

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 FRIENDS OF ANA QUEZADA FOR CONGRESS

ADDRESS (number and street) 26 Stanwood Street Providence RI 02907 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00837914 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT RI 01

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 / 05 / 2023 in the State of RI (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 07 / 01 / 2023 through 08 / 16 / 2023

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 QUEZADA, ANA, B, Mrs., Signature of Treasurer QUEZADA, ANA, B, Mrs., Date 08 / 25 / 2023

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

FRIENDS OF ANA QUEZADA FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2023 To: M M / D D / Y Y Y Y 08 / 16 / 2023

	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))	15890.00	84960.23
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	15890.00	84960.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	29622.36	48888.83
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	29622.36	48888.83
8. Cash on Hand at Close of Reporting Period (from Line 27)	29385.69	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

FRIENDS OF ANA QUEZADA FOR CONGRESS

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2023"/> (date of general election)	COLUMN C Total for <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2023"/> (date after general election) through <input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2023"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="14000.00"/>	<input type="text" value="67805.00"/>	<input type="text" value="2250.00"/>
(ii) Unitemized		
<input type="text" value="1890.00"/>	<input type="text" value="17155.23"/>	<input type="text" value="45.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="15890.00"/>	<input type="text" value="84960.23"/>	<input type="text" value="2295.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
15890.00	84960.23	2295.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
15890.00	84960.23	2295.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

FRIENDS OF ANA QUEZADA FOR CONGRESS

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

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="29622.36"/>	<input type="text" value="48888.83"/>	<input type="text" value="8980.71"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
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21. OTHER DISBURSEMENTS

0.00	0.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

29622.36	48888.83	8980.71
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

15890.00	84960.23	2295.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

29622.36	48888.83	8980.71
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	43118.05
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	15890.00
25. SUBTOTAL (add Line 23 and Line 24).....	59008.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29622.36
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	29385.69

**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 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
FRIENDS OF ANA QUEZADA FOR CONGRESS

Full Name (Last, First, Middle Initial) Alba, Samuel, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 26 / 2023		
Mailing Address 400 Pippin Orchard Road			Transaction ID : SA11AI.4693		
City Cranston	State RI	Zip Code 02921	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer The Alba Group		Occupation Owner			
Receipt For: 2023 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 500.00			

Full Name (Last, First, Middle Initial) Andujar, Andy, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 26 / 2023		
Mailing Address 174 Harold Street			Transaction ID : SA11AI.4696		
City Providence	State RI	Zip Code 02908-4714	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer State of RI		Occupation Asst			
Receipt For: 2023 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 3550.00			

Full Name (Last, First, Middle Initial) Batista, Jose, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2023		
Mailing Address 205 Massachusetts Avenue			Transaction ID : SA11AI.4689		
City Providence	State RI	Zip Code 02905	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer Law Offices of Jose F Batista		Occupation Owner			
Receipt For: 2023 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1000.00			

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 1750.00
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 8 OF 27	
<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)
FRIENDS OF ANA QUEZADA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Candino, Mirian, , ,

Mailing Address 77 Alvin Street

City Providence	State RI	Zip Code 02907
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FEC ID number of contributing federal political committee.

Name of Employer	Occupation
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Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2023

Transaction ID : SA11AI.4671

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 5-3rd ST

City North Providence,	State RI	Zip Code 02911
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FEC ID number of contributing federal political committee.

Name of Employer Franks Apartment Investments & Rentals	Occupation Self Employed
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Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2023

Transaction ID : SA11AI.4694

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 283 Carrington Avenue

City Woonsocket	State RI	Zip Code 02895
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FEC ID number of contributing federal political committee.

Name of Employer	Occupation
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Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2023

Transaction ID : SA11AI.4711

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="1100.00"/>
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: (check only one)		PAGE 9 OF 27	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF ANA QUEZADA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Holland, Anne, , ,

Mailing Address 116 Summit Avenue

City Providence	State RI	Zip Code 02906
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FEC ID number of contributing federal political committee.

Name of Employer 189 Development	Occupation Owner
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Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4691

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 11 Adams Circle

City Rehoboth	State MA	Zip Code 02769-1430
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FEC ID number of contributing federal political committee.

Name of Employer Law Office	Occupation Self Employed Attorney
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Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4734

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 212 Lenox Avenue

City Providence	State RI	Zip Code 02907
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FEC ID number of contributing federal political committee.

