

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 MEGHAN ELIZABETH KALLMAN	Key# 8236
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Street Address 93 CAPWELL AVENUE	City/Town, State and Zip Code PAWTUCKET, RI 02860
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Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number (401) 648-9422	Daytime Telephone Number (401) 648-9422	Fax Number	E-mail ELECTMEGHANKALLMAN@GMAIL.COM
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If Candidate Office Sought: State Senator	Party Affiliation if any: Democratic
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Reporting Period (Dates):	Period Beginning: 09/02/2026	Period Ending: 10/05/2026
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 45,493.87
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	0
a. (Individuals)	0
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	400.00
3. Political Parties	0
4. Political Action Committees	500.00
5. Loan Proceeds	0
6. Payroll Check off	0
7. Interest Received	0
8. State Check Off	0
9. Refund/Rebate	0
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	46,393.87
4. Cash Disbursements	
a. Aggregate Expenses	131.43
b. Campaign Expenses	13,350.19
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	\$ 32,912.25

CAMPAIGN FUND STATUS

6. Report of In-Kind Contributions	0
7. Cash	\$ 32,912.25
8. Other Assets	0
	0
	0
9. Total Assets	\$ 32,912.25

LIABILITIES AND FUND BALANCE

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	4,201.00
c. Other Liabilities	0
	0
	0
11. Total Liabilities	4,201.00
12. Total Fund Balance	\$ 28,711.25
13. Total Liability / Fund Balance	32,912.25

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			
8,236		MEGHAN ELIZABETH KALLMAN				From: 09/02/2026		To: 10/05/2026	
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Electronic Pay System		Individual			09/02/2026			50.00
In Kind/Other Receipts Description									
Contributor Information						Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name			Suffix	Employer Name		
	Nathan		Ackroyd				Bayada Pediatrics		
Street Address						Street Address			
28 Armstrong Avenue						171 Service Avenue building 1 Suite102			
City			State		Zip	City		State	Zip
Providence			RI			Warwick		RI	
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Electronic Pay System		Individual			09/15/2026			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		
	Susan		Bayley				The Village at Waterman Lake		
Street Address						Street Address			
8 Unity Street									
City			State		Zip	City		State	Zip
Pawtucket			RI						
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Electronic Pay System		Individual			09/15/2026			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		
	Ken		Pariseau				Neighborhood Health Plan of Rhode Island		
Street Address						Street Address			
36 Dexterale Road						299 Promenade st			
City			State		Zip	City		State	Zip
Providence			RI			Providence		RI	
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Electronic Pay System		Individual			09/11/2026			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		
	Sarah		Pilzer				Country Dance and Song Society		
Street Address						Street Address			
31 Madison Circle						116 Pleasant Street			
City			State		Zip	City		State	Zip
Greenfield			MA			Easthampton		MA	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/02/2026		50.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Wendy		Reynoso		The Seasons Assisted Living		
Street Address					Street Address		
26 Western Promenade					5 Saint Elizabeth Way		
City			State	Zip	City	State	Zip
Cranston			RI	02905	East Greenwich	RI	02818

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/13/2026		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		
	John		Rudolph		The New School		
Street Address					Street Address		
126 OLD FIELDS ROAD					72 Fifth Ave 6th Floor		
City			State	Zip	City	State	Zip
South Berwick			ME		NY	NY	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	09/07/2026		500.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
			RI ALLIANCE SSE SEIU COPE (Social Service En				
Street Address					Street Address		
1258 ELMWOOD AVENUE							
City			State	Zip	City	State	Zip
PROVIDENCE			RI	02907			

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period
8,236	MEGHAN ELIZABETH KALLMAN	From: 09/02/2026 To: 10/05/2026

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/09/2026		Aggregate Expenditure	Food, Beverages and Meals	\$131.43

Purpose of Expenditure

Reimbursement to Sean Collins, Check #107

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
Street Address			City	State	Zip

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/15/2026		Campaign Expenditure	Bank Fees	\$16.19

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
Street Address			City	State	Zip
PO Box 441146			Somerville	MA	02144-0031

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/02/2026		Campaign Expenditure	Bank Fees	\$98.40

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
Street Address			City	State	Zip
PO Box 441146			Somerville	MA	02144-0031

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/07/2026		Campaign Expenditure	Other	\$43.14

Purpose of Expenditure

home security system

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
Street Address			City	State	Zip
26 Hemingway Dr Ste A			Riverside	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/10/2026		Campaign Expenditure	Food, Beverages and Meals	\$80.06

Purpose of Expenditure

For team meeting

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
Street Address			City	State	Zip
727 East Ave			Pawtucket	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/17/2026		Campaign Expenditure	Consultant & Professional Services	\$855.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Carson		Cole		
Street Address			City	State	Zip
500 Great Road			Lincoln	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/08/2026		Campaign Expenditure	Food, Beverages and Meals	\$560.04

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Rasoi		
Street Address			City	State	Zip
727 East Avenue			Pawtucket	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/21/2026		Campaign Expenditure	Advertising	\$8.99

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			SQUARESPACE INC		
Street Address			City	State	Zip
459 BROADWAY 5TH FLOOR			NEW YORK	NY	10013

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/13/2026		Campaign Expenditure	Advertising	\$254.43

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Switchboard		
Street Address			City	State	Zip
1 Thomas Cir NW, Suite 550			Washington	DC	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
105	09/09/2026		Campaign Expenditure	Consultant & Professional Services	\$11,333.15

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Systems Change Strategies		
Street Address			City	State	Zip
55 Cromwell Street			Providence	RI	02907

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/16/2026		Campaign Expenditure	Other	\$100.79

Purpose of Expenditure

Stamps

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			USPS		
Street Address			City	State	Zip
306 THAYER ST			Providence	RI	02906

