

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#
NELLY BURDETTE			10192
Street Address		City/Town, State and Zip Code	
113 GROVE STREET		LINCOLN, RI 02865	
Mailing Address (if different)		City/Town, State and Zip Code	
Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 338-6230			NELLY@ELECTNELLY.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	\$ 6,480.27	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	\$ 4,588.76
c. (Political Action Committees)	0		
2. Individuals	5,300.00	CAMPAIGN FUND STATUS	
3. Political Parties	500.00	6. Report of In-Kind Contributions	160.65
4. Political Action Committees	1,000.00		
5. Loan Proceeds	0	7. Cash	\$ 4,588.76
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	\$ 4,588.76
10. Party Building	0		
11. Matching Public Funds	0	LIABILITIES AND FUND BALANCE	
12. Other	0	10. Liabilities	
13. Returned Contributions	0	a. Accounts Payable	\$ 0
14. Returned Checks	0	b. Loans Payable	0
b. Other:	0	c. Other Liabilities	0
	0		0
3. Total Cash	13,280.27		0
4. Cash Disbursements			0
a. Aggregate Expenses	0		0
b. Campaign Expenses	8,691.51	11. Total Liabilities	0
c. Repayment of Loans	0	12. Total Fund Balance	\$ 4,588.76
d. Account Payable Repayments	0	13. Total Liability / Fund Balance	4,588.76
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			
10,192		NELLY BURDETTE				From: 07/01/2026		To: 10/05/2026	
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date		Contribution Amount	
	In-Kind		In-Kind - PAC		09/01/2026			66.17	
In Kind/Other Receipts Description									
Staff time									
Contributor InformationEmployer Data									
Prefix	First Name	MI	Last Name or PAC/Party Committee Name			Suffix	Employer Name		
			RI WORKING FAMILIES PARTY PAC						
Street Address						Street Address			
166 VALLEY STREET, BUILDING 6M SUITE 103									
City			State		Zip	City		State	Zip
PROVIDENCE			RI		02909				
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date		Contribution Amount	
	In-Kind		In-Kind - PAC		10/05/2026			94.48	
In Kind/Other Receipts Description									
September 2 - October 5. The total is \$94.48 for staff time.									
Contributor InformationEmployer Data									
Prefix	First Name	MI	Last Name or PAC/Party Committee Name			Suffix	Employer Name		
			RI WORKING FAMILIES PARTY PAC						
Street Address						Street Address			
166 VALLEY STREET, BUILDING 6M SUITE 103									
City			State		Zip	City		State	Zip
PROVIDENCE			RI		02909				
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date		Contribution Amount	
	Credit/Debit Card		Individual		07/07/2026			100.00	
In Kind/Other Receipts Description									
Contributor InformationEmployer Data									
Prefix	First Name	MI	Last Name or PAC/Party Committee Name			Suffix	Employer Name		
	Wayne		Altman				Family Practice Group		
Street Address						Street Address			
10 Coyne Dr						10 Coyne Dr			
City			State		Zip	City		State	Zip
Woburn			ma		01801	Woburn		MA	01801
Item	Transaction Type		Contribution Type		Receipt Date	Deposit Date		Contribution Amount	
	Credit/Debit Card		Individual		07/09/2026			100.00	
In Kind/Other Receipts Description									
Contributor InformationEmployer Data									
Prefix	First Name	MI	Last Name or PAC/Party Committee Name			Suffix	Employer Name		
	Ursulina		Bencosme				Blackstone Valley Community Health Center		
Street Address						Street Address			
221 Sixth St						221 Sixth St			
City			State		Zip	City		State	Zip
Providence			RI		02906	Providence		RI	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	07/09/2026		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		
	Deirdre		Bird		Retired		
Street Address					Street Address		
139 Elder Street							
City			State	Zip	City	State	Zip
Lincoln			RI	02865			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/30/2026		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		
	Deirdre		Bird		Retired		
Street Address					Street Address		
139 Elder Street							
City			State	Zip	City	State	Zip
Lincoln			RI	02865			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/19/2026		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		
	Deirdre		Bird		Retired		
Street Address					Street Address		
139 Elder Street							
City			State	Zip	City	State	Zip
Lincoln			RI	02865			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	07/10/2026		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		
	Melissa		Campbell		RIHCA		
Street Address					Street Address		
30 Ash St					235 Promenade St.		
City			State	Zip	City	State	Zip
Washington County			ri	02879	Providence	ri	02908

