

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#
WILLIAM D CONNELL JR.			9759
Street Address		City/Town, State and Zip Code	
9 LOIS AVENUE		PROVIDENCE, RI 02908	
Mailing Address (if different)		City/Town, State and Zip Code	
Telephone Number	Daytime Telephone Number	Fax Number	E-mail
(978) 303-7510			ANGELCONNELL@EARTHLINK.NET
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	\$ 422.70	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	\$ 1,562.18
c. (Political Action Committees)	0		
2. Individuals	4,444.51	CAMPAIGN FUND STATUS	
3. Political Parties	0	6. Report of In-Kind Contributions	0
4. Political Action Committees	200.00		
5. Loan Proceeds	0	7. Cash	\$ 1,562.18
6. Payroll Check off	0	8. Other Assets	0
7. Interest Received	0.09		0
8. State Check Off	0		0
9. Refund/Rebate	0		0
10. Party Building	0	9. Total Assets	\$ 1,562.18
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	\$ 1,873.75
b. Other:	0	b. Loans Payable	0
	0	c. Other Liabilities	0
3. Total Cash	5,067.30		0
4. Cash Disbursements			0
a. Aggregate Expenses	0		0
b. Campaign Expenses	3,505.12	11. Total Liabilities	1,873.75
c. Repayment of Loans	0	12. Total Fund Balance	\$(311.57)
d. Account Payable Repayments	0	13. Total Liability / Fund Balance	1,562.18
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			
9,759		WILLIAM D CONNELL JR.				From: 07/01/2026		To: 10/05/2026	
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Credit/Debit Card		Individual			09/25/2026	09/29/2026		52.40
In Kind/Other Receipts Description									
Contributor Information						Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name			Suffix	Employer Name		
	SUSAN		BOUCHER				DOMENIC TURDINO, ESQ, INC.		
Street Address						Street Address			
51 ISABELLA AVENUE						915 SMITH STREET			
City			State		Zip	City		State	Zip
PROVIDENCE			RI		02908	PROVIDENCE		RI	02908
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Check		Individual			09/07/2026	09/08/2026		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		
	BRENDA		CONNELL						
Street Address						Street Address			
8 HIGHLAND VIEW LANE									
City			State		Zip	City		State	Zip
HOLDERNESS			NH		03245				
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Credit/Debit Card		Individual			09/10/2026	09/15/2026		52.40
In Kind/Other Receipts Description									
Contributor Information						Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name			Suffix	Employer Name		
	CHRISTOPHER		CONNELL						
Street Address						Street Address			
1503 ALTON WOODS DRIVE									
City			State		Zip	City		State	Zip
CONCORD			NH		03301				
Item	Transaction Type		Contribution Type			Receipt Date	Deposit Date		Contribution Amount
	Credit/Debit Card		Individual			08/24/2026	08/27/2026		208.65
In Kind/Other Receipts Description									
Contributor Information						Employer Data			
Prefix	First Name	MI	Last Name or PAC/Party Committee Name			Suffix	Employer Name		
	JAMES		CONNELL						
Street Address						Street Address			
23 LAMBS WAY									
City			State		Zip	City		State	Zip
STONINGTON			CT		06378				

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/11/2026	08/17/2026	208.65

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	PATRICK		CONNELL				
Street Address					Street Address		
1900 DEVIA STREET							
City			State	Zip	City	State	Zip
JACKSONVILLE			FL	32207			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/25/2026	09/25/2026	500.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	William	D	Connell	Jr.	William Connell, Jr.		
Street Address					Street Address		
9 Lois Avenue					9 Lois Avenue		
City			State	Zip	City	State	Zip
Providence			RI	02908	Providence	RI	02908

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/14/2026	09/17/2026	260.73

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	MICHAEL		CONWAY		MICHAEL G CONWAY INSURANCE AGENCY		
Street Address					Street Address		
823 ANDOVER STREET					823 ANDOVER STREET		
City			State	Zip	City	State	Zip
LOWELL			MA	01852	LOWELL	MA	01852

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	08/23/2026	08/27/2026	52.40

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	KATHLEEN	J	CRADDOCK		SANSIVERI, KIMBALLOR CO		
Street Address					Street Address		
192 OLD RIVER ROAD #18					50 HOLDEN STREET #200		
City			State	Zip	City	State	Zip
LINCOLN			RI	02865	PROVIDENCE	RI	02908

