

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#
WALTER S FELAG JR.			1203
Street Address		City/Town, State and Zip Code	
51 OVERHILL ROAD		WARREN, RI 02885	
Mailing Address (if different)		City/Town, State and Zip Code	
Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(401) 245-7521	(401) 832-5159		sen-felag@rilegislature.gov
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	\$ 74,284.69	4. Cash Disbursements, continued	
2. Cash Receipts		f. Other Disbursements	0
a. Contributions From:			0
1. Aggregate	650.00		0
a. (Individuals)	300.00		0
b. (Political Parties)	0	5. Ending Cash Balance	\$ 72,003.41
c. (Political Action Committees)	350.00		
2. Individuals	0	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	\$ 72,003.41
6. Payroll Check off	0	8. Other Assets	0
7. Interest Received	6.82		0
8. State Check Off	0		0
9. Refund/Rebate	0		0
10. Party Building	0	9. Total Assets	\$ 72,003.41
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	74,941.51		0
4. Cash Disbursements			0
a. Aggregate Expenses	1,224.59		0
b. Campaign Expenses	1,713.51	11. Total Liabilities	0
c. Repayment of Loans	0	12. Total Fund Balance	\$ 72,003.41
d. Account Payable Repayments	0	13. Total Liability / Fund Balance	72,003.41
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 # 1,203	Full Name of Candidate or Committee WALTER S FELAG JR.				Reporting Period From: 07/01/2026 To: 10/05/2026	
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Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Aggregate - Individual	08/28/2026	08/28/2026	200.00

In Kind/Other Receipts Description					
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Contributor Information					Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
Street Address					Street Address	
City					City	State Zip

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Aggregate - Individual	09/05/2026	09/05/2026	100.00

In Kind/Other Receipts Description					
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Contributor Information					Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
Street Address					Street Address	
City					City	State Zip

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Aggregate - PAC	09/23/2026	09/23/2026	200.00

In Kind/Other Receipts Description					
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Contributor Information					Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
Street Address					Street Address	
City					City	State Zip

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Aggregate - PAC	07/22/2026	07/22/2026	150.00

In Kind/Other Receipts Description					
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Contributor Information					Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
Street Address					Street Address	
City					City	State Zip

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	09/30/2026	09/30/2026	6.82

In Kind/Other Receipts Description

3 months: 2.30 + 2.30 + 2.22

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

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period		
1,203	WALTER S FELAG JR.	From:	07/01/2026	To: 10/05/2026

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/08/2026		Aggregate Expenditure	Office Equipment & Supplies	\$72.00
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
	09/30/2026		Aggregate Expenditure	Donations (Political)	\$1,115.00
Purpose of Expenditure					
13 individual expenditures none over \$200.00					

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
	09/30/2026		Aggregate Expenditure	Office Equipment & Supplies	\$37.59
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
1812	08/18/2026		Campaign Expenditure	Donations (Political)	\$200.00
Purpose of Expenditure					
Previously gave check 1798 \$200.00 on 6/15/2026					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
	Jason		Knight		
Street Address			City	State	Zip
1 Newbrook Dr			Barrington	Ri	02806

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1803	07/10/2026		Campaign Expenditure	Refunds/Reimbursements	\$491.80
Purpose of Expenditure					
Share of payment to Rep June Speakman for Bristol Phoenix political ads					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
Rep	June		Speakman		
Street Address			City	State	Zip
54 Seymour St			Warren	RI	02885

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1817	09/07/2026		Campaign Expenditure	Donations (Political)	\$250.00
Purpose of Expenditure					
Greece Trip for High School students					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Tiverton High School		
Street Address			City	State	Zip
100 N Brayton St			Tiverton	RI	02878
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1802	07/10/2026		Campaign Expenditure	Telephone	\$64.94
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Verizon		
Street Address			City	State	Zip
117 Providence Pl			Providence	RI	02903
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1823	10/04/2026		Campaign Expenditure	Telephone	\$70.85
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Verizon		
Street Address			City	State	Zip
117 Providence Pl			Providence	RI	02903
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1808	07/22/2026		Campaign Expenditure	Telephone	\$65.07
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Verizon		
Street Address			City	State	Zip
117 Providence Pl			Providence	RI	02903
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1814	08/21/2026		Campaign Expenditure	Telephone	\$70.85
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Verizon		
Street Address			City	State	Zip
117 Providence Pl			Providence	RI	02903
Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
1821	10/04/2026		Campaign Expenditure	Donations (Political)	\$500.00
Purpose of Expenditure					
Payee Information					
Prefix	First Name	MI	LastName or Vendor Name		Suffix
			Warren Democratic Town Committee		
Street Address			City	State	Zip
28 Clark Rd			Warren	RI	02885

