

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#
Samuel D Zurier	7084

Street Address	City/Town, State and Zip Code
330 GROTTA AVENUE	PROVIDENCE, RI 02906

Mailing Address (if different)	City/Town, State and Zip Code
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Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 644-0925	(401) 861-0200		SAM@SAMZURIER.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	\$ 44,505.45
2. Cash Receipts	
a. Contributions From:	
1. Aggregate	130.00
a. (Individuals)	130.00
b. (Political Parties)	0
c. (Political Action Committees)	0
2. Individuals	250.00
3. Political Parties	0
4. Political Action Committees	0
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	44,885.45
4. Cash Disbursements	
a. Aggregate Expenses	0
b. Campaign Expenses	17,316.95
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	\$ 27,568.50

CAMPAIGN FUND STATUS

6. Report of In-Kind Contributions	0
7. Cash	\$ 27,568.50
8. Other Assets	0
	0
	0
9. Total Assets	\$ 27,568.50

LIABILITIES AND FUND BALANCE

10. Liabilities	
a. Accounts Payable	\$ 0
b. Loans Payable	220.00
c. Other Liabilities	0
	0
11. Total Liabilities	220.00
12. Total Fund Balance	\$ 27,348.50
13. Total Liability / Fund Balance	27,568.50

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 # 7,084	Full Name of Candidate or Committee Samuel D Zurier				Reporting Period From: 07/01/2026 To: 10/05/2026	
Item	Transaction Type Other	Contribution Type Aggregate - Individual		Receipt Date 07/23/2026	Deposit Date 07/23/2026	Contribution Amount 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	
Street Address					Street Address	
City			State	Zip	City	State Zip
Item	Transaction Type Other	Contribution Type Aggregate - Individual		Receipt Date 08/13/2026	Deposit Date 08/13/2026	Contribution Amount 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					Street Address	
City			State	Zip	City	State Zip
Item	Transaction Type Other	Contribution Type Aggregate - Individual		Receipt Date 08/25/2026	Deposit Date 08/25/2026	Contribution Amount 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	
Street Address					Street Address	
City			State	Zip	City	State Zip
Item	Transaction Type Other	Contribution Type Aggregate - Individual		Receipt Date 09/23/2026	Deposit Date 09/23/2026	Contribution Amount 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	
Street Address					Street Address	
City			State	Zip	City	State Zip

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/01/2026	07/01/2026	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		
	MITCHELL		BERKSON			MITCHELL BERKSON, SELF EMPLOYED		
Street Address					Street Address			
39 E ORCHARD AVE					389 E ORCHARD AVE			
City			State	Zip	City		State	Zip
PROVIDENCE			RI	02906	PROVIDENCE		RI	02906

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period	
7,084	Samuel D Zurier	From: 07/01/2026	To: 10/05/2026

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	07/10/2026		Campaign Expenditure	Advertising	\$369.26
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			4Imprint		
Street Address			City	State	Zip
2875 Atlas Avenue			Oshkosh	WI	54904

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	07/23/2026		Campaign Expenditure	Bank Fees	\$0.60
Purpose of Expenditure					

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	07/01/2026		Campaign Expenditure	Bank Fees	\$9.48
Purpose of Expenditure					

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	08/13/2026		Campaign Expenditure	Bank Fees	\$3.93
Purpose of Expenditure					

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	08/25/2026		Campaign Expenditure	Bank Fees	\$0.60
Purpose of Expenditure					

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/23/2026		Campaign Expenditure	Bank Fees	\$0.60
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Act Blue		
Street Address			City	State	Zip
366 Summer Street			Somerville	MA	02144
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/29/2026		Campaign Expenditure	Office Equipment & Supplies	\$13.20
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Amazon		
Street Address			City	State	Zip
410 Terry Avenue North			Seattle	WA	98109
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/23/2026		Campaign Expenditure	Donations (All Others)	\$75.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			American Cancer Soccity		
Street Address			City	State	Zip
270 Peachtree Street NW Suite 1300			Atlanta	GA	30303
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	07/02/2026		Campaign Expenditure	Bank Fees	\$12.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Citizens Bank		
Street Address			City	State	Zip
792 Hope Street			Providence	RI	02906
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/18/2026		Campaign Expenditure	Donations (All Others)	\$20.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Climate Action RI		
Street Address			City	State	Zip
c/o Treasurer 2 Jason's Grant Road			Cumberland	RI	02864
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/21/2026		Campaign Expenditure	Advertising	\$127.33
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Constant Contact		
Street Address			City	State	Zip
1601 Trapelo Road			Waltham	MA	02451

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	08/20/2026		Campaign Expenditure	Advertising	\$93.72
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Constant Contact		
Street Address			City	State	Zip
1601 Trapelo Road			Waltham	MA	02451
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/16/2026		Campaign Expenditure	Donations (Political)	\$250.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Helen Buonanno Foulkes for Governor		
Street Address			City	State	Zip
362 Ocean Road			Narragansett	RI	02882
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	07/29/2026		Campaign Expenditure	Advertising	\$109.99
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			InMotion Web Hosting		
Street Address			City	State	Zip
6100 Center Dr. Suite 1190			Los Angeles	CA	90045
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	10/01/2026		Campaign Expenditure	Advertising	\$566.24
Purpose of Expenditure					
Email program					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			MailerLite		
Street Address			City	State	Zip
548 Market Street PMB 98179			San Francisco	CA	94104
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
EFT	09/17/2026		Campaign Expenditure	Donations (All Others)	\$75.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Ministers Alliance of RI		
Street Address			City	State	Zip
PO Box 993			Pawtucket	RI	02860
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
167	07/27/2026		Campaign Expenditure	Donations (All Others)	\$100.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Providence Preservation Society		
Street Address			City	State	Zip
21 Meeting Street			Providence	RI	02906

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
166	07/01/2026		Campaign Expenditure	Consultant & Professional Services	\$5,000.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Rob Horowitz Associates LLC		
Street Address			City	State	Zip
One Richmond Square #104K			Providence	RI	02906
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
168	09/28/2026		Campaign Expenditure	Consultant & Professional Services	\$10,490.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Rob Horowitz Associates LLC		
Street Address			City	State	Zip
One Richmond Square #104K			Providence	RI	02906