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## Contact Information

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## Reported Compensation:

| Date                      | Type | Value | Paid By |
|---------------------------|------|-------|---------|
| No Compensation reported. |      |       |         |

## Reported Expenditures:

| Date                      | Amount | Beneficiary | Paid To | Reason | On Behalf Of |
|---------------------------|--------|-------------|---------|--------|--------------|
| No Expenditures reported. |        |             |         |        |              |

## Reported Anything of Value:

| Date                           | Type | Value | Paid To | Beneficiary | Title | Office | Location |
|--------------------------------|------|-------|---------|-------------|-------|--------|----------|
| No Anything Of Value reported. |      |       |         |             |       |        |          |

## Reported Contributions:

| Date                       | Amount | Paid To | Beneficiary | Office | Contribution Type |
|----------------------------|--------|---------|-------------|--------|-------------------|
| No Contributions reported. |        |         |             |        |                   |

## Reported Subjects:

### Children and Families

MICHAEL REIS on behalf of NATIONAL ASSOCIATION OF SOCIAL WORKER - RHODE ISLAND CHAPTER

## Reported Bills:

No bills reported.

Reported Public Bodies:

No public\_bodies reported.

Reported Executive Officials:

No executive\_officials reported.