

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

16 JAN -6 AM 11-00

of Massachusetts	File with: City or Town Clerk or Election Commission					
Fill in Reporting Period dates: Beginning Date:	17.15 Ending Date: 12.31.15					
Type of Report: (Check one)						
☐ 8th day preceding preliminary ☐ 8th day preceding election [30 day after election year-end report dissolution					
	COMM. TO Re-Elect Arthur GUINASSO					
Arthur F. Guinasso Candidate Full Name (if applicable)	Committee Name					
Councillor Ward 3	Karin Atsales					
Office Sought and District	Name of Committee Treasurer					
2 Martin St.	2 Martin St.					
Residential Address	Committee Mailing Address					
Telephone Number (optional): 781–284-3339	Telephone Number (optional):					
SUMMARY BALANC	E INFORMATION:					
Line 1: Ending Balance from previous report	26,835.59					
Line 2: Total receipts this period (page 3, line 11)	800.00					
Line 3: Subtotal (line 1 plus line 2)	27,635.59					
Line 4: Total expenditures this period (page 5, line						
Line 5: Ending Balance (line 3 minus line 4)	26, 446.72					
Line 6: Total in-kind contributions this period (pa	ge 6) — O —					
Line 7: Total (all) outstanding liabilities (page 7)	2,000.00					
Line 8: Name of bank(s) used: Bank of	- America					
Affidavit of Committee Treasurer:	of my knowledge and balief a true and complete statement of all campaign finance					
I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign					
Signed under the penalties of perjury:	(Treasurer's signature) Date: 1/4/14					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)						
Candidate with Committee and no activity independent of the committee	that if we be evided as and holist a true and complete statement of all campaign finance					
I 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 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. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.						
Candidate without Committee OR Candidate with independent activity filing separate report I 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 activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority of on behalf of this committee in accordance with the requirements of M.G.L. c. 55.						
Signed under the penalties of perjury: Asthur Suunasso (Candidate's signature) Date: 1/4/16						

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

eport all receipts. P	eport all receipts. Please include your committee name and a page number on each page.)				
Data Dansinod	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
Date Received	(alphabetical listing required)	Amount	(101 CONTINUED ST \$200 OF MOTO)		
	"	240	had		
	UEE	7/14	ched		
	" See Sci	11			
	Sal	be dul	e A"		
v: 0 m / 1 n	: 4 \$50 (an lists J -k)				
Line 9: Total Rece	ipts over \$50 (or listed above)				
Line 10: Total Reco	eipts \$50 and under* (not listed above)				
<u> </u>					
Line 11: TOTAL	RECEIPTS IN THE PERIOD	800.00	← Enter on page 1, line 2		
	1 : COTO 1 1 in all de them in lie		ild include only those receipts not itemized above.		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Schedule A: Receipts			
Date	From Whom Received	Residential Address	Amount
11/5/2015	Ralph Caruso	320 Charger St. Revere, MA 02151	300.00
	Developer		
11/2/2015	Jose S. Couto	4 Buttonwood Drive Andover, MA 0180	500.00
	Owner Dunkin Donuts		
Service maybe	Line 9:	Total receipts in excess of \$50	800.00
		Total receipts \$50 and under	
	Line 11:	TOTAL RECEIPTS IN THE PERIOD	800.00

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	"S	e Attack	led	
		chedule	B "	
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 1, 188.8				1,188.87

