

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#
TIARA MACK			8980
Street Address		City/Town, State and Zip Code	
179 CAMP ST. APT 3		PROVIDENCE, RI 02906	
Mailing Address (if different)		City/Town, State and Zip Code	
Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(803) 240-2851			TIARAMACKRI@GMAIL.COM
If Candidate Office Sought:		Party Affiliation if any:	
State Senator		Democratic	
Reporting Period (Dates):		Period Beginning:	Period Ending:
		07/01/2026	10/05/2026
SUMMARY OF ACTIVITY FOR PERIOD			
1. Beginning Cash Balance	\$ 7,691.98	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	\$ 7,165.62
c. (Political Action Committees)	0		
2. Individuals	4,093.01	CAMPAIGN FUND STATUS	
3. Political Parties	0	6. Report of In-Kind Contributions	0
4. Political Action Committees	0		
5. Loan Proceeds	0	7. Cash	\$ 7,165.62
6. Payroll Check off	0	8. Other Assets	0
7. Interest Received	0		0
8. State Check Off	0		0
9. Refund/Rebate	80.50	9. Total Assets	\$ 7,165.62
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	11,865.49		0
4. Cash Disbursements			0
a. Aggregate Expenses	185.39		0
b. Campaign Expenses	4,514.48	11. Total Liabilities	0
c. Repayment of Loans	0	12. Total Fund Balance	\$ 7,165.62
d. Account Payable Repayments	0	13. Total Liability / Fund Balance	7,165.62
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			
8,980		TIARA MACK				From:	07/01/2026	To:	10/05/2026
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Electronic Pay System		Individual			07/18/2026	07/18/2026		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		
	Shahidah		Ali				Not Employed		
Street Address						Street Address			
98 Angell Ave						N/A			
City			State	Zip		City		State	Zip
North Providence				RI					
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Electronic Pay System		Individual			08/18/2026	08/18/2026		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		
	Shahidah		Ali				Not Employed		
Street Address						Street Address			
98 Angell Ave						N/A			
City			State	Zip		City		State	Zip
North Providence				RI					
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Electronic Pay System		Individual			09/18/2026	09/18/2026		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		
	Shahidah		Ali				Not Employed		
Street Address						Street Address			
98 Angell Ave						N/A			
City			State	Zip		City		State	Zip
North Providence				RI					
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Electronic Pay System		Individual			07/11/2026	07/11/2026		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		
	Mikaila		Arthur				Rhode Island College		
Street Address						Street Address			
34 Fourth St.						600 Mount Pleasant Ave.			
City			State	Zip		City		State	Zip
Providence				RI		Providence			RI

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/19/2026	07/19/2026	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		
	Nick		Autiello		Not Employed		
Street Address					Street Address		
13 Pallas Street							
City			State	Zip	City	State	Zip
Providence			RI				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/19/2026	07/19/2026	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		
	Guillaume		Bagal		Self Employed		
Street Address					Street Address		
3 Harding Avenue							
City			State	Zip	City	State	Zip
East Providence			RI		East Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	08/17/2026	08/17/2026	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		
	Harold		Bailey				
Street Address					Street Address		
15 Regents Park							
City			State	Zip	City	State	Zip
Westport			CT				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/17/2026	09/17/2026	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		
	Harold		Bailey				
Street Address					Street Address		
15 Regents Park							
City			State	Zip	City	State	Zip
Westport			CT				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	10/04/2026	10/04/2026	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		
	Brendan		Bongi		Naval Undersea Warfare Center		
Street Address					Street Address		
34 Franklin St APT 3R					1176 Howell St		
City			State	Zip	City	State	Zip
Newport			RI	02840	Newport	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/04/2026	09/04/2026	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		
	Brendan		Bongi		Naval Undersea Warfare Center		
Street Address					Street Address		
34 Franklin St APT 3R					1176 Howell St		
City			State	Zip	City	State	Zip
Newport			RI	02840	Newport	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	08/04/2026	08/04/2026	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		
	Brendan		Bongi		Naval Undersea Warfare Center		
Street Address					Street Address		
34 Franklin St APT 3R					1176 Howell St		
City			State	Zip	City	State	Zip
Newport			RI	02840	Newport	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/04/2026	07/04/2026	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		
	Brendan		Bongi		Naval Undersea Warfare Center		
Street Address					Street Address		
34 Franklin St APT 3R					1176 Howell St		
City			State	Zip	City	State	Zip
Newport			RI	02840	Newport	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/02/2026	07/02/2026	25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Kirsten		Bredvik		Student		
Street Address					Street Address		
420 East 70th St. Apt 10K-2					1300 York Ave		
City			State	Zip	City	State	Zip
New York			NY		New York	NY	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	08/02/2026	08/03/2026	25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Kirsten		Bredvik		Student		
Street Address					Street Address		
420 East 70th St. Apt 10K-2					1300 York Ave		
City			State	Zip	City	State	Zip
New York			NY		New York	NY	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/02/2026	09/02/2026	25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Kirsten		Bredvik		Student		
Street Address					Street Address		
420 East 70th St. Apt 10K-2					1300 York Ave		
City			State	Zip	City		State Zip
New York			NY		New York		NY

