

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 PATRICIA FOR RI

ADDRESS (number and street) 411 WAKEFIELD ST, WEST WARWICK RI 02893

2. FEC IDENTIFICATION NUMBER C C00846014 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE RI DISTRICT 00

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 09 / 10 / 2024 in the State of RI

(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / 2024 in the State of

5. Covering Period 07 / 01 / 2024 through 08 / 21 / 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Baker, Marie, , , Signature of Treasurer Baker, Marie, , , Date 08 / 28 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

PATRICIA FOR RI

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="29740.00"/>	<input type="text" value="209778.29"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="29740.00"/>	<input type="text" value="209778.29"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="28209.55"/>	<input type="text" value="93652.89"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="28209.55"/>	<input type="text" value="93652.89"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="144625.40"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="28500.00"/>	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

PATRICIA FOR RI

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26930.00	179429.29
(ii) Unitemized.....	2810.00	3560.00
(iii) TOTAL of contributions from individuals ▶	29740.00	182989.29
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	50.00
(d) The Candidate.....	0.00	26739.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	29740.00	209778.29
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	6000.00	28500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	6000.00	28500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	35740.00	238278.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28209.55	93652.89
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	28209.55	93652.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	137094.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	35740.00
25. SUBTOTAL (add Line 23 and Line 24).....	172834.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28209.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	144625.40

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 5 OF 23	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRICIA FOR RI

A. Full Name (Last, First, Middle Initial)
Amir, Imran, , ,

Mailing Address 1480 GRANARY RD

City Blue Bell	State PA	Zip Code 19422
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.9578

Amount of Each Receipt this Period

Memo Item
WinRed

B. Full Name (Last, First, Middle Initial)
Baker, Marie, , ,

Mailing Address 13514 Caribbean Blvd

City Ftl Myers	State FL	Zip Code 33905
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FEC ID number of contributing federal political committee.

Name of Employer Self Employed	Occupation Accountant
-----------------------------------	--------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.9677

Amount of Each Receipt this Period

Memo Item
Contribution

C. Full Name (Last, First, Middle Initial)
Bowden, Ronald, , ,

Mailing Address 49 Somerset Ave

City Riverside	State RI	Zip Code 02915
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FEC ID number of contributing federal political committee.

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.9626

Amount of Each Receipt this Period

Memo Item
Check

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="2380.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="2380.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 6 OF 23	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PATRICIA FOR RI

A. Full Name (Last, First, Middle Initial)
Boyle, Richard, , ,

Mailing Address 511 Laurel Hill Ave

City Cranston	State RI	Zip Code 02820
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.9601

Amount of Each Receipt this Period

Memo Item
WinRed

B. Full Name (Last, First, Middle Initial)
Brodeur, David, , ,

Mailing Address 590 Main St

City Coventry	State RI	Zip Code 02816
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer RAD Systems	Occupation Consultant
---------------------------------	--------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.9572

Amount of Each Receipt this Period

Memo Item
WinRed

C. Full Name (Last, First, Middle Initial)
Caparco, Michael, , ,

Mailing Address 33 Acorn St.
Box 4

City Providence	State RI	Zip Code 02803
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Acorn Realty	Occupation Real Estate
----------------------------------	---------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.9640

Amount of Each Receipt this Period

Memo Item
Check

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 7 OF 23	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PATRICIA FOR RI

A. Full Name (Last, First, Middle Initial)
Curbelo, Thomas, , ,

Mailing Address 801 Southwest 172nd Terr

City Pembroke Pines	State FL	Zip Code 33029
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer AGC Electric	Occupation Electrician
----------------------------------	---------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.9574

Amount of Each Receipt this Period

Memo Item
WinRed

B. Full Name (Last, First, Middle Initial)
Curran, Claude, , ,

Mailing Address 198 Hanover St.

City Fall River	State MA	Zip Code 02720
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FEC ID number of contributing federal political committee.

Name of Employer Self Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.9560

Amount of Each Receipt this Period

Memo Item
WinRed

C. Full Name (Last, First, Middle Initial)
D'Ambra, Patricia, , ,

Mailing Address 101 HIGH RIDGE DRIVE

City Wakefield	State RI	Zip Code 02879
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FEC ID number of contributing federal political committee.