Name of Employer	Occupation
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Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4723

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2850.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="2850.00"/>

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 27
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ANA QUEZADA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Moronta, Cirilio, , ,

Mailing Address 56 Brownstone Way

City Englewood State NJ Zip Code 07631

FEC ID number of contributing federal political committee. C

Name of Employer 809 Restaurant Occupation Owner

Receipt For: 2023
 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 / 2023

Transaction ID : SA11AI.4730

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 5 Bettys Way

City Seekonk State MA Zip Code 02771

FEC ID number of contributing federal political committee. C

Name of Employer Smart Homes LLC Occupation Registered Agent

Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 26 / 2023

Transaction ID : SA11AI.4731

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 202 Wentworth Avenue

City Cranston State RI Zip Code 02905

FEC ID number of contributing federal political committee. C

Name of Employer Legislative Correspondent Occupation US Senate

Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 01 / 2023

Transaction ID : SA11AI.4687

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2000.00

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 11 OF 27	
<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)
FRIENDS OF ANA QUEZADA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Pena, Evelin, , ,

Mailing Address 70 Robert Circle

City Cranston	State RI	Zip Code 02905
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FEC ID number of contributing federal political committee.

Name of Employer	Occupation

Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4705

Amount of Each Receipt this Period

Memo Item

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

Mailing Address P.O. Box 40895

City Providence	State RI	Zip Code 02940
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FEC ID number of contributing federal political committee.

Name of Employer UCB	Occupation Senior Clinical Account Specialist
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Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4720

Amount of Each Receipt this Period

Memo Item

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

Mailing Address P.O. Box 40895

City Providence	State RI	Zip Code 02940
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FEC ID number of contributing federal political committee.

Name of Employer UCB	Occupation Senior Clinical Account Specialist
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Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4724

Amount of Each Receipt this Period

Memo Item

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 12 OF 27
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ANA QUEZADA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Rivard, James, , ,

Mailing Address 60 Richards Street

City: Lowell State: MA Zip Code: 01850

FEC ID number of contributing federal political committee: C

Name of Employer: Woodward and Curran Occupation: Engineer

Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 10 / 2023

Transaction ID : SA11AI.4726

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 5 Basil Crossing

City: Cranston State: RI Zip Code: 02921

FEC ID number of contributing federal political committee: C

Name of Employer: Royalty Hardwoods Occupation: Flooring Contractor

Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 27 / 2023

Transaction ID : SA11AI.4703

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Siena Sr., Ronmel, , ,

Mailing Address 8 Marigold Court

City: Cranston State: RI Zip Code: 02920

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 27 / 2023

Transaction ID : SA11AI.4702

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 13 OF 27
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ANA QUEZADA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Smith, Douglass, , ,

Mailing Address 140 Reservoir Avenue

City Providence State RI Zip Code 02907

FEC ID number of contributing federal political committee. C

Name of Employer Law Office of Douglass Smith Occupation Attorney

Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 26 / 2023

Transaction ID : SA11AI.4695

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Suarez, Johnny Omar, , ,

Mailing Address 62 Lauren Drive

City Seekonk State MA Zip Code 02771-5035

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Freelance Designer

Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 26 / 2023

Transaction ID : SA11AI.4732

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address PO Box 27261

City Providence State RI Zip Code 02907

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 27 / 2023

Transaction ID : SA11AI.4707

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)..... ▶

1050.00

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 27
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ANA QUEZADA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Velez, Arismendi, , ,

Mailing Address 221 Broadway Apt 3

City Providence State RI Zip Code 02903

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 01 / 2023

Transaction ID : SA11AI.4685

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 85 Congress Street

City Salem State MA Zip Code 01970

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
North Shore ADHC Marketing

Receipt For: 2023
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 15 / 2023

Transaction ID : SA11AI.4728

Amount of Each Receipt this Period
500.00

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).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	14000.00