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	10/02/2026	10/02/2026	25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Kirsten		Bredvik		Student		
Street Address					Street Address		
420 East 70th St. Apt 10K-2					1300 York Ave		
City			State	Zip	City		State Zip
New York			NY		New York		NY

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/17/2026	07/17/2026	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		
	Kathleen		Carey		Retired		
Street Address					Street Address		
22 Mayflower St					N/A		
City			State	Zip	City		State Zip
Providence			RI				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/14/2026	07/14/2026	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		
	Beth		Cronin				
Street Address					Street Address		
330 Blackstone Blvd							
City			State	Zip	City		State Zip
Providence			RI				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/22/2026	07/22/2026	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		
	Jonathan		Daly-LaBelle		self-employed realtor		
Street Address					Street Address		
22 Top Street							
City			State	Zip	City		State Zip
Westerly			RI		Westerly		RI

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/15/2026	07/15/2026	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		
	Eugene		Dyszlewski		Not Employed		
Street Address					Street Address		
579 Phenix Ave					N/A		
City				State	Zip	City	State Zip
Cranston				RI			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/17/2026	07/17/2026	25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Ryan		Fontaine		Thundermist		
Street Address					Street Address		
150 Church Ave							
City				State	Zip	City	State Zip
Warwick				RI		Woonsocket	RI

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/09/2026	07/09/2026	12.50

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Jodi		Glass		Not Employed		
Street Address					Street Address		
254 4th Street							
City				State	Zip	City	State Zip
Providence				RI			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/21/2026	07/21/2026	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		
	Jodi		Glass		Not Employed		
Street Address					Street Address		
254 4th Street							
City				State	Zip	City	State Zip
Providence				RI			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/26/2026	07/26/2026	16.67

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Neil		Goncalves		Hilton		
Street Address					Street Address		
145 New York Ave House					145 New York Ave		
City				State	Zip	City	State Zip
Providence				RI		Providence	RI

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	08/26/2026	08/26/2026	16.67

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Neil		Goncalves		Hilton		
Street Address					Street Address		
145 New York Ave House					145 New York Ave		
City			State	Zip	City	State	Zip
Providence			RI		Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/26/2026	09/26/2026	16.67

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Neil		Goncalves		Hilton		
Street Address					Street Address		
145 New York Ave House					145 New York Ave		
City			State	Zip	City	State	Zip
Providence			RI		Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/15/2026	07/15/2026	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		
	Mark		Gray		RIPIN		
Street Address					Street Address		
3 Ames Street							
City			State	Zip	City	State	Zip
Providence			RI		Cranston	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/19/2026	07/19/2026	25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Davie		Hackett		Mott and Chase Sotheby's		
Street Address					Street Address		
547 Spring Street							
City			State	Zip	City	State	Zip
Newport			RI		Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/14/2026	07/14/2026	25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Nicole		Heig		BHMG		
Street Address					Street Address		
424 River Ave							
City			State	Zip	City	State	Zip
Providence			RI		Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/19/2026	07/19/2026	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		
	Moir		Hinderer		College Visions		
Street Address					Street Address		
44 Fisk Street					131 Washington Street		
City			State	Zip	City	State	Zip
Providence			RI		Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/20/2026	07/20/2026	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		
	Keith		Hoffmann		Not Employed		
Street Address					Street Address		
41 Laurel Ave							
City			State	Zip	City	State	Zip
Providence			RI				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/20/2026	07/20/2026	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		
	Keith		Hoffmann		Not Employed		
Street Address					Street Address		
41 Laurel Ave							
City			State	Zip	City	State	Zip
Providence			RI				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/13/2026	07/13/2026	125.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Lise		Iwon		Self		
Street Address					Street Address		
540 D Matunuck Beach Road							
City			State	Zip	City	State	Zip
Wakefield			RI		Wakefield	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/19/2026	07/19/2026	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		
	Bret		Jacob		City of Providence		
Street Address					Street Address		
123 Lorimer Avenue					25 Dorrance Streer		
City			State	Zip	City	State	Zip
Providence			RI		Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/09/2026	07/09/2026	15.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Arielle		Johnson		Cornell University		
Street Address					Street Address		
119 1st St					616 Thurston Ave.		
City			State	Zip	City	State	Zip
Ithaca			NY	14850	Ithaca	NY	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/03/2026	07/03/2026	15.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Arielle		Johnson		Cornell University		
Street Address					Street Address		
119 1st St					616 Thurston Ave.		
City			State	Zip	City	State	Zip
Ithaca			NY	14850	Ithaca	NY	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	08/03/2026	08/04/2026	15.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Arielle		Johnson		Cornell University		
Street Address					Street Address		
119 1st St					616 Thurston Ave.		
City			State	Zip	City	State	Zip
Ithaca			NY	14850	Ithaca	NY	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	08/09/2026	08/09/2026	15.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Arielle		Johnson		Cornell University		
Street Address					Street Address		
119 1st St					616 Thurston Ave.		
City			State	Zip	City	State	Zip
Ithaca			NY	14850	Ithaca	NY	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/03/2026	09/04/2026	15.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Arielle		Johnson		Cornell University		
Street Address					Street Address		
119 1st St					616 Thurston Ave.		
City			State	Zip	City	State	Zip
Ithaca			NY	14850	Ithaca	NY	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2026	09/09/2026	15.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Arielle		Johnson		Cornell University		
Street Address					Street Address		
119 1st St					616 Thurston Ave.		
City				State	Zip	City	State Zip
Ithaca				NY	14850	Ithaca	NY

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	10/03/2026	10/04/2026	15.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Arielle		Johnson		Cornell University		
Street Address					Street Address		
119 1st St					616 Thurston Ave.		
City				State	Zip	City	State Zip
Ithaca				NY	14850	Ithaca	NY

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/18/2026	07/18/2026	25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Jason		Kashdan		Self		
Street Address					Street Address		
106 Olney St Apt 1							
City				State	Zip	City	State Zip
Providence				RI		Providence	RI

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/18/2026	07/18/2026	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		
	Sabra		Katz-Wise		Boston Children's Hospital		
Street Address					Street Address		
140 Dexterdaled Rd							
City				State	Zip	City	State Zip
Providence				RI		Providence	RI

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/15/2026	07/15/2026	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		
	Margaret		Kerr		Not Employed		
Street Address					Street Address		
151 Prospect Ave					N/A		
City				State	Zip	City	State Zip
North Kingstown				RI			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/07/2026	07/07/2026	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		
	Jessie		Kingston		Not Employed		
Street Address					Street Address		
690 Elmgrove Ave					N/A		
City				State	Zip	City	State Zip
Providence				RI		Providence	RI