Name of Employer State of RI	Occupation Engineer Tech
---------------------------------	-----------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.9633

Amount of Each Receipt this Period

Memo Item
Check

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 23
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PATRICIA FOR RI

A. Full Name (Last, First, Middle Initial)
Deramel, Regis, , ,

Mailing Address 14 Rovensky Ave

City Newport State RI Zip Code 02840

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Aviation Business

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 16 / 2024

Transaction ID : SA11AI.9642

Amount of Each Receipt this Period
3300.00

Memo Item
Check

B. Full Name (Last, First, Middle Initial)
Griffin, Patrick, , ,

Mailing Address 6 Midland Rd

City Charlestown State RI Zip Code 02813

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 20 / 2024

Transaction ID : SA11AI.9674

Amount of Each Receipt this Period
260.00

Memo Item
Winred

C. Full Name (Last, First, Middle Initial)
Grinell, Scott, , ,

Mailing Address 169 Mill St

City Cranston State RI Zip Code 02905

FEC ID number of contributing federal political committee. C

Name of Employer Grinnell abinet Maker Occupation Pres/Owner

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 24 / 2024

Transaction ID : SA11AI.9575

Amount of Each Receipt this Period
500.00

Memo Item
WinRed

SUBTOTAL of Receipts This Page (optional)..... ▶ 4060.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 9 OF 23	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
PATRICIA FOR RI

A. Full Name (Last, First, Middle Initial)
Jurczak, Richard, , ,

Mailing Address 244 Kettle Pond Rd

City Wakefield	State RI	Zip Code 02879
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FEC ID number of contributing federal political committee.

Name of Employer NE MUIKMAT MOLPU	Occupation Executive
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Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 10 / 2024

Transaction ID : SA11AI.9565

Amount of Each Receipt this Period

Memo Item
WinRed

B. Full Name (Last, First, Middle Initial)
King, Christine, , ,

Mailing Address 44 Crest Field Lane

City North Kingstown	State RI	Zip Code 02852
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FEC ID number of contributing federal political committee.

Name of Employer retired	Occupation retired
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Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2024

Transaction ID : SA11AI.9639

Amount of Each Receipt this Period

Memo Item
Check

C. Full Name (Last, First, Middle Initial)
Kupa, John, , ,

Mailing Address 187 Stony Lane

City North Kingstown	State RI	Zip Code 02852
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FEC ID number of contributing federal political committee.

Name of Employer Self Employed	Occupation Lawyer
-----------------------------------	----------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2024

Transaction ID : SA11AI.9643

Amount of Each Receipt this Period

Memo Item
Check

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="4550.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 23
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PATRICIA FOR RI

A. Full Name (Last, First, Middle Initial)
Lasher, Angela, , ,

Mailing Address 65 Cross Rd

City Gloucester State RI Zip Code 02814

FEC ID number of contributing federal political committee.

Name of Employer retired Occupation retired

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.9580

Amount of Each Receipt this Period

Memo Item
WinRed

B. Full Name (Last, First, Middle Initial)
Lasher, Angela, , ,

Mailing Address 65 Cross Rd

City Gloucester State RI Zip Code 02814

FEC ID number of contributing federal political committee.

Name of Employer retired Occupation retired

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.9584

Amount of Each Receipt this Period

Memo Item
WinRed

C. Full Name (Last, First, Middle Initial)
Magnan, Thomas, , ,

Mailing Address 26 Tomahawk Ct

City Warwick State RI Zip Code 02886

FEC ID number of contributing federal political committee.

Name of Employer retired Occupation retired

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.9564

Amount of Each Receipt this Period

Memo Item
WinRed

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 11 OF 23	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PATRICIA FOR RI

A. Full Name (Last, First, Middle Initial)
Magnan, Thomas, , ,

Mailing Address 26 Tomahawk Ct

City Warwick	State RI	Zip Code 02886
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FEC ID number of contributing federal political committee.

Name of Employer retired	Occupation retired
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Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.9588

Amount of Each Receipt this Period

Memo Item
WinRed

B. Full Name (Last, First, Middle Initial)
Markarian, Lynne, , ,

Mailing Address 125 Beechwood Dr

City Cranston	State RI	Zip Code 02921
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FEC ID number of contributing federal political committee.

Name of Employer retired	Occupation retired
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Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.9566

Amount of Each Receipt this Period

Memo Item
Win

C. Full Name (Last, First, Middle Initial)
Miozzi, Thomas, , ,

Mailing Address 66 Lands End Dr

City North Kingstown	State RI	Zip Code 02852
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FEC ID number of contributing federal political committee.

Name of Employer Miozzi Construction	Occupation Paving Equipment Op
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Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.9629

Amount of Each Receipt this Period

Memo Item
Check

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="2300.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="2300.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 12 OF 23	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
PATRICIA FOR RI

A. Full Name (Last, First, Middle Initial)
Perkins, Tom, , ,

Mailing Address 15 Easton Way

City Middletown	State RI	Zip Code 02842
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FEC ID number of contributing federal political committee.

Name of Employer Retired	Occupation Retired
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Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.9665

Amount of Each Receipt this Period

Memo Item
Contribution

B. Full Name (Last, First, Middle Initial)
Petit, Brian, , ,

Mailing Address 415 Seaside Dr.

City Jamestown	State RI	Zip Code 02835
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FEC ID number of contributing federal political committee.

Name of Employer New England Co. Plumbing	Occupation Director
--	------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.9571

Amount of Each Receipt this Period

Memo Item
WinRed

C. Full Name (Last, First, Middle Initial)
Polseno, Derrick, , ,

Mailing Address 29 Swan Rd

City Smithfield	State RI	Zip Code 02917
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FEC ID number of contributing federal political committee.

Name of Employer Property Manager	Occupation Polseno Properties
--------------------------------------	----------------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.9667

Amount of Each Receipt this Period

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="660.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 23
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PATRICIA FOR RI

A. Full Name (Last, First, Middle Initial)
Pol seno, Keri, , ,

Mailing Address 29 Swan Rd

City Smithfield State RI Zip Code 02817

FEC ID number of contributing federal political committee. C

Name of Employer Johnston Child Care Occupation Director

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
520.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 01 2024

Transaction ID : SA11AI.9678

Amount of Each Receipt this Period
350.00

Memo Item
Contribution

B. Full Name (Last, First, Middle Initial)
Prince, Elizabeth, , ,

Mailing Address 2 Rovensky Ave

City Newport State RI Zip Code 02840

FEC ID number of contributing federal political committee. C

Name of Employer retired Occupation retired

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
3300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 19 2024

Transaction ID : SA11AI.9641

Amount of Each Receipt this Period
3300.00

Memo Item
Check

C. Full Name (Last, First, Middle Initial)
Rastin, Tom, , ,

Mailing Address 1240 Gambier Rd

City Mount Vernon State OH Zip Code 43050

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
3300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 30 2024

Transaction ID : SA11AI.9581

Amount of Each Receipt this Period
3300.00

Memo Item
WinRed

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6950.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 23
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PATRICIA FOR RI

A. Full Name (Last, First, Middle Initial)
Skirkin, Bonnie, R, ,

Mailing Address 4 N. Quincy Ave

City Margate State NJ Zip Code 08402

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 01 / 2024

Transaction ID : SA11AI.9624

Amount of Each Receipt this Period
500.00

Memo Item
Check

B. Full Name (Last, First, Middle Initial)
Smith, Walter, , ,

Mailing Address 45 River St

City Bristol State RI Zip Code 02809

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 01 / 2024

Transaction ID : SA11AI.9666

Amount of Each Receipt this Period
500.00

Memo Item
Contribution

C. Full Name (Last, First, Middle Initial)
Stockley, Annette, , ,

Mailing Address 19 Rosemary Lane

City Greenville State RI Zip Code 02828

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Vice President

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 12 / 2024

Transaction ID : SA11AI.9567

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 23
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PATRICIA FOR RI

A. Full Name (Last, First, Middle Initial)
Trifari, Philip, , ,

Mailing Address 8 Chase Ave

City: Waren State: RI Zip Code: 02885

FEC ID number of contributing federal political committee: C

Name of Employer: Innovative Codings Occupation: Self Employed

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2024

Transaction ID : SA11AI.9592

Amount of Each Receipt this Period
250.00

Memo Item
WinRed

B. Full Name (Last, First, Middle Initial)
Wray, William, , ,

Mailing Address 15 Tender Violet Place

City: Spring State: TX Zip Code: 77381

FEC ID number of contributing federal political committee: C

Name of Employer: Washington Trust Occupation: Banking

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 20 / 2024

Transaction ID : SA11AI.9669

Amount of Each Receipt this Period
260.00

Memo Item
Winred

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	510.00
TOTAL This Period (last page this line number only).....▶	26930.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 23
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PATRICIA FOR RI

A. Full Name (Last, First, Middle Initial)
MORGAN, PATRICIA L, , ,

Mailing Address 411 WAKEFIELD ST

City WEST WARWICK State RI Zip Code 02893

FEC ID number of contributing federal political committee. **C** S4RI00085

Name of Employer None Occupation Employed

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
13500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 01 / 2024

Transaction ID : SA13A.9682

Amount of Each Receipt this Period
6000.00

Memo Item
Trailmapper 5, 6, 7

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	6000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PATRICIA FOR RI

Full Name (Last, First, Middle Initial) A. D'Ellena, Anthony, , ,		Date of Disbursement MM / DD / YYYY 07 / 03 / 2024
Mailing Address 20 Southwest Road		FEC Identification Number C C00846014
City Narragansett	State RI	Zip Code 02882
Purpose of Disbursement Fundraiser-Parade -Good-Signs	Category/ Type 003	
Candidate Name PATRICIA FOR RI	Amount of Each Disbursement this Period 593.57	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.9651 <input type="checkbox"/> Memo Item
State: RI District: 00		

