

Board of Elections

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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			
7,857		SAMUEL W BELL				From: 09/02/2026		To: 10/05/2026	
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	In-Kind		In-Kind - Individual			09/09/2026			304.56
In Kind/Other Receipts Description									
Payment to Lotus Pepper for election day GOTV volunteer lunch									
Contributor Information						Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name			Suffix	Employer Name		
	Samuel	W	Bell				Planetary Science Institute		
Street Address						Street Address			
212 Gray St									
City			State		Zip	City		State	Zip
Providence			RI		02909			RI	
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Electronic Pay System		Individual			09/26/2026			5.00
In Kind/Other Receipts Description									
Contributor Information						Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name			Suffix	Employer Name		
	Kiana		Avlon				RISD		
Street Address						Street Address			
179 Dean St Apt 2									
City			State		Zip	City		State	Zip
Providence			RI		02903				
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Electronic Pay System		Individual			09/22/2026			302.91
In Kind/Other Receipts Description									
Refund for GOTV lunch order that was never delivered.									
Contributor Information						Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name			Suffix	Employer Name		
	Capri		Catanzaro						
Street Address						Street Address			
204 Harmony CT									
City			State		Zip	City		State	Zip
Warwick			RI		02886				
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Electronic Pay System		Individual			09/22/2026			7.13
In Kind/Other Receipts Description									
Reimbursement for Dunkin order paid in error									
Contributor Information						Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name			Suffix	Employer Name		
	Capri		Catanzaro						
Street Address						Street Address			
204 Harmony CT									
City			State		Zip	City		State	Zip
Warwick			RI		02886				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/07/2026		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		
	Marie	T	Paiva Weed		Hospital Association of RI		
Street Address					Street Address		
19 Mumford Ave							
City			State	Zip	City	State	Zip
Newport			RI				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/18/2026		18.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	David		Stuebe		RPS ASA		
Street Address					Street Address		
10 Ellery St							
City			State	Zip	City	State	Zip
Providence			RI	02909			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/16/2026		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		
	Ammar		Zia		Providence College		
Street Address					Street Address		
72 Bolton Ave							
City			State	Zip	City	State	Zip
Providence			RI				

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period	
7,857	SAMUEL W BELL	From: 09/02/2026	To: 10/05/2026

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/08/2026		Campaign Expenditure	Consultant & Professional Services	\$600.00

Purpose of Expenditure

Campaign manager

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Capri		Catanzaro		
Street Address			City	State	Zip
204 Harmony CT			Warwick	RI	02886

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/15/2026		Campaign Expenditure	Consultant & Professional Services	\$1,000.00

Purpose of Expenditure

Campaign manager bonus

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Capri		Catanzaro		
Street Address			City	State	Zip
204 Harmony CT			Warwick	RI	02886

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/16/2026		Campaign Expenditure	Refunds/Reimbursements	\$302.91

Purpose of Expenditure

Reimbursement for volunteer lunches for GOTV that were never delivered by the vendor. Then paid back to campaign account.

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Capri		Catanzaro		
Street Address			City	State	Zip
204 Harmony CT			Warwick	RI	02886

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/16/2026		Campaign Expenditure	Refunds/Reimbursements	\$122.53

Purpose of Expenditure

Reimbursement for additional Dunkin order on election day for volunteers

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Capri		Catanzaro		
Street Address			City	State	Zip
204 Harmony CT			Warwick	RI	02886

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/17/2026		Campaign Expenditure	Refunds/Reimbursements	\$7.13

Purpose of Expenditure

Accidental reimbursement to campaign manager for Dunkin. Reimbursement was then paid back to campaign account.

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Capri		Catanzaro	
Street Address			City	State Zip
204 Harmony CT			Warwick	RI 02886

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/17/2026		Campaign Expenditure	Refunds/Reimbursements	\$15.12

Purpose of Expenditure
Accounting error reimbursement for Family Dollar office supply purchase.

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Capri		Catanzaro	
Street Address			City	State Zip
204 Harmony CT			Warwick	RI 02886

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/17/2026		Campaign Expenditure	Refunds/Reimbursements	\$22.74

Purpose of Expenditure
Reimbursement for Dollar Tree office supplies

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
	Capri		Catanzaro	
Street Address			City	State Zip
204 Harmony CT			Warwick	RI 02886

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/09/2026		Campaign Expenditure	Refunds/Reimbursements	\$68.00

Purpose of Expenditure
Travel expense for canvasser

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/09/2026		Campaign Expenditure	Food, Beverages and Meals	\$7.13

Purpose of Expenditure
Extra cream cheese for election day

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Dunkin	
Street Address			City	State Zip
270 Academy Ave			Providence	RI

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/09/2026		Campaign Expenditure	Food, Beverages and Meals	\$97.20

Purpose of Expenditure
GOTV volunteer food

Payee Information				
Prefix	First Name	MI	LastName or Vendor Name	Suffix
			Dunkin	
Street Address			City	State Zip
270 Academy Ave			Providence	RI

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/08/2026		Campaign Expenditure	Office Equipment & Supplies	\$15.12
Purpose of Expenditure					
Notebooks and water					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Family Dollar		
Street Address			City	State	Zip
			Warwick		