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/17/2026	07/17/2026	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		
	Rebecca		Kislak		Kislak Consulting		
Street Address					Street Address		
242 4th STreet					PO Box 40143		
City				State	Zip	City	State Zip
Providence				RI		Providence	RI

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/31/2026	07/31/2026	16.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Georgina		Manok		Brown University		
Street Address					Street Address		
102 Camp Street					2 Stimson Ave		
City				State	Zip	City	State Zip
Providence				RI		Providence	RI

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	08/31/2026	08/31/2026	16.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Georgina		Manok		Brown University		
Street Address					Street Address		
102 Camp Street					2 Stimson Ave		
City				State	Zip	City	State Zip
Providence				RI		Providence	RI

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/30/2026	09/30/2026	16.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Georgina		Manok		Brown University		
Street Address					Street Address		
102 Camp Street					2 Stimson Ave		
City				State	Zip	City	State Zip
Providence				RI		Providence	RI

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/20/2026	07/20/2026	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		
	Barbara		Margolis		Retired		
Street Address					Street Address		
41 Kings Ridge Road					NA		
City			State	Zip	City	State	Zip
South Kingstown			RI				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/20/2026	07/20/2026	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		
	Carolyn		Mark		Self		
Street Address					Street Address		
37 Cooke Street							
City			State	Zip	City	State	Zip
Providence			RI		Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/19/2026	07/19/2026	125.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Matthew		McDermott		Whitman Insight Strategies		
Street Address					Street Address		
8 Angell Court							
City			State	Zip	City	State	Zip
Providence			RI				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/23/2026	07/23/2026	150.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Sidney		Murray	II	MA Department of Revenue		
Street Address					Street Address		
193 Elm St Apt 5							
City			State	Zip	City	State	Zip
New Bedford			MA		Taunton	MA	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/13/2026	07/13/2026	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		
	Amy		Nunn		RI public health institute		
Street Address					Street Address		
20 Clarke Road					20 Clarke Road		
City			State	Zip	City	State	Zip
Barrington			RI		Barrington	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/12/2026	07/12/2026	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		
	Patrick		O'Connor			Goulston & Storrs		
Street Address					Street Address			
5 Beale St								
City			State	Zip	City	State	Zip	
Dorchester Center			MA	02124				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	08/12/2026	08/12/2026	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		
	Patrick		O'Connor			Goulston & Storrs		
Street Address					Street Address			
5 Beale St								
City			State	Zip	City		State	Zip
Dorchester Center			MA	02124				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/12/2026	09/12/2026	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		
	Patrick		O'Connor			Goulston & Storrs		
Street Address					Street Address			
5 Beale St								
City			State	Zip	City		State	Zip
Dorchester Center			MA	02124				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/09/2026	09/09/2026	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		
	Michael		Osborne					
Street Address					Street Address			
28 Edgehill Road								
City			State	Zip	City	State	Zip	
Providence			RI					