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	08/09/2026		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		
	Paula		Carmichael		Reliant medical group		
Street Address					Street Address		
32 Southwick Dr.					630 plantation st		
City			State	Zip	City	State	Zip
Lincoln			ri	02865	Worcester	MA	01605

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/27/2026		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		
	John		Connors		Not employed		
Street Address					Street Address		
287 Doyle Ave							
City			State	Zip	City	State	Zip
Providence			ri	02806			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/26/2026		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		
	Frank	M	Dalessandro		MDRI		
Street Address					Street Address		
125 King Tom Dr					125 King Tom Dr		
City			State	Zip	City	State	Zip
Charlestown			RI	02813	Charlestown	RI	02813

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/08/2026		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		
	Phyllis		Dobbins		Not Employed		
Street Address					Street Address		
37 Sprague Avenue							
City			State	Zip	City	State	Zip
Lincoln			RI	02865			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	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		
	Phyllis		Dobbins		Not Employed		
Street Address					Street Address		
37 Sprague Avenue							
City			State	Zip	City	State	Zip
Lincoln			RI	02865			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/31/2026		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		
	David		Freydin		Not employed		
Street Address					Street Address		
16877 Four Seasons Dr							
City			State	Zip	City	State	Zip
Dumfries			VA	22025			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	07/28/2026		10.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name		Suffix	Employer Name		
	Natalia		Friedlander			Not Employed		
Street Address					Street Address			
11 Cynthia Rd								
City		State	Zip		City	State	Zip	
Lincoln		RI	02865					

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/30/2026		20.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name		Suffix	Employer Name		
	Mary		Fries			DotHouse Health		
Street Address					Street Address			
5 Glover Court					1353 Dorchester Ave			
City			State	Zip	City		State	Zip
Boston			ma	02127	Dorchester		ma	02122

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/03/2026		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		
	Joel		Gates			Not Employed		
Street Address					Street Address			
15 Elmdale Rd								
City			State	Zip	City	State	Zip	
North Scituate			RI	02857				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	08/06/2026		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		
	Elizabeth		Hammond			Elizabeth Hammond Counseling LLC		
Street Address					Street Address			
19 Chester St					166 Valley St			
City			State	Zip	City		State	Zip
North Smithfield			RI	02896	Providence		ri	02909

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/09/2026		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		
	Clara		Hardy			self employed		
Street Address					Street Address			
1560 Douglas Avenue Unit F79								
City			State	Zip	City	State	Zip	
North Providence			ri	02904				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/10/2026		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
	Nicholas		Helldorfer Cicchinelli		Brown University
Street Address			Street Address		
493-495 West Ave, Apt 3					
City		State	Zip	City	State Zip
Pawtucket		ri	02860		
Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/30/2026		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
	Rachel		Jarosz		Not Employeed
Street Address			Street Address		
1821 Old Louisquisset Pike					
City		State	Zip	City	State Zip
Lincoln		Ri	02865		
Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/07/2026		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
	Stephen		Kearns		One Neighborhood Builders
Street Address			Street Address		
132 Old Main st.					
City		State	Zip	City	State Zip
Manville		RI	02838		
Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/05/2026		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
	Ellen		Kellner		Not employed
Street Address			Street Address		
328 Evans Rd.					
City		State	Zip	City	State Zip
Chepachet		RI	02814		
Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/05/2026		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
	Jayson		Kenyon		Brown University
Street Address			Street Address		
230 old river rd			350 Eddy St		
City		State	Zip	City	State Zip
lincoln		ri	02865	Providence	RI 02903