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 15 OF 27	
	<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)
FRIENDS OF ANA QUEZADA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Alexandra, Gonzalez, , ,			Date of Disbursement MM / DD / YYYY 07 / 26 / 2023	
Mailing Address 178 Sterling Avenue, #2			FEC Identification Number C	
City Providence	State RI	Zip Code 02909	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Staff - Field Coordinator		Category/ Type	Transaction ID : SB17.4582	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Alexandra, Gonzalez, , ,			Date of Disbursement MM / DD / YYYY 08 / 04 / 2023	
Mailing Address 178 Sterling Avenue, #2			FEC Identification Number C	
City Providence	State RI	Zip Code 02909	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Staff - Field Coordinator		Category/ Type	Transaction ID : SB17.4584	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Alexandra, Gonzalez, , ,			Date of Disbursement MM / DD / YYYY 08 / 11 / 2023	
Mailing Address 178 Sterling Avenue, #2			FEC Identification Number C	
City Providence	State RI	Zip Code 02909	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Staff - Field Coordinator		Category/ Type	Transaction ID : SB17.4583	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
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 16 OF 27			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF ANA QUEZADA FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement					
A. Campaign Deputy		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> </tr> <tr> <td>07 / 07 / 2023</td> <td></td> </tr> </table>		M M / D D / Y Y Y Y		07 / 07 / 2023	
M M / D D / Y Y Y Y							
07 / 07 / 2023							
Mailing Address 1st Floor c/o Lodgic 552 E. Market Street		FEC Identification Number					
City Louisville	State KY	Zip Code 40202	C				
Purpose of Disbursement Fundraising Expense		Category/ Type	Amount of Each Disbursement this Period				
Candidate Name			400.00				
Office Sought:	Disbursement For:	Transaction ID : SB17.4637					
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item					
State: District:							

Full Name (Last, First, Middle Initial)		Date of Disbursement					
B. Campaign Deputy		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> </tr> <tr> <td>07 / 07 / 2023</td> <td></td> </tr> </table>		M M / D D / Y Y Y Y		07 / 07 / 2023	
M M / D D / Y Y Y Y							
07 / 07 / 2023							
Mailing Address 1st Floor c/o Lodgic 552 E. Market Street		FEC Identification Number					
City Louisville	State KY	Zip Code 40202	C				
Purpose of Disbursement Fundraising Expense		Category/ Type	Amount of Each Disbursement this Period				
Candidate Name			55.68				
Office Sought:	Disbursement For:	Transaction ID : SB17.4638					
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item					
State: District:							

Full Name (Last, First, Middle Initial)		Date of Disbursement					
C. Campaign Deputy		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> </tr> <tr> <td>08 / 04 / 2023</td> <td></td> </tr> </table>		M M / D D / Y Y Y Y		08 / 04 / 2023	
M M / D D / Y Y Y Y							
08 / 04 / 2023							
Mailing Address 1st Floor c/o Lodgic 552 E. Market Street		FEC Identification Number					
City Louisville	State KY	Zip Code 40202	C				
Purpose of Disbursement Fundraising Expense		Category/ Type	Amount of Each Disbursement this Period				
Candidate Name			400.00				
Office Sought:	Disbursement For:	Transaction ID : SB17.4655					
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item					
State: District:							