Full Name (Last, First, Middle Initial) B. D'Ellena, Anthony, , ,		Date of Disbursement MM / DD / YYYY 08 / 17 / 2024
Mailing Address 20 Southwest Road		FEC Identification Number C
City Narragansett	State RI	Zip Code 02882
Purpose of Disbursement Salary	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 6400.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.9650 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Gilman, Beverly, , ,		Date of Disbursement MM / DD / YYYY 07 / 23 / 2024
Mailing Address 485 Hope Furnace Rd		FEC Identification Number C C00846014
City Scituate	State RI	Zip Code 02857
Purpose of Disbursement Fundraiser Exp	Category/ Type 003	
Candidate Name PATRICIA FOR RI	Amount of Each Disbursement this Period 900.00	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.9656 <input type="checkbox"/> Memo Item
State: RI District: 00		

SUBTOTAL of Disbursements This Page (optional).....▶	7893.57
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PATRICIA FOR RI

Full Name (Last, First, Middle Initial)
A. RI Truckers Association

Mailing Address 831 Bal Hill Rd

City Warwick State RI Zip Code 02886

Purpose of Disbursement Utilities Category/Type 001

Candidate Name PATRICIA FOR RI

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: RI District: 00

Date of Disbursement 07 / 29 / 2024

FEC Identification Number C C00846014

Amount of Each Disbursement this Period 319.63

Transaction ID : SB17.9649

Memo Item

Full Name (Last, First, Middle Initial)
B. Trailmapper Inc

Mailing Address 17 Depot Street - Suite 3

City Concord State NH Zip Code 03301

Purpose of Disbursement TrailMapper 567 Category/Type 001

Candidate Name PATRICIA FOR RI

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: RI District: 00

Date of Disbursement 08 / 01 / 2024

FEC Identification Number C C00846014

Amount of Each Disbursement this Period 6000.00

Transaction ID : SB17.9680

Memo Item

Full Name (Last, First, Middle Initial)
C. Victory Store

Mailing Address 5200 SW 30th St

City Davenport State IA Zip Code 52802

Purpose of Disbursement Barclay- Banners Yard Signs Road Signs Category/Type 004

Candidate Name PATRICIA FOR RI

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: RI District: 00

Date of Disbursement 07 / 24 / 2024

FEC Identification Number C C00846014

Amount of Each Disbursement this Period 13846.35

Transaction ID : SB17.9648

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	20165.98
TOTAL This Period (last page this line number only).....▶	28059.55

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4770**
PATRICIA FOR RI

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
MORGAN, PATRICIA L, , ,		<input type="checkbox"/> Primary
Mailing Address 411 WAKEFIELD ST		<input checked="" type="checkbox"/> General
City WEST WARWICK		<input type="checkbox"/> Other (specify) ▼
State RI	ZIP Code 02893	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	0.00	3500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 10 / 2024	11/30/2024	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	3500.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4771**
PATRICIA FOR RI

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
MORGAN, PATRICIA L, , ,		<input type="checkbox"/> Primary
Mailing Address 411 WAKEFIELD ST		<input checked="" type="checkbox"/> General
City WEST WARWICK		<input type="checkbox"/> Other (specify) ▼
State RI	ZIP Code 02893	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 10 / 2024	11/30/2024	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	2000.00
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **PATRICIA FOR RI** Transaction ID : **SC/10.4772**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
MORGAN, PATRICIA L, , ,		<input type="checkbox"/> Primary
Mailing Address 411 WAKEFIELD ST		<input checked="" type="checkbox"/> General
City WEST WARWICK		<input type="checkbox"/> Other (specify) ▼
State RI	ZIP Code 02893	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 10 / 2024	11/30/2024	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	2000.00
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9682**
PATRICIA FOR RI

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2024
MORGAN, PATRICIA L, , ,			<input type="checkbox"/> Primary
Mailing Address 411 WAKEFIELD ST			<input checked="" type="checkbox"/> General
City WEST WARWICK			<input type="checkbox"/> Other (specify) ▼
State RI	ZIP Code 02893	<input type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 01 / 2024	11/15/2024	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	6000.00
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **PATRICIA FOR RI** Transaction ID : **SC/10.9475**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item PATRICIA FOR RI		Election: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 411 WAKEFIELD ST, City: WEST WARWICK State: RI ZIP Code: 02893		<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	11 / 15 / 2023	11/07/2024	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	15000.00
TOTALS This Period (last page in this line only).....▶	28500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.