



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

19 OCT 21 PM 4:45 REVERE, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 8.24.19 Ending Date: REVERE, MA

Type of Report: (Check one)

- 8th day preceding preliminary
 8th day preceding election
 30 day after election
 year-end report
 dissolution

Robert Capoccia
Candidate Full Name (if applicable)

Councillor At Large
Office Sought and District

19 TUCKERMAN ST REVERE
Residential Address

E-mail: BOWDOIN3@VERIZON.NET

Phone # (optional): 781-284-1491

Committee to Elect Robert Capoccia
Committee Name

Anthony Capoccia
Name of Committee Treasurer

64 TRUE ST REVERE
Committee Mailing Address

E-mail: _____

Phone # (optional): 617-285-0831 / 781-289-6425

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>4935.78</u>
Line 2: Total receipts this period (page 3, line 11)	<u>100.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>5035.78</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1611.86</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3423.92</u>
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	<u>5000.00</u>
Line 8: Name of bank(s) used:	<u>TD BANK REVERE MA, 02151</u>

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: _____

(Treasurer's signature)

Date: 10/21/19

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

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 that are not otherwise disclosed in this report.

Candidate without Committee

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 or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____

(Candidate's signature)

Date: 10/21/19

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)
Aug 27, 19	Anthony + Denise MATTENA 37 High ST Revere	100	Retired
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		100.00	← 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 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Sept 10, 19	CHINA ROMA RESTAURANT	260 BROADWAY REVERE MA	Supper For Workers	79.65
Sept 3, 19	INDEPENDENT NEWS PAPERS	385 BