

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#
PAMELA J LAURIA				8425
Street Address		City/Town, State and Zip Code		
56 MARTIN AVENUE		BARRINGTON, RI 02806		
Mailing Address (if different)		City/Town, State and Zip Code		
Telephone Number	Daytime Telephone Number	Fax Number	E-mail	
(401) 431-0013			info@pamlauria.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	\$ 31,502.63	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		\$ 27,520.69
c. (Political Action Committees)	0			
2. Individuals	150.00	CAMPAIGN FUND STATUS		
3. Political Parties	0	6. Report of In-Kind Contributions		298.55
4. Political Action Committees	275.00			
5. Loan Proceeds	0	7. Cash		\$ 27,520.69
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		\$ 27,520.69
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	31,927.63			0
4. Cash Disbursements				0
a. Aggregate Expenses	0			0
b. Campaign Expenses	4,406.94	11. Total Liabilities		0
c. Repayment of Loans	0	12. Total Fund Balance		\$ 27,520.69
d. Account Payable Repayments	0	13. Total Liability / Fund Balance		27,520.69
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			
8,425		PAMELA J LAURIA				From: 07/01/2026		To: 10/05/2026	
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	In-Kind		In-Kind - Party			08/31/2026			234.66
In Kind/Other Receipts Description									
GOTV mailer for Barrington candidates									
Contributor Information						Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name			Suffix	Employer Name		
			BARRINGTON DEMOCRATIC TOWN COMMIT						
Street Address						Street Address			
2 HOPE COURT									
City			State	Zip		City		State	Zip
BARRINGTON			RI	02806					
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	In-Kind		In-Kind - Party			09/03/2026			63.89
In Kind/Other Receipts Description									
1/2 page ad in East Bay papers for Barrington candidates									
Contributor Information						Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name			Suffix	Employer Name		
			BARRINGTON DEMOCRATIC TOWN COMMIT						
Street Address						Street Address			
2 HOPE COURT									
City			State	Zip		City		State	Zip
BARRINGTON			RI	02806					
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Credit/Debit Card		Individual			09/02/2026			150.00
In Kind/Other Receipts Description									
ActBlue									
Contributor Information						Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name			Suffix	Employer Name		
	Jeffrey		Taylor				Mayforth Group		
Street Address						Street Address			
18 Squantum Dr						111 Wayland Ave			
City			State	Zip		City		State	Zip
Warwick			RI	02888		Providence		RI	02906
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Check		PAC			07/06/2026			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		
			IBEW LOCAL 99 PAC (International Brotherhood c						
Street Address						Street Address			
22 AMFLEX DRIVE									
City			State	Zip		City		State	Zip
CRANSTON			RI	02921					

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	09/26/2026		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		
			RI EM PAC (Emergency Medicine)					
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	
8,425	PAMELA J LAURIA	From: 07/01/2026	To: 10/05/2026

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/04/2026		Campaign Expenditure	Bank Fees	\$2.25
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
			ACTBLUE		
Street Address			City	State	Zip
PO BOX 441146			SOMERVILLE	MA	02144-0031

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/18/2026		Campaign Expenditure	Office Equipment & Supplies	\$1,499.56
Purpose of Expenditure					
New computer					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
			Apple		
Street Address			City	State	Zip
20 Providence Place			Providence	RI	02903

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/28/2026		Campaign Expenditure	Donations (Political)	\$2,000.00
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
			Friends of Alana Dimario		
Street Address			City	State	Zip
47 Tupelo Trail			Narragansett	RI	02882

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/24/2026		Campaign Expenditure	Donations (Political)	\$100.00
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
			Friends of Cindy Coyne		
Street Address			City	State	Zip
8 Newbrook Dr			Barrington	RI	02806

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/06/2026		Campaign Expenditure	Donations (Political)	\$160.00
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	State	Zip
			Friends of Susan Donovan		
Street Address			City	State	Zip
2 Rego Ave			Bristol	RI	02809

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/31/2026		Campaign Expenditure	Donations (Political)	\$0.00
Purpose of Expenditure					
Friends of Kim Ahern					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Kim Ahern for Attorney General		
Street Address			City	State	Zip
PO Box 40484			Providence	RI	02940
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/06/2026		Campaign Expenditure	Donations (Political)	\$491.60
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
	June		Speakman		
Street Address			City	State	Zip
54 Seymour St			Warren	RI	02885
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/04/2026		Campaign Expenditure	Bank Fees	\$3.53
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Stripe		
Street Address			City	State	Zip
185 Berry St			San Francisco	CA	94107
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/28/2026		Campaign Expenditure	Donations (Political)	\$150.00
Purpose of Expenditure					
Annual golf tournament					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Ward 4 Democratic Committee		
Street Address			City	State	Zip
10 Dels Ln			East Providence	RI	02915