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/14/2026	09/17/2026	52.40

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	JAMES		DUPUIS				
Street Address					Street Address		
330 3RD STREET 1620							
City			State	Zip	City	State	Zip
ST PETERSBURG			FL	33701			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	09/18/2026	09/18/2026	2,000.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	Ronald		Iacobbo		ATLAS RESIDENTIAL LLC		
Street Address					Street Address		
377 Jastram Street					ONE MARINA PARK DRIVE		
City			State	Zip	City	State	Zip
Providence			RI	02908	BOSTON	MA	02210

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	Individual	08/17/2026	08/17/2026	500.00

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	CHRISTINA		KEEFE		US AIRFORCE		
Street Address					Street Address		
1 SAINT AUGUSTINE DRIVE					OLD BEDFORD RD HANSCOM AFB		
City			State	Zip	City	State	Zip
WESTFORD			MA	01886	HANSCOM AFB	MA	

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	09/14/2026	09/17/2026	104.48

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	ROBERT		LEDOUX		FLORIDA EAST COAST RAILWAY		
Street Address					Street Address		
236 SEA ISLAND DR.					7150 PHILIPS HIGH WAY		
City			State	Zip	City	State	Zip
PONTE VEDRA BEACH			FL	32082	JACKSONVILLE	FL	32256

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/12/2026	08/17/2026	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		
	CYNDI		ROSA				
Street Address					Street Address		
12526 EAGLES ENTRY DRIVE							
City			State	Zip	City	State	Zip
ODESSA			FL	33556			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/23/2026	08/27/2026	52.40

In Kind/Other Receipts Description

Contributor Information					Employer Data		
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name		
	ARTHUR		ROY				
Street Address					Street Address		
165 DIVISION STREET							
City			State	Zip	City	State	Zip
WOONSOCKET			RI	02895			

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Credit/Debit Card	Individual	08/24/2026	08/27/2026	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	
	ROBERT		STEVENS			
Street Address					Street Address	
1917 WILSON STREET						
City			State	Zip	City	State Zip
HOLLYWOOD			FL	33020		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Other	Interest Received	07/01/2026	10/05/2026	0.09

In Kind/Other Receipts Description

Contributor Information					Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
			navigant credit union			
Street Address					Street Address	
1798 SMITH STREET						
City			State	Zip	City	State Zip
NORTH PROVIDENCE			RI	02911		

Item	Transaction Type	Contribution Type	Receipt Date	Deposit Date	Contribution Amount
	Check	PAC	09/28/2026	09/28/2026	200.00

In Kind/Other Receipts Description

Contributor Information					Employer Data	
Prefix	First Name	MI	Last Name or PAC/Party Committee Name	Suffix	Employer Name	
			RI REPUBLICAN ASSEMBLY PAC			
Street Address					Street Address	
3 OPHELIA ST						
City			State	Zip	City	State Zip
PROVIDENCE			RI	02909		

SCHEDULE OF EXPENDITURES

Key #	Full Name of Candidate or Committee	Reporting Period		
9,759	WILLIAM D CONNELL JR.	From:	07/01/2026	To: 10/05/2026

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/26/2026		Campaign Expenditure	Bank Fees	\$57.11
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			ANEDOT INC.		
Street Address			City	State	Zip
3723 GREENVILLE AVENUE STE 41002			DALLAS	TX	75206

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	08/20/2026		Campaign Expenditure	Advertising	\$664.47
Purpose of Expenditure					
PRINTING					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			E& B PRINTING		
Street Address			City	State	Zip
1375 MINERAL SPRING AVENUE			NORTH PROVIDENCE	RI	02904

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/04/2026		Campaign Expenditure	Advertising	\$904.79
Purpose of Expenditure					
PRINTING					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			E& B PRINTING		
Street Address			City	State	Zip
1375 MINERAL SPRING AVENUE			NORTH PROVIDENCE	RI	02904

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/22/2026		Campaign Expenditure	Advertising	\$1,873.75
Purpose of Expenditure					
DESIGN OF CAMPAIGN ,ATERIALS/WEBSITE					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			LUCIE DESIGN STUDIOS		
Street Address			City	State	Zip
49 BELVIDERE BLVD			NORTH PROVIDENCE	RI	02911

Check #	Expenditure Date	Payment Date	Disbursement Type	Expenditure Type	Expenditure Amount
	09/22/2026		Campaign Expenditure	Bank Fees	\$5.00
Purpose of Expenditure					

Payee Information					
Prefix	First Name	MI	LastName or Vendor Name	Suffix	
			navigant credit union		
Street Address			City	State	Zip
1798 SMITH STREET			NORTH PROVIDENCE	RI	02911