SUBTOTAL of Disbursements This Page (optional).....▶	855.68
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 17 OF 27			
	<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)
FRIENDS OF ANA QUEZADA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CITIZENS BANK			Date of Disbursement MM / DD / YYYY 07 / 05 / 2023		
Mailing Address 919 Westminster St			FEC Identification Number C		
City Providence	State RI	Zip Code 02907	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Returned Check		Category/ Type	Transaction ID : SB17.4634		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. CITIZENS BANK			Date of Disbursement MM / DD / YYYY 07 / 05 / 2023		
Mailing Address 919 Westminster St			FEC Identification Number C		
City Providence	State RI	Zip Code 02907	Amount of Each Disbursement this Period 20.00		
Purpose of Disbursement Returned Check Fee		Category/ Type	Transaction ID : SB17.4635		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. CITIZENS BANK			Date of Disbursement MM / DD / YYYY 07 / 28 / 2023		
Mailing Address 919 Westminster St			FEC Identification Number C		
City Providence	State RI	Zip Code 02907	Amount of Each Disbursement this Period 150.00		
Purpose of Disbursement Returned Check		Category/ Type	Transaction ID : SB17.4640		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	670.00
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 27	
	<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)
FRIENDS OF ANA QUEZADA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CITIZENS BANK		Date of Disbursement MM / DD / YYYY 07 / 28 / 2023
Mailing Address 919 Westminster St		FEC Identification Number C
City Providence	State RI	Zip Code 02907
Purpose of Disbursement Returned Check Fee		Amount of Each Disbursement this Period 20.00
Candidate Name		Transaction ID : SB17.4641
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. GRASSROOTS ANALYTICS		Date of Disbursement MM / DD / YYYY 07 / 13 / 2023
Mailing Address 806 7th St NW		FEC Identification Number C
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Fundraising Support		Amount of Each Disbursement this Period 1050.00
Candidate Name		Transaction ID : SB17.4639
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Jason, Roias, , ,		Date of Disbursement MM / DD / YYYY 07 / 01 / 2023
Mailing Address 27 Rye Street		FEC Identification Number C
City Providence	State RI	Zip Code 02909
Purpose of Disbursement Campaign Staff - Campaign Director		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : SB17.4580
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3570.00
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 19 OF 27			
	<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)
FRIENDS OF ANA QUEZADA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jennifer, Vincent, , ,			Date of Disbursement MM / DD / YYYY 07 / 01 / 2023		
Mailing Address 224 Adeladie Avenue			FEC Identification Number C		
City Providence	State RI	Zip Code 02907	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Campaign Staff - Deputy Campaign Director		Category/ Type	Transaction ID : SB17.4576		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Jennifer, Vincent, , ,			Date of Disbursement MM / DD / YYYY 07 / 26 / 2023		
Mailing Address 224 Adeladie Avenue			FEC Identification Number C		
City Providence	State RI	Zip Code 02907	Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement Campaign Staff - Deputy Campaign Director		Category/ Type	Transaction ID : SB17.4577		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Jennifer, Vincent, , ,			Date of Disbursement MM / DD / YYYY 08 / 14 / 2023		
Mailing Address 224 Adeladie Avenue			FEC Identification Number C		
City Providence	State RI	Zip Code 02907	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement Campaign Staff - Deputy Campaign Director		Category/ Type	Transaction ID : SB17.4578		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5500.00
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 20 OF 27			
	<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)
FRIENDS OF ANA QUEZADA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. John, Taraborelli, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2023		
Mailing Address 112 Edgewood Blvd			FEC Identification Number C		
City Cranston	State RI	Zip Code 02905	Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement Campaign Staff - Communications		Category/ Type	Transaction ID : SB17.4571		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. John, Taraborelli, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2023		
Mailing Address 112 Edgewood Blvd			FEC Identification Number C		
City Cranston	State RI	Zip Code 02905	Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement Campaign Staff - Communications		Category/ Type	Transaction ID : SB17.4572		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Kristina, Contreras Fox, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2023		
Mailing Address 12 Wolf Hill Road			FEC Identification Number C		
City Smithfield	State RI	Zip Code 02917	Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement Campaign Staff - Field Director		Category/ Type	Transaction ID : SB17.4592		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	7000.00
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 21 OF 27			
	<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)
FRIENDS OF ANA QUEZADA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Laura, Pichardo, , ,			Date of Disbursement MM / DD / YYYY 07 / 10 / 2023		
Mailing Address 20 Tobyhanna St			FEC Identification Number C		
City Providence	State RI	Zip Code 02910	Amount of Each Disbursement this Period 2500.00		
Purpose of Disbursement Campaign Staff - Graphic Design		Category/ Type	Transaction ID : SB17.4596		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Laura, Pichardo, , ,			Date of Disbursement MM / DD / YYYY 08 / 11 / 2023		
Mailing Address 20 Tobyhanna St			FEC Identification Number C		
City Providence	State RI	Zip Code 02910	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement Campaign Staff - Graphic Design		Category/ Type	Transaction ID : SB17.4597		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Michelle, Devlin, , ,			Date of Disbursement MM / DD / YYYY 07 / 31 / 2023		
Mailing Address 85 King George Road			FEC Identification Number C		
City Poughkeepsie,	State NY	Zip Code 12603	Amount of Each Disbursement this Period 78.75		
Purpose of Disbursement Campaign Staff - Graphic Design		Category/ Type	Transaction ID : SB17.4594		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	4078.75
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 22 OF 27			
