

**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 STEPHEN T SKOLY

ADDRESS (number and street)

25 SHEEP FARM DR.



Check if different than previously reported. (ACC)

EAST GREENWICH

RI

02818

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00930826

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

RI

02

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

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2026

through

M M / D D / Y Y Y Y

03 / 31 / 2026

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 Loiselle, Edmond, , ,

Signature of Treasurer

Loiselle, Edmond, , ,

Date

M M / D D / Y Y Y Y

08 / 28 / 2026

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

FRIENDS OF STEPHEN T SKOLY

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2026

To:

MM / DD / YYYY
03 / 31 / 2026

	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))....	17585.00	17585.00
(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))	17585.00	17585.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5607.63	5607.63
(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))	5607.63	5607.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	101977.37	
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)	90000.00	

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

FRIENDS OF STEPHEN T SKOLY

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2026

To:

MM / DD / YYYY
03 / 31 / 2026**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).....

14550.00

14550.00

(ii) Unitemized

3035.00

3035.00

(iii) TOTAL of contributions
from individuals ▶

17585.00

17585.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

17585.00

17585.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

90000.00

90000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

90000.00

90000.00

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)..... ▶

107585.00

107585.00

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.....	5607.63	5607.63
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) ►	5607.63	5607.63

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	107585.00
25. SUBTOTAL (add Line 23 and Line 24).....	107585.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5607.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	101977.37

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 18

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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 STEPHEN T SKOLY

Full Name (Last, First, Middle Initial)

Banki, Mo, , ,

A.

Mailing Address 55 Deer Run Drive

City

West Greenwich

State

RI

Zip Code

02817

FEC ID number of contributing
federal political committee.

C

Name of Employer

MSL Surgery

Occupation

Oral Surgeon

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	2	6

Transaction ID : SA11AI.4144

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Brimer, Mary, , ,

B.

Mailing Address 80 West Reach Drive

City

Jamestown

State

RI

Zip Code

02835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ginger Green Financial

Occupation

Investment Banker

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	2	6

Transaction ID : SA11AI.4202

Amount of Each Receipt this Period

300.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Carlotti, Albert, , ,

C.

Mailing Address 185 East River Farm Road

City

East Greenwich

State

RI

Zip Code

02818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	2	6

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

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

1800.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

FRIENDS OF STEPHEN T SKOLY

Full Name (Last, First, Middle Initial)

Dequattro, Albert, , ,

A.

Mailing Address 60 Surrey Drive

City

Cranston

State

RI

Zip Code

02920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Hair Stylist

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 25 2026

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Digianfilippo, Stephen, , ,

B.

Mailing Address 1305 Frenchtown Road

City

East greenwich

State

RI

Zip Code

02818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Attorney

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 25 2026

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Dionisopoulos, Fotini, , ,

C.

Mailing Address 5 Bayberry Court

City

Lincoln

State

RI

Zip Code

02865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Pediatric Dentist

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 25 2026

Transaction ID : SA11AI.4204

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

FRIENDS OF STEPHEN T SKOLY

Full Name (Last, First, Middle Initial)
English, Ray, , ,

Mailing Address 222 Jefferson blvd

City
Warwick

State
RI

Zip Code
02888

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 25 2026

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)
Flynn, Robert, , ,

Mailing Address 110 Pheasant Dr

City
East Greenwich

State
RI

Zip Code
02818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 23 2026

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)
Gallo, James, , ,

Mailing Address 80 W Reach Drive

City
Jamestown

State
RI

Zip Code
02835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Psychiarist

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 25 2026

Transaction ID : SA11AI.4190

Amount of Each Receipt this Period

3500.00

☐ Memo Item
Contribution

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

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

4750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

FRIENDS OF STEPHEN T SKOLY

Full Name (Last, First, Middle Initial)

Gallucci, Robert, , ,

A.

Mailing Address 5 Lovegreen Lane

City

E GREENWICH

State

RI

Zip Code

02818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Podiatrist

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 12 2026

Transaction ID : SA11AI.4174

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

Giroux, Paul, , ,

B.

Mailing Address 1400 Stony Lane

City

North Kingstown

State

RI

Zip Code

02853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Ocean State Alarm

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 25 2026

Transaction ID : SA11AI.4198

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

Hastings, Trent, , ,

C.

Mailing Address 1 Tomahawk Trail

City

Cranston

State

RI

Zip Code

02921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Police Dept.

Occupation

Detective

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 25 2026

Transaction ID : SA11AI.4206

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

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

1250.00

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

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

FRIENDS OF STEPHEN T SKOLY

Full Name (Last, First, Middle Initial)

Herrera, Gilbert, , ,

A.

Mailing Address 38 Godfrey Ln.

City

Fremont

State

NH

Zip Code

03044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Financial Analyst

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 23 2026

Transaction ID : SA11AI.4158

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Klimaj, Scott, , ,

B.

Mailing Address 250 Carpenter Rd

City

Foster

State

RI

Zip Code

02825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dentist

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 26 2026

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Laffey, Stephen, , ,

C.