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

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SCHEDULE B: EXP		TURES	
To Whom Paid	Address	Purpose of Expenditure	Amount
Advocate Newspapers, Inc.	P.O. Box 490407 Everett, MA 02149	Ad 10/9/15	50.00
		Ad 10/30 & 11/6/15	100.00
	P.O. Box 490407 Everett, MA 02149	Ad 11/25/15	50.00
	P.O. Box 490407 Everett, MA 02149	Ad 12/11/15	50.00
	147 Squire Rd. Revere, MA 02151	65 Christmas Canes	65.00
	385 Broadway Revere, MA 02151	Ad 10/7/15	90.00
Independent Newspaper Group	385 Broadway Revere, MA 02151	Ad 11/11/15	50.00
Knights of Columbus	29 Central Ave. Revere, MA 02151	Dues 2016	35.00
Market Basket	275 Squire Rd. Revere, MA 02151	4 Gift Cards / Haloween	100.00
Market Basket	275 Squire Rd. Revere, MA 02151	8 Gift Cards / Christmas	200.00
Revere Little Scholars	117 Newman St. Revere, MA 02151	Donation	50.00
RSCHP	108 Beach St. Revere, MA 02151	Donation	50.00
Santa Walk	281 Broadway Revere, MA 02151	Donation	50.00
USPS	151 VFW Parkway Revere, MA 02151	Stamps	98.00
The Home For Little Wanderers	160 Lantern Rd. Revere, MA 02151	Donation	50.00
Verizon	P.O. Box 15124 Albany, NY 12212-5124	Phone	30.65
Verizon	P.O. Box 15124 Albany, NY 12212-5124	Phone	30.59
Verizon	PO Box 15124 Albany, NY 12212-5124	Phone	30.63
	Land that I was to be a second of the second		1,179.87
			9.00
Line 14:	TOTAL EXPENDITURES		1,188.87
	Advocate Newspapers, Inc. Advocate Newspapers, Inc. Advocate Newspapers, Inc. Advocate Newspapers, Inc. Dollar Tree Stores, Inc. Independent Newspaper Group Independent Newspaper Group Knights of Columbus Market Basket Market Basket Revere Little Scholars RSCHP Santa Walk USPS The Home For Little Wanderers Verizon Verizon Line 12: Line 13:	Address Advocate Newspapers, Inc. Advocate Newspapers, Inc. Advocate Newspapers, Inc. P.O. Box 490407 Everett, MA 02149 Advocate Newspapers, Inc. P.O. Box 490407 Everett, MA 02149 Advocate Newspapers, Inc. P.O. Box 490407 Everett, MA 02149 Dollar Tree Stores, Inc. 147 Squire Rd. Revere, MA 02151 Independent Newspaper Group 385 Broadway Revere, MA 02151 Independent Newspaper Group 385 Broadway Revere, MA 02151 Knights of Columbus 29 Central Ave. Revere, MA 02151 Market Basket 275 Squire Rd. Revere, MA 02151 Market Basket 275 Squire Rd. Revere, MA 02151 Revere Little Scholars 117 Newman St. Revere, MA 02151 RSCHP 108 Beach St. Revere, MA 02151 Santa Walk 281 Broadway Revere, MA 02151 USPS 151 VFW Parkway Revere, MA 02151 The Home For Little Wanderers 160 Lantern Rd. Revere, MA 02151 Verizon P.O. Box 15124 Albany, NY 12212-5124 Verizon P.O. Box 15124 Albany, NY 12212-5124	Advocate Newspapers, Inc. Advocate Newspapers, Inc. P.O. Box 490407 Everett, MA 02149 Ad 10/9/15 Advocate Newspapers, Inc. P.O. Box 490407 Everett, MA 02149 Ad 11/25/15 Advocate Newspapers, Inc. P.O. Box 490407 Everett, MA 02149 Ad 11/25/15 Advocate Newspapers, Inc. P.O. Box 490407 Everett, MA 02149 Ad 11/25/15 Advocate Newspapers, Inc. Dollar Tree Stores, Inc. 147 Squire Rd. Revere, MA 02151 Independent Newspaper Group 385 Broadway Revere, MA 02151 Independent Newspaper 385

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

^{*} 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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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10/14/03	Arthur F. Guinasso	2 Martin St. Reverse	Loan	2,000.00
	Enter on page 1, line 7 →	DING LIABILITIES (ALL)	2,000.00	