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/27/2026		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		
	Rebecca		Kislak		MLPB		
Street Address					Street Address		
242 4th St					24 South Street, 2d Floor		
City			State	Zip	City	State	Zip
Providence			RI	02906	Boston	MA	02108

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	07/10/2026		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		
	Dale		Klatzker		Retired		
Street Address					Street Address		
27 Peepoad Road North							
City			State	Zip	City	State	Zip
Scituate			RI	02857			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	07/27/2026		150.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Amy		Nunn		Brown University		
Street Address					Street Address		
20 Clarke Road					121 south Main Street		
City			State	Zip	City	State	Zip
Barrington			RI	02806	Providence	RI	02912

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/09/2026		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		
	Kelsey		Okolowicz		Blackstone Valley Community Health Care		
Street Address					Street Address		
4 Rossi Dr					39 East Ave		
City			State	Zip	City	State	Zip
North Providence			RI	02904	Pawtucket	RI	02860

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/30/2026		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		
	Poyee		Oster		Not Employeed		
Street Address					Street Address		
18 Timberland Drive							
City			State	Zip	City	State	Zip
Lincoln			RI	02865			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/06/2026		75.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Sandra		Powell		State of RI		
Street Address					Street Address		
185 Hollis Avenue					185 Hollis Avenue		
City				State	Zip	City	State Zip
Warwick				RI	02889	Warwick	RI 02889

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	07/10/2026		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		
	Tom		Preston-Warner		Entrepreneur		
Street Address					Street Address		
314 Lytton Ave							
City				State	Zip	City	State Zip
Palo Alto				CA	94301		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	07/10/2026		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		
	Tom		Preston-Warner		Entrepreneur		
Street Address					Street Address		
314 Lytton Ave							
City				State	Zip	City	State Zip
Palo Alto				CA	94301		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/28/2026		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		
	Marti		Rosenberg		State of Rhode Island		
Street Address					Street Address		
31 TALBOT MANOR					3 Virks Road		
City				State	Zip	City	State Zip
Cranston				RI	02905	Cranston	RI 02920

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/03/2026		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		
	Jack		Rusley		Brown Health		
Street Address					Street Address		
92 Dana st					593 eddy st		
City				State	Zip	City	State Zip
Providence				RI	02906	Providence	RI 02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/04/2026		90.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Samuel		Salganik		Rhode Island Parent Information Network		
Street Address					Street Address		
18 James Street					300 Jefferson Blvd		
City			State	Zip	City	State	Zip
Providence			ri	02903	Warwick	RI	02888

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/13/2026		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		
	Lynn		Schultz		Not employed		
Street Address					Street Address		
37 Grandview Ave							
City			State	Zip	City	State	Zip
Lincoln			RI	02865			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	07/11/2026		55.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Mary Ann		Shallcross Smith		Dr. Day Care		
Street Address					Street Address		
6 Twin River Rd					Care 6 Twin River Rd		
City			State	Zip	City	State	Zip
Lincoln			ri	02865	Lincoln	ri	02865

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	10/01/2026		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		
	Mary Ann		Shallcross Smith		Dr. Day Care		
Street Address					Street Address		
6 Twin River Rd					Care 6 Twin River Rd		
City			State	Zip	City	State	Zip
Lincoln			ri	02865	Lincoln	ri	02865

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	10/01/2026		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		
	Jocelyn		Therien		Care New England		
Street Address					Street Address		
753 Great Rd					800 Butler Dr		
City			State	Zip	City	State	Zip
Lincoln			ri	02865	Providence	ri	02906

