

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

Type of Report: (Check one) Sth day preceding preliminary St	Fill in Reporting Period dates: Beginning Date: Finding Date: Finding Date:	Election Commission					
Sth day preceding preliminary Sth day preceding election 30 day after election year-end report dissolution Sth day preceding preliminary Sth day preceding election 30 day after election year-end report dissolution Sth Development Sth Development Development	Fill in Reporting Period dates: Beginning Date: 1-1-2022 Ending Date: 7-1-202	2					
Sth day preceding preliminary Sth day preceding election 30 day after election year-end report dissolution Sth day preceding preliminary Sth day preceding election 30 day after election year-end report dissolution Sth Development Sth Development Development	Type of Report: (Check and)						
And the full Name (if applicable) Committee Name Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Committee Treasurer: Certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance curvity, including all persons acting under the authority of no behalf of this committee or contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Thave not received any committeen accordance with the requirements of M.G.L. c. 55. I have not received any committeen accordance with the requirements of M.G.L. c. 55. I have not received any committeen accordance with the requirements of M.G.L. c. 55. I have not received any committeen accordance with the requirements of M.G.L. c. 55. I have not received any committeen accordance with the requirements of M.G.L. c. 55. I have not received any committeen accordance with the requirements of M.G.L. c. 55. I have not received any committeen accordance with the requirements of M.G.L. c. 55. I have not received any committeen accordance with the requirements of M.G.L. c. 55.							
Candidate Full Name (if applicable) WARD FIVE LITY COUNCILOR Office Sought and District 4 No Power Sought and District 4 No Power Sought and District Residential Address Residential Address E-mail: Phone # (optional): TRI-88-8-5116-5 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Committee Mailing Address	8th day preceding preliminary 8th day preceding election 30 day after election year-end report	dissolution					
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Office Sought and District 415 No. 20 NS at ST REVERE Residential Address E-mail: Phone # (optional): 78 + 8 + 8 - 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5	WARD FIVE CITY COUNCILOR Committee Name	TUBERS					
E-mail: Phone # (optional): 18 + 8 + 8 + 5 + 5 + 5 + 5 + 5 + 5 + 5 +	Office Sought and District Name of Committee Treasurer						
E-mail: Phone # (optional): TB B B B B B B B B B	Decident 1 A 11	MA 02151					
Phone # (optional): 78 8 8 8 5 5 5 5 5 5	E-mail: Committee Mailing Address						
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gned under the penalties of perjury:(Candidate's signature)		,					

Schedule of Expenditures

7-1-2022 1-25-2022 6-20-22 6-20-22 5-27-22	Connolly Printing DSF Fast Signs Jack Satter House Madison Printing Market Basket Revere Beautification	17 B Gill St. New Boston St. 420 Revere Beach Blvd 5 Witney St. Squire Road Ford St.	Woburn, MA Revere, MA Saugus, MA Revere, MA	Mailing Christmas Cards Signs Event Frinting Gift Cards for Raffle Donation
6-20-22	Jack Satter House	420 Revere Beach Blvd	Revere, MA	Event
6-24-22	Madison Printing Market Basket	5 Witney St. Squire Road	Saugus, MA Revere, MA	Printing Gift Cards for
5-27-22	Revere Beautification Committee	Ford St.	Revere, MA	Donation
5-27-2022	Revere Journal	Broadway	Revere, MA	Advertising
Total				

4779.37

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

	To Whom Paid	, , ,	Down and of Francis distance	Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
9				
		1		
] [
		J L L_		
		Line 12: Total Expenditures over	\$50 (or listed above)	4719.31
		Line 13: Total Expenditures \$50 a	and under* (not listed above)	50.00
		Line 14: TOTAL EXPENDITU		4829.30

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
]
ine 9: Total Receipt	ts over \$50 (or listed above)	01	
ine 10: Total Receip	ets \$50 and under* (not listed above)	100.00	
	ECEIPTS IN THE PERIOD (2)	100.00	← Enter on page 1, line 2
f you have itemized re	eccipts of \$50 and under, include them in line	9. Line 10 shoul	d include only those receipts not itemized above.

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From V	Whom Received*	Residential Address	Description of Contribution	Value
				*	
			Line 15: In-Kind Contribution	ns over \$50 (or listed above)	10
	Line 16: In-Kind Contributions \$50 & under (not listed above)				
		Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	10-

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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