Miantonomo Dr			Warwick	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/16/2026		Campaign Expenditure	Bank Fees	\$5.00
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Washington Trust		
Street Address			City	State	Zip
236 Centerville Rd			Warwick	RI	