

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#
PETER APPOLLONIO JR.	9784

Street Address	City/Town, State and Zip Code
11 FOSTER STREET	WARWICK, RI 02889

Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 391-7649			P_APPOLLONIO@OUTLOOK.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
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SUMMARY OF ACTIVITY FOR PERIOD

1. Beginning Cash Balance	\$ 41,265.18
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	0
a. (Individuals)	0
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	500.00
3. Political Parties	0
4. Political Action Committees	700.00
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	42,465.18
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	190.63
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	\$ 42,274.55

CAMPAIGN FUND STATUS

6. Report of In-Kind Contributions	0
7. Cash	\$ 42,274.55
8. Other Assets	0
	0
	0
9. Total Assets	\$ 42,274.55

LIABILITIES AND FUND BALANCE

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	40,100.00
c. Other Liabilities	0
	0
11. Total Liabilities	40,100.00
12. Total Fund Balance	\$ 2,174.55
13. Total Liability / Fund Balance	42,274.55

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					
9,784		PETER APPOLLONIO JR.				From: 07/01/2026		To: 10/05/2026			
Item		Transaction Type		Contribution Type		Receipt Date		Deposit Date		Contribution Amount	
		Electronic Pay System		Individual		08/18/2026		08/18/2026		50.00	
In Kind/Other Receipts Description											
Through Actblue											
Contributor Information						Employer Data					
Prefix	First Name		MI	Last Name or PAC/Party Committee Name			Suffix	Employer Name			
	Robert			Dulski				Brown University Health			
Street Address						Street Address					
45 Ann Drive											
City				State	Zip		City			State	Zip
East Greenwich				RI	02818						
Item		Transaction Type		Contribution Type		Receipt Date		Deposit Date		Contribution Amount	
		Electronic Pay System		Individual		08/17/2026		08/17/2026		100.00	
In Kind/Other Receipts Description											
Through Actblue											
Contributor Information						Employer 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, Unit 111											
City				State	Zip		City			State	Zip
Providence				RI	02909						
Item		Transaction Type		Contribution Type		Receipt Date		Deposit Date		Contribution Amount	
		Check		Individual		09/09/2026		09/10/2026		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			
	Edward			Pelletier				Retired			
Street Address						Street Address					
27 Tell Street											
City				State	Zip		City			State	Zip
Warwick				RI	02889						
Item		Transaction Type		Contribution Type		Receipt Date		Deposit Date		Contribution Amount	
		Check		Individual		09/05/2026		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			
	Dennis			Tabella				Retired			
Street Address						Street Address					
P.O. Box 8763											
City				State	Zip		City			State	Zip
Cranston				RI	02920						

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	07/08/2026	07/09/2026	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		
			CRANSTON FIREFIGHTERS LOCAL 1363 COPE					
Street Address					Street Address			
P.O. BOX 10358								
City			State	Zip	City	State	Zip	
CRANSTON			RI	02910				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	08/27/2026	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		
			RI EM PAC (Emergency Medicine)					
Street Address					Street Address			
225 DYER ST, 2ND FLOOR								
City			State	Zip	City	State	Zip	
PROVIDENCE			RI	02903				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	08/27/2026	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		
			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	
9,784	PETER APPOLLONIO JR.	From: 07/01/2026	To: 10/05/2026

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/17/2026		Campaign Expenditure	Other	\$1.05

Purpose of Expenditure

Actblue fee

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/18/2026		Campaign Expenditure	Other	\$1.53

Purpose of Expenditure

Actblue fee

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
139	07/24/2026		Campaign Expenditure	Consultant & Professional Services	\$65.00

Purpose of Expenditure

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Fleming&Associates	
Street Address		City	State	Zip
15 Fieldside Drive		Cumberland	RI	02864

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/11/2026		Campaign Expenditure	Consultant & Professional Services	\$123.05

Purpose of Expenditure

card printing

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Regine Printing Co	
Street Address		City	State	Zip
208 Laurel Hill Ave		Providence	RI	02909