

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#
THOMAS PAOLINO			8395
Street Address		City/Town, State and Zip Code	
19 HERITAGE DR		LINCOLN, RI 02865	
Mailing Address (if different)		City/Town, State and Zip Code	
Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 749-6120			thomaspaolino@yahoo.com
If Candidate Office Sought:		Party Affiliation if any:	
State Senator		Republican	
Reporting Period (Dates):		Period Beginning:	Period Ending:
		07/01/2026	10/05/2026
SUMMARY OF ACTIVITY FOR PERIOD			
1. Beginning Cash Balance	\$ 18,631.07	4. Cash Disbursements, continued	
2. Cash Receipts		f. Other Disbursements	0
a. Contributions From:			0
1. Aggregate	1,546.96		0
a. (Individuals)	1,546.96		0
b. (Political Parties)	0	5. Ending Cash Balance	\$ 17,601.62
c. (Political Action Committees)	0		
2. Individuals	728.71	CAMPAIGN FUND STATUS	
3. Political Parties	0	6. Report of In-Kind Contributions	0
4. Political Action Committees	300.00		
5. Loan Proceeds	0	7. Cash	\$ 17,601.62
6. Payroll Check off	0	8. Other Assets	0
7. Interest Received	0		0
8. State Check Off	0		0
9. Refund/Rebate	0		0
10. Party Building	0	9. Total Assets	\$ 17,601.62
11. Matching Public Funds	0		
12. Other	0	LIABILITIES AND FUND BALANCE	
13. Returned Contributions	0	10. Liabilities	
14. Returned Checks	0	a. Accounts Payable	\$ 0
b. Other:	0	b. Loans Payable	23,457.25
	0	c. Other Liabilities	0
	0		0
3. Total Cash	21,206.74		0
4. Cash Disbursements			0
a. Aggregate Expenses	1,149.34		0
b. Campaign Expenses	2,455.78	11. Total Liabilities	23,457.25
c. Repayment of Loans	0	12. Total Fund Balance	\$(5,855.63)
d. Account Payable Repayments	0	13. Total Liability / Fund Balance	17,601.62
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
8,395	THOMAS PAOLINO	From: 07/01/2026 To: 10/05/2026

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Aggregate - Individual	10/01/2026	10/01/2026	1,546.96

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	09/28/2026		520.51

In Kind/Other Receipts Description

Contributor Information					Employer Data
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name
	Jesse		Faria		International Meat Market
Street Address					Street Address
14 Paddock Dr					479 Mineral Spring Ave
City			State	Zip	City State Zip
Lincoln			RI		Pawtucket RI

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/17/2026		208.20

In Kind/Other Receipts Description

Contributor Information					Employer Data
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name
	Glen		Gardiner		Abbott-Action
Street Address					Street Address
14 Preakness Drive					3 Venus Way
City			State	Zip	City State Zip
Lincoln			RI	02865	North Attleboro MA 02021

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	07/28/2026		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
			RHODE ISLAND REPUBLICAN CONSERVATIV		
Street Address					Street Address
1800 POST RD SUITE 17-I					
City			State	Zip	City State Zip
WARWICK			RI	02886	

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period	
8,395	THOMAS PAOLINO	From: 07/01/2026	To: 10/05/2026

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/01/2026		Aggregate Expenditure	Advertising	\$1,149.34
Purpose of Expenditure					

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/03/2026		Campaign Expenditure	Advertising	\$849.53
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
Street Address			City	State	Zip
2591 Dallas Parkway			Frisco	TX	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/21/2026		Campaign Expenditure	Advertising	\$1,168.22
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
Street Address			City	State	Zip
1084 Charles St			North Providence	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/28/2026		Campaign Expenditure	Advertising	\$438.03
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
Street Address			City	State	Zip
60 Ferncliffe Road			Seekonk	MA	