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	08/17/2026	08/17/2026	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		
	David		Parker			Semplicity		
Street Address					Street Address			
46 forest					60 cloverdale			
City			State	Zip	City		State	Zip
Providence			RI		Newton		MA	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/13/2026	07/13/2026	25.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Peter		Quesnel		Not Employed		
Street Address					Street Address		
147 Barbara Street					N/A		
City			State	Zip	City	State	Zip
Providence			RI				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/12/2026	07/12/2026	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		
	Joanne		Rich		Not Employed		
Street Address					Street Address		
234 Morris Ave							
City			State	Zip	City	State	Zip
Providence			RI		Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/19/2026	07/19/2026	40.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Joanne		Rich		Not Employed		
Street Address					Street Address		
234 Morris Ave							
City			State	Zip	City	State	Zip
Providence			RI		Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	08/21/2026	08/21/2026	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		
	Joanne		Rich		Not Employed		
Street Address					Street Address		
234 Morris Ave							
City			State	Zip	City	State	Zip
Providence			RI		Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/12/2026	09/12/2026	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		
	Joanne		Rich		Not Employed		
Street Address					Street Address		
234 Morris Ave							
City			State	Zip	City	State	Zip
Providence			RI		Providence	RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	09/21/2026	09/21/2026	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		
	Joanne		Rich			Not Employed		
Street Address					Street Address			
234 Morris Ave								
City			State	Zip	City	State	Zip	
Providence			RI		Providence	RI		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	08/12/2026	08/12/2026	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		
	Joanne		Rich			Not Employed		
Street Address					Street Address			
234 Morris Ave								
City			State	Zip	City	State	Zip	
Providence			RI		Providence	RI		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/21/2026	07/21/2026	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		
	Joanne		Rich			Not Employed		
Street Address					Street Address			
234 Morris Ave								
City			State	Zip	City	State	Zip	
Providence			RI		Providence	RI		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/20/2026	07/20/2026	12.50

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name		Suffix	Employer Name		
	Avery		Robertson			Climate Action RI		
Street Address					Street Address			
261 Gibbs Ave								
City			State	Zip	City	State	Zip	
Newport			RI		Cumberland	RI		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/19/2026	07/19/2026	125.00

In Kind/Other Receipts Description

Contributor Information					Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name		Suffix	Employer Name		
	Renee		Rulin			Not Employed		
Street Address					Street Address			
203 Cole Ave					N/A			
City			State	Zip	City	State	Zip	
Providence			RI					

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/20/2026	07/20/2026	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			
	Kevin		Ryan			Not Employed			
Street Address						Street Address			
3646 Comd. O. H. Perry HWY									
City			State	Zip	City			State	Zip
Washington CO			RI						

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/20/2026	07/20/2026	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		
	Ora		Szekely			Clark University		
Street Address					Street Address			
143 6th Street								
City			State	Zip	City		State	Zip
Providence			RI		Worcester		MA	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/15/2026	07/15/2026	25.00

In Kind/Other Receipts Description

Contributor Information						Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name		Suffix	Employer Name			
	Jed		Thorp			Clean Water Action			
Street Address						Street Address			
70 Ferncrest Ave									
City			State	Zip	City			State	Zip
Cranston			RI						

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/20/2026	07/20/2026	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		
	Anusha		Venkataraman			Working Families Party		
Street Address					Street Address			
108 Shaw Ave								
City		State		Zip	City		State	Zip
Cranston		RI			Providence		RI	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/20/2026	07/20/2026	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		
	Anastasia		Vrachnos			University of San Francisco		
Street Address					Street Address			
387 Cole Ave								
City			State	Zip	City	State	Zip	
Providence			RI		San Francisco	CA		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/14/2026	07/14/2026	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		
	Anastasia		Vrachnos		University of San Francisco		
Street Address					Street Address		
387 Cole Ave							
City			State	Zip	City	State	Zip
Providence			RI		San Francisco	CA	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/19/2026	07/19/2026	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		
	Camille		Williams				
Street Address					Street Address		
53 Hillside Ave							
City			State	Zip	City	State	Zip
Providence			RI				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Electronic Pay System	Individual	07/07/2026	07/07/2026	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		
	Janson		Wu		Lawyer		
Street Address					Street Address		
15 Benefit St					15 Benefit St		
City			State	Zip	City	State	Zip
Providence			RI				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Refund/Rebate	09/25/2026	09/25/2026	80.50

In Kind/Other Receipts Description

Refund for Amtrak trip

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
			Amtrak				
Street Address					Street Address		
City			State	Zip	City	State	Zip

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period
8,980	TIARA MACK	From: 07/01/2026 To: 10/05/2026

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/26/2026		Aggregate Expenditure	Travel & Lodging	\$84.46