Mailing Address 1001A East Harmony Road

City

Fort Collins

State

CO

Zip Code

80525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 25 2026

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

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

1750.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEPHEN T SKOLY

Full Name (Last, First, Middle Initial)

Miozzi, Thomas, , ,

A.

Mailing Address 66 Lands End Drive

City

North Kingstown

State

RI

Zip Code

02852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	2	6

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Morganti, Pat, , ,

B.

Mailing Address 15 Bayside Ave

City

Warwick

State

RI

Zip Code

02888

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Endodontist

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	2	6

Transaction ID : SA11AI.4138

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Paletta, Frank, , ,

C.

Mailing Address 4 Pojac Point Rd

City

North Kingstown

State

RI

Zip Code

02852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	2	6

Transaction ID : SA11AI.4136

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

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

1000.00

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

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEPHEN T SKOLY

Full Name (Last, First, Middle Initial)

Pizzuti, Everett V, , ,

A.

Mailing Address 1069 Frenchtown Rd

City

East Greenwich

State

RI

Zip Code

02818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 30 2026

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Prasad, Les, , ,

B.

Mailing Address 8 Maplewood drive

City

LINCOLN

State

RI

Zip Code

02865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 25 2026

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Reynolds, Maura, , ,

C.

Mailing Address 130 Lenihan Ln

City

East Greenwich

State

RI

Zip Code

02818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Endodontist

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 30 2026

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEPHEN T SKOLY

Full Name (Last, First, Middle Initial)

Rogers, Gordon, , ,

A.

Mailing Address 61 Cucumber Hill Road

City

Foster

State

RI

Zip Code

02825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Foster Public Works Department

Occupation

Director

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 25 2026

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

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)..... ▶

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

500.00

14550.00

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)

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☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEPHEN T SKOLY

Full Name (Last, First, Middle Initial)

Skoly, Stephen, T, ,

A.

Mailing Address 25 Sheep Farm Drive

City

East Greenwich

State

RI

Zip Code

02818

FEC ID number of contributing
federal political committee.

C H6RI02326

Name of Employer
Candidate

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 14 / 2026

Transaction ID : SA13A.4228

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Loan from Candidate

Full Name (Last, First, Middle Initial)

Skoly, Stephen, T, ,

B.

Mailing Address 25 Sheep Farm Drive

City

East Greenwich

State

RI

Zip Code

02818

FEC ID number of contributing
federal political committee.

C H6RI02326

Name of Employer
Candidate

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : SA13A.4229

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Loan from Candidate

Full Name (Last, First, Middle Initial)

Skoly, Stephen, T, ,

C.

Mailing Address 25 Sheep Farm Drive

City

East Greenwich

State

RI

Zip Code

02818

FEC ID number of contributing
federal political committee.

C H6RI02326

Name of Employer
Candidate

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

90000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : SA13A.4230

Amount of Each Receipt this Period

30000.00

☐ Memo Item

Loan from Candidate

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

90000.00

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

90000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEPHEN T SKOLY

Full Name (Last, First, Middle Initial)

A. Anedot IncMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Merchant fees

003

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

371.20

Transaction ID : SB17.5076

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Circe Prime Restaurant

Mailing Address 3000 Chapel View Blvd

City
CranstonState
RIZip Code
02920Purpose of Disbursement
Event Venue and Catering

007

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2496.00

Transaction ID : SB17.4224

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DRI Signs

Mailing Address 1550 Gladiola St

City
Salt Lake CityState
UTZip Code
84104Purpose of Disbursement
Campaign signs

006

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1572.67

Transaction ID : SB17.4221

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4439.87

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEPHEN T SKOLY

Full Name (Last, First, Middle Initial)

A. Providence Lyceum

Mailing Address PO Box 542

City
GreenvilleState
RIZip Code
02828Purpose of Disbursement
Photography Services

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4227

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Zoho SoftwareMailing Address 979 Springdale Road
Suite 123City
AustinState
TXZip Code
78702Purpose of Disbursement
Software

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

731.88

Transaction ID : SB17.4225

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1031.88

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

5471.75

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4228

FRIENDS OF STEPHEN T SKOLY

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Skoly, Stephen, T, ,

Mailing Address

25 Sheep Farm Drive

City

East Greenwich

State

RI

ZIP Code

02818

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 14 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

Due upon
demand

0.00 % (apr)

☐ Yes ☒ 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).....▶

50000.00

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

PAGE 17 OF 18

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4229

FRIENDS OF STEPHEN T SKOLY

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Skoly, Stephen, T, ,

Mailing Address

25 Sheep Farm Drive

City

East Greenwich

State

RI

ZIP Code

02818

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 31 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

Due upon
demand

0.00 % (apr)

☐ Yes ☒ 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).....▶

10000.00

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

PAGE 18 OF 18

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4230

FRIENDS OF STEPHEN T SKOLY

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Skoly, Stephen, T, ,

Mailing Address

25 Sheep Farm Drive

City

East Greenwich

State

RI

ZIP Code

02818

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 31 / 2026

Due upon demand

0.00 % (apr)

☐ Yes☒ 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).....▶

30000.00

TOTALS This Period (last page in this line only).....▶

90000.00

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