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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

KATHLEEN MCELROY on behalf of RI ALLIANCE OF SOCIAL SERVICE EMPLOYEES

Hospitals

KATHLEEN MCELROY on behalf of RI ALLIANCE OF SOCIAL SERVICE EMPLOYEES

Human Services

KATHLEEN MCELROY on behalf of RI ALLIANCE OF SOCIAL SERVICE EMPLOYEES

Reported Bills:

No bills reported.

Reported Public Bodies:

Behavioral Healthcare, Developmental Disabilities & Hospitals, Department of

KATHLEEN MCELROY on behalf of RI ALLIANCE OF SOCIAL SERVICE EMPLOYEES

Children Youth and Families, Department of

KATHLEEN MCELROY on behalf of RI ALLIANCE OF SOCIAL SERVICE EMPLOYEES

Reported Executive Officials:

No executive_officials reported.