Purpose of Expenditure

lyft to/from train

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix

Street Address	City	State	Zip
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Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/05/2026		Aggregate Expenditure	Travel & Lodging	\$100.93

Purpose of Expenditure

Lyft to/from train

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix

Street Address	City	State	Zip
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Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/01/2026		Campaign Expenditure	Bank Fees	\$55.17

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Act Blue		

Street Address	City	State	Zip
PO Box 441146	Somerville	MA	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/01/2026		Campaign Expenditure	Bank Fees	\$54.93

Purpose of Expenditure

act blye fee

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Act Blue		

Street Address	City	State	Zip
PO Box 441146	Somerville	MA	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/01/2026		Campaign Expenditure	Bank Fees	\$25.80

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Act Blue		

Street Address	City	State	Zip
PO Box 441146	Somerville	MA	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	10/01/2026		Campaign Expenditure	Bank Fees	\$2.47
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Act Blue		
Street Address			City	State	Zip
PO Box 441146			Somerville	MA	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/24/2026		Campaign Expenditure	Office Equipment & Supplies	\$16.05
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Action Network		
Street Address			City	State	Zip
			Providence	RI	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/24/2026		Campaign Expenditure	Office Equipment & Supplies	\$16.05
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Action Network		
Street Address			City	State	Zip
			Providence	RI	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/24/2026		Campaign Expenditure	Office Equipment & Supplies	\$16.05
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Action Network		
Street Address			City	State	Zip
			Providence	RI	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/15/2026		Campaign Expenditure	Travel & Lodging	\$546.80
Purpose of Expenditure					
Travel to/from Conference					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			American Airlines		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/13/2026		Campaign Expenditure	Travel & Lodging	\$335.00
Purpose of Expenditure					
Travel to/from conference					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Amtrak		
Street Address			City	State	Zip

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/10/2026		Campaign Expenditure	Travel & Lodging	\$140.00
Purpose of Expenditure					
travel to conference					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Amtrak		
Street Address			City	State	Zip

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/26/2026		Campaign Expenditure	Travel & Lodging	\$342.00
Purpose of Expenditure					
travel from conference					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Amtrak		
Street Address			City	State	Zip

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/04/2026		Campaign Expenditure	Travel & Lodging	\$243.00
Purpose of Expenditure					
Conference Travel					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Amtrak		
Street Address			City	State	Zip

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/05/2026		Campaign Expenditure	Food, Beverages and Meals	\$36.00
Purpose of Expenditure					
on board meal					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Amtrak		
Street Address			City	State	Zip

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/02/2026		Campaign Expenditure	Food, Beverages and Meals	\$10.24
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Amy's Place		
Street Address			City	State	Zip

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/13/2026		Campaign Expenditure	Donations (All Others)	\$156.60
Purpose of Expenditure					
JCP 4th Annual event food purchase					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Black Beans PVD		
Street Address			City	State	Zip
			Providence	RI	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/27/2026		Campaign Expenditure	Food, Beverages and Meals	\$29.61
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Buttercup		
Street Address			City	State	Zip
			Chicago	IL	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/08/2026		Campaign Expenditure	Food, Beverages and Meals	\$8.89
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Cafe		
Street Address			City	State	Zip
			San Diego	CA	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/14/2026		Campaign Expenditure	Office Equipment & Supplies	\$154.08
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Calendly		
Street Address			City	State	Zip
271 17th St NW			Atlanta	GA	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/05/2026		Campaign Expenditure	Food, Beverages and Meals	\$22.19
Purpose of Expenditure					
conference meal					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Charm Thai Kitchen		
Street Address			City	State	Zip
			San Diego	CA	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/21/2026		Campaign Expenditure	Donations (All Others)	\$60.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Common Cause		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/01/2026		Campaign Expenditure	Food, Beverages and Meals	\$58.43
Purpose of Expenditure					
Dinner at Airport					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			DCA Airport		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/28/2026		Campaign Expenditure	Donations (All Others)	\$108.30
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Economic Progress RI		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/24/2026		Campaign Expenditure	Donations (All Others)	\$117.50
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Food Assistance		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/08/2026		Campaign Expenditure	Food, Beverages and Meals	\$16.43
Purpose of Expenditure					
meal					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			High Flying		
Street Address			City	State	Zip
			San Diego	CA	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/12/2026		Campaign Expenditure	Donations (Political)	\$100.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Keith Hoffmann		
Street Address			City	State	Zip
41 Laurel Ave			Providence	RI	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/19/2026		Campaign Expenditure	Donations (Political)	\$100.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Friends of Jackie Goldman		
Street Address			City	State	Zip
46 Barton Street			Providence	RI	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/27/2026		Campaign Expenditure	Donations (Political)	\$258.57
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Rebecca		Kislak		
Street Address			City	State	Zip
242 4th STreet			Providence	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/28/2026		Campaign Expenditure	Travel & Lodging	\$81.52