	<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)
FRIENDS OF ANA QUEZADA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ollys Pizza			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2023		
Mailing Address 148 Broad Street			FEC Identification Number C		
City Pawtucket	State RI	Zip Code 02860	Amount of Each Disbursement this Period 236.10		
Purpose of Disbursement Outreach Event Food		Category/ Type	Transaction ID : SB17.4602		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Parajuli, Rachel, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2023		
Mailing Address 26 Stanwood Street			FEC Identification Number C		
City Providence	State RI	Zip Code 02907	Amount of Each Disbursement this Period 862.75		
Purpose of Disbursement Campaign Staff - Scheduler		Category/ Type	Transaction ID : SB17.4573		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Parajuli, Rachel, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2023		
Mailing Address 26 Stanwood Street			FEC Identification Number C		
City Providence	State RI	Zip Code 02907	Amount of Each Disbursement this Period 1029.50		
Purpose of Disbursement Campaign Staff - Scheduler		Category/ Type	Transaction ID : SB17.4574		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2128.35
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 23 OF 27	
	<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)
FRIENDS OF ANA QUEZADA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PODER AM/FM		Date of Disbursement MM / DD / YYYY 08 / 09 / 2023
Mailing Address 1270 Mineral Spring Avenue		FEC Identification Number C
City North Providence	State RI	Zip Code 02904
Purpose of Disbursement Marketing and Outreach - Radio Ads		Amount of Each Disbursement this Period 1440.00
Candidate Name		Transaction ID : SB17.4663
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Sandra, Cardona, , ,		Date of Disbursement MM / DD / YYYY 07 / 28 / 2023
Mailing Address 38 Wildwood Avenue		FEC Identification Number C
City Providence	State RI	Zip Code 02907
Purpose of Disbursement Campaign Staff - Field Coordinator		Amount of Each Disbursement this Period 250.00
Candidate Name		Transaction ID : SB17.4587
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Sandra, Cardona, , ,		Date of Disbursement MM / DD / YYYY 08 / 05 / 2023
Mailing Address 38 Wildwood Avenue		FEC Identification Number C
City Providence	State RI	Zip Code 02907
Purpose of Disbursement Campaign Staff - Field Coordinator		Amount of Each Disbursement this Period 250.00
Candidate Name		Transaction ID : SB17.4588
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1940.00
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 24 OF 27	
	<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)
FRIENDS OF ANA QUEZADA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sandra, Cardona, , ,		Date of Disbursement MM / DD / YYYY 08 / 11 / 2023
Mailing Address 38 Wildwood Avenue		FEC Identification Number C
City Providence	State RI	Zip Code 02907
Purpose of Disbursement Campaign Staff - Field Coordinator		Amount of Each Disbursement this Period 250.00
Candidate Name		Transaction ID : SB17.4586
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2023
Mailing Address 555 N Main St		FEC Identification Number C
City Providence	State RI	Zip Code 02904
Purpose of Disbursement Printing and Office Supplies		Amount of Each Disbursement this Period 183.17
Candidate Name		Transaction ID : SB17.4607
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement MM / DD / YYYY 07 / 26 / 2023
Mailing Address 555 N Main St		FEC Identification Number C
City Providence	State RI	Zip Code 02904
Purpose of Disbursement Printing and Office Supplies		Amount of Each Disbursement this Period 36.76
Candidate Name		Transaction ID : SB17.4621
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	469.93
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 25 OF 27	
	<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)
FRIENDS OF ANA QUEZADA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 07 / 26 / 2023
Mailing Address 555 N Main St		FEC Identification Number C
City Providence	State RI	Zip Code 02904
Purpose of Disbursement Printing and Office Supplies		Amount of Each Disbursement this Period 35.85
Candidate Name		Transaction ID : SB17.4622
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement MM / DD / YYYY 07 / 26 / 2023
Mailing Address 555 N Main St		FEC Identification Number C
City Providence	State RI	Zip Code 02904
Purpose of Disbursement Printing and Office Supplies		Amount of Each Disbursement this Period 128.38
Candidate Name		Transaction ID : SB17.4623
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2023
Mailing Address 555 N Main St		FEC Identification Number C
City Providence	State RI	Zip Code 02904
Purpose of Disbursement Printing and Office Supplies		Amount of Each Disbursement this Period 0.41
Candidate Name		Transaction ID : SB17.4627
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	164.64
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 26 OF 27	
	<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)
FRIENDS OF ANA QUEZADA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2023
Mailing Address 555 N Main St		FEC Identification Number C
City Providence	State RI	Zip Code 02904
Purpose of Disbursement Printing and Office Supplies		Amount of Each Disbursement this Period 0.76
Candidate Name		Transaction ID : SB17.4628
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2023
Mailing Address 555 N Main St		FEC Identification Number C
City Providence	State RI	Zip Code 02904
Purpose of Disbursement Printing and Office Supplies		Amount of Each Disbursement this Period 94.20
Candidate Name		Transaction ID : SB17.4629
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2023
Mailing Address 555 N Main St		FEC Identification Number C
City Providence	State RI	Zip Code 02904
Purpose of Disbursement Printing and Office Supplies		Amount of Each Disbursement this Period 101.65
Candidate Name		Transaction ID : SB17.4630
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	196.61
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 27 OF 27	
	<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)
FRIENDS OF ANA QUEZADA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2023
Mailing Address 555 N Main St		FEC Identification Number C
City Providence	State RI	Zip Code 02904
Purpose of Disbursement Printing and Office Supplies		Amount of Each Disbursement this Period 18.81
Candidate Name		Transaction ID : SB17.4631
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	18.81
TOTAL This Period (last page this line number only).....▶	28092.77