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	08/10/2026		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	
			DISTRICT 1199 SEIU POLITICAL ACTION COM			
Street Address					Street Address	
319 BROADWAY						
City			State	Zip	City	State Zip
PROVIDENCE			RI	02909		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	09/25/2026		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	
			NASW PACE RI (National Association of Social W			
Street Address					Street Address	
260 WEST EXCHANGE STREET STE 005						
City			State	Zip	City	State Zip
PROVIDENCE			RI	02903		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	08/03/2026		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	
			NASW PACE RI (National Association of Social W			
Street Address					Street Address	
260 WEST EXCHANGE STREET STE 005						
City			State	Zip	City	State Zip
PROVIDENCE			RI	02903		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	09/03/2026		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	
			RI ALLIANCE SSE SEIU COPE (Social Service En			
Street Address					Street Address	
1258 ELMWOOD AVENUE						
City			State	Zip	City	State Zip
PROVIDENCE			RI	02907		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Party	08/13/2026		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	
			LINCOLN DEMOCRATIC TOWN COMMITTEE			
Street Address					Street Address	
67 ROCKRIDE ROAD						
City			State	Zip	City	State Zip
LINCOLN			RI	02865		

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period		
10,192	NELLY BURDETTE	From:	07/01/2026	To: 10/05/2026

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/05/2026		Campaign Expenditure	Bank Fees	\$351.52

Purpose of Expenditure

transaction fees

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			ActBlue		
Street Address			City	State	Zip
PO Box 962017			Boston	MA	02196

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/01/2026		Campaign Expenditure	Telephone	\$95.00

Purpose of Expenditure

dialer registration

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Campaign Verify, Inc.		
Street Address			City	State	Zip
1215 31st Street NW # 3554			Washington	DC	20007

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/08/2026		Campaign Expenditure	Consultant & Professional Services	\$31.97

Purpose of Expenditure

website hosting

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Hostinger		
Street Address			City	State	Zip
1201 N Market St Ste 111-F69			Wilmington	DE	19801

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/09/2026		Campaign Expenditure	Food, Beverages and Meals	\$32.55

Purpose of Expenditure

community event

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Public House		
Street Address			City	State	Zip
210 Front St			Lincoln	Ri	02865

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/05/2026		Campaign Expenditure	Food, Beverages and Meals	\$20.75

Purpose of Expenditure

food for campaign event

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Public House		
Street Address			City	State	Zip
210 Front St			Lincoln	Ri	02865
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/23/2026		Campaign Expenditure	Food, Beverages and Meals	\$34.30
Purpose of Expenditure					
community event					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Revive Coffee Co		
Street Address			City	State	Zip
11 Main St			North Smithfield	RI	02896
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/21/2026		Campaign Expenditure	Advertising	\$2,022.30
Purpose of Expenditure					
Printing for mailer					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Sheahan Printing		
Street Address			City	State	Zip
1 Front Street			Woonsocket	ri	02895
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/15/2026		Campaign Expenditure	Advertising	\$1,278.65
Purpose of Expenditure					
Printing palmcards					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Sheahan Printing		
Street Address			City	State	Zip
1 Front Street			Woonsocket	ri	02895
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/28/2026		Campaign Expenditure	Advertising	\$946.95
Purpose of Expenditure					
sign printing					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Sheahan Printing		
Street Address			City	State	Zip
1 Front Street			Woonsocket	ri	02895
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/02/2026		Campaign Expenditure	Office Equipment & Supplies	\$5.52
Purpose of Expenditure					
pens					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Staples Inc		
Street Address			City	State	Zip
500 Staples Drive			Framingham	MA	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/02/2026		Campaign Expenditure	Advertising	\$26.00
Purpose of Expenditure					
postage					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			USPS		
Street Address			City	State	Zip
203 Front St			Lincoln	RI	02865

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/15/2026		Campaign Expenditure	Advertising	\$26.00
Purpose of Expenditure					
postage					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			USPS		
Street Address			City	State	Zip
203 Front St			Lincoln	RI	02865

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/17/2026		Campaign Expenditure	Advertising	\$130.00
Purpose of Expenditure					
postage					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			USPS		
Street Address			City	State	Zip
203 Front St			Lincoln	RI	02865

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/24/2026		Campaign Expenditure	Advertising	\$3,690.00
Purpose of Expenditure					
postage					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			USPS		
Street Address			City	State	Zip
203 Front St			Lincoln	RI	02865