Purpose of Expenditure

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/28/2026		Campaign Expenditure	Travel & Lodging	\$34.97

Purpose of Expenditure

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/24/2026		Campaign Expenditure	Travel & Lodging	\$34.78

Purpose of Expenditure

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/26/2026		Campaign Expenditure	Travel & Lodging	\$20.00

Purpose of Expenditure

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/23/2026		Campaign Expenditure	Travel & Lodging	\$9.99

Purpose of Expenditure

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/24/2026		Campaign Expenditure	Travel & Lodging	\$17.94

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Lyft		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/09/2026		Campaign Expenditure	Travel & Lodging	\$10.98
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Lyft		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/09/2026		Campaign Expenditure	Travel & Lodging	\$13.94
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Lyft		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/14/2026		Campaign Expenditure	Advertising	\$11.92
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Lyft		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/12/2026		Campaign Expenditure	Travel & Lodging	\$14.99
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Lyft		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/12/2026		Campaign Expenditure	Travel & Lodging	\$13.99
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Lyft		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/13/2026		Campaign Expenditure	Travel & Lodging	\$21.02
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Lyft		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/13/2026		Campaign Expenditure	Travel & Lodging	\$21.02
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Lyft		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/13/2026		Campaign Expenditure	Travel & Lodging	\$31.10
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Lyft		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/27/2026		Campaign Expenditure	Travel & Lodging	\$19.91
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Lyft		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/27/2026		Campaign Expenditure	Travel & Lodging	\$15.92
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Lyft		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/28/2026		Campaign Expenditure	Travel & Lodging	\$17.92
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Lyft		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/28/2026		Campaign Expenditure	Travel & Lodging	\$26.94
Purpose of Expenditure					

Payee Information						
Prefix	First Name	MI	LastName or Vendor Name		Suffix	
			Lyft			
Street Address			City		State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount	
	07/27/2026		Campaign Expenditure	Travel & Lodging	\$29.83	
Purpose of Expenditure						
conference travel						
Payee Information						
Prefix	First Name	MI	LastName or Vendor Name		Suffix	
			Lyft			
Street Address			City		State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount	
	07/29/2026		Campaign Expenditure	Travel & Lodging	\$69.96	
Purpose of Expenditure						
Payee Information						
Prefix	First Name	MI	LastName or Vendor Name		Suffix	
			Lyft			
Street Address			City		State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount	
	08/01/2026		Campaign Expenditure	Travel & Lodging	\$44.93	
Purpose of Expenditure						
Payee Information						
Prefix	First Name	MI	LastName or Vendor Name		Suffix	
			Lyft			
Street Address			City		State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount	
	07/28/2026		Campaign Expenditure	Advertising	\$26.95	
Purpose of Expenditure						
Payee Information						
Prefix	First Name	MI	LastName or Vendor Name		Suffix	
			Lyft			
Street Address			City		State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount	
	07/28/2026		Campaign Expenditure	Travel & Lodging	\$16.93	
Purpose of Expenditure						
Payee Information						
Prefix	First Name	MI	LastName or Vendor Name		Suffix	
			Lyft			
Street Address			City		State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount	
	07/28/2026		Campaign Expenditure	Food, Beverages and Meals	\$13.13	
Purpose of Expenditure						

