

Form CPF M 102: Campaign Finance Report Municipal Form ELECTION COMMISSIONE TO SELECTION COMMISSION TO SELECTION TO SELECTION

Office of Campaign and Political Finance

16 JAN 19 PM 4: 35

of Massachusetts	File with: City or Town-Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date:	17-15 Ending Date: 12-3(-15)				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution					
D1 11005-	Country I TRI = - HANCE				
Candidate Full Name (if applicable)	Comm To Elect Robert J. HAASTo-				
Councillor AT-LARGE	TURNTA HAP				
Office Sought and District	Name of Committee Treasurer				
350 Revere Boach BIUL 9-104	SAME				
Residential Address	Committee Mailing Address				
Telephone Number (optional): 781-284-4039	Telephone Number (optional): 781 284-5039				
SUMMARY BALANC	E INFORMATION:				
Line 1: Ending Balance from previous report	29,029,52				
Line 2: Total receipts this period (page 3, line 11)					
Line 3: Subtotal (line 1 plus line 2)	308 19.52				
Line 4: Total expenditures this period (page 5, line	e 14) 5,393.26				
Line 5: Ending Balance (line 3 minus line 4)	25,424.06				
Line 6: Total in-kind contributions this period (pa	ge 6)				
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used: TD BANK,	411 Broadwax Revere, MA				
Affidavit of Committee Treasurer:					
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 all 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 or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.					
Signed under the penalties of perjury: Hanita Haos (Treasurer's signature) Date: 1-18-16					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)					
	best of my knowledge and belief, a true and complete statement of all campaign finance				
incurred any liabilities nor made any expenditures on my behalf during this reporting					
Candidate without Committee OR Candidate with independent activity filing se I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting-under the authority or on behalf of thi	best of my knowledge and belief, a true and complete statement of all campaign, in-kind contributions and liabilities for this reporting period and represents the				
Signed under the penalties of perjury:	(Candidate's signature) Date: 1/18/16				

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical fisting required)	Amount	(10) CONTIDUCIONS OF \$200 OF MOTE)
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	N		
	V		
	V. L. 3		
ne 9: Total Receip	ots over \$50 (or listed above)	1790,00	
ne 10: Total Recei	pts \$50 and under* (not listed above)		
no ro. rotal Recel	pro 450 min minor (not instead above)		
ne 11: TOTAL R	ECEIPTS IN THE PERIOD	1790.00	← Enter on page 1, line 2

^{*} 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 Received	Name and Residential Address	Amount	Occupation/Employer
10/21/15	Paul Argenzio, 245 Reservoir Ave., Revere, MA 02151	\$100.00	
11/16/15	Ralph Caruso, Jr., 320 Charger St., Revere, MA 02151	\$300.00	Caruso Enterprises President
11/16/15	Dennis Cataldo, 3 Baldwin Lane, Lynnfield, MA 01940	\$75.00	
10/21/15	Dennis Collyer, 37 Samoset Road, Peabody, MA 01960	\$100.00	
11/16/15	Jose S. Couto, 4 Buttonwood Drive, Andover, MA 01810	\$250.00	Dunkin Donuts Owner
11/16/15	Joseph Gulla, 7 Amy Road, Peabody, MA, 01960	\$100.00	
10/21/15	Robert Inello, 727 Revere Beach Parkway, Revere, MA 02151	\$250.00	Electric Co. Owner
11/16/15	Revere Firefighters Association, Local 926		
	400 Broadway, Revere, MA 02151	\$200.00	
10/21/15	Joseph Scannelli, 120 Yeaman's St., Revere, MA 02151	\$100.00	
11/16/15	Virginia Vito, 29 Ravenna Ave., Salem, MA 01970	\$100.00	
10/21/15	Danielle Zaccaria, 123 Cushman Ave., Revere, MA 02151	\$215.00	Action Towing President

\$0.00 \$1,790.00

Total Receipts \$50 and Under: Total Receipts in the Period:

\$1,790.00

Total Receipts over \$50:

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 report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid		
Date Paid	(alphabetical listing)	Address Purpose of	Expenditure Amount
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		Xy	
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	\wedge	N° III	
		1 /	
		Line 12: Total Expenditures over \$50 (or lister	d above) \$18937
		Line 13: Total Expenditures \$50 and under* (n	d above) 18937 not listed above) 2038
		Eme 13. Total Experiences \$30 and under (in	203,5
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITURES IN THI	E PERIOD 1393

^{*} 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: EXPENDITURES

Date Paid	To Whom Paid	Address	Purpose	Amount
10/15/15	The Advocate Newspaper	P.O Box 490407, Everett, MA 02149	Political Ad	\$194.00
10/27/15	The Advocate Newspaper	P.O. Box 490407, Everett, MA 02149	Political Ad	\$252.00
11/16/15	The Advocate Newspaper	P.O. Box 490407, Everett, MA 02149	Political Ad	\$352.00
11/21/15	The Advocate Newspaper	P.O. Box 490407, Everett, MA 02149	Political Ad	\$132.00
12/31/15	The Advocate Newspaper	P.O. Box 490407, Everett, MA 02149	Political Ad	\$125.00
10/27/15	The Hundred Club of Mass.	17 Gloucester St., Boston, MA 02115	Dues	\$250.00
10/20/15	ING, LLC	P.O. Box 380, Revere, MA 02151	Political Ad	\$270.00
11/21/15	ING., LLC	P.O. Box 380, Revere, MA 02151	Political Ad	\$605.00
10/30/15	Madison Group Inc.	8 Pleasant St., Revere, MA 02151	Printing	\$2609.37
12/9/15	Neighborhood Developers	4 Gerrish Ave., Chelsea, MA 02150	Donation	\$100.00
12/9/15	ROCA	101 Park Ave., Chelsea, MA 02150	Donation	\$100.00
10/17/15	RSCHP	108 Beach St., Revere, MA 02151	Donation	\$100.00
10/24/15	St. Mary's of the Assumption	670 Washington Ave., Revere, MA 02151	Donation	\$100.00

Total Expenditures over \$50: \$5,189.37

Total Expenditures \$50 and under: \$203.89

Total Expenditures in this period: \$5,393.26

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
		N		
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	NA

^{*} 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
		,		
		Nen		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	6