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			McDonald's		
Street Address			City	State	Zip
			Chicago	IL	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/27/2026		Campaign Expenditure	Food, Beverages and Meals	\$9.25
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			McDonald's		
Street Address			City	State	Zip
			Chicago	IL	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/28/2026		Campaign Expenditure	Food, Beverages and Meals	\$9.31
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			McDonald's		
Street Address			City	State	Zip
			Chicago	IL	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/09/2026		Campaign Expenditure	Travel & Lodging	\$15.00
Purpose of Expenditure					
Event parkin g					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Metro Park-Park Row		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/30/2026		Campaign Expenditure	Food, Beverages and Meals	\$59.75
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Montage		
Street Address			City	State	Zip
			Salt Lake	UT	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/15/2026		Campaign Expenditure	Food, Beverages and Meals	\$25.34
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Oak Bake Shop		
Street Address			City	State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/22/2026		Campaign Expenditure	Food, Beverages and Meals	\$23.33
Purpose of Expenditure					
breakfast with constituent					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Oak Bake Shop		
Street Address		City		State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/28/2026		Campaign Expenditure	Food, Beverages and Meals	\$47.39
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Printers Row		
Street Address		City		State	Zip
		Chicago		IL	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/22/2026		Campaign Expenditure	Donations (All Others)	\$100.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Roger Williams Univeristy		
Street Address		City		State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/21/2026		Campaign Expenditure	Donations (Political)	\$100.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Miguel Sanchez		
Street Address		City		State	Zip
49 Ada St		Providence		RI	
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/11/2026		Campaign Expenditure	Office Equipment & Supplies	\$14.50
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Scale to Win		
Street Address		City		State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/12/2026		Campaign Expenditure	Travel & Lodging	\$99.81
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Sonesta		
Street Address		City		State	Zip
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/25/2026		Campaign Expenditure	Office Equipment & Supplies	\$8.99
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Square Space		
Street Address			City	State	Zip
225 Varick St.			New York	NY	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/25/2026		Campaign Expenditure	Office Equipment & Supplies	\$8.99

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Square Space		
Street Address			City	State	Zip
225 Varick St.			New York	NY	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/25/2026		Campaign Expenditure	Office Equipment & Supplies	\$8.99

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Square Space		
Street Address			City	State	Zip
225 Varick St.			New York	NY	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/05/2026		Campaign Expenditure	Food, Beverages and Meals	\$72.48

Purpose of Expenditure

Meeting

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			The District		
Street Address			City	State	Zip
54 South St			Providence	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/28/2026		Campaign Expenditure	Food, Beverages and Meals	\$12.20

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			The Spoke		
Street Address			City	State	Zip
			Chicago	IL	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/24/2026		Campaign Expenditure	Advertising	\$48.64

Purpose of Expenditure

Conference meal

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			Umayya Izakaya		
Street Address			City	State	Zip
			Washington DC		

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/19/2026		Campaign Expenditure	Donations (Political)	\$50.00

Purpose of Expenditure

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Anna Jane		Volken		
Street Address			City	State	Zip
			Providence	RI	

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/14/2026		Campaign Expenditure	Office Equipment & Supplies	\$95.23

Purpose of Expenditure

zoom webinar purchase

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/10/2026		Campaign Expenditure	Office Equipment & Supplies	\$18.18

Purpose of Expenditure

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/10/2026		Campaign Expenditure	Office Equipment & Supplies	\$18.18

Purpose of Expenditure

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

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	07/10/2026		Campaign Expenditure	Office Equipment & Supplies	\$18.18

Purpose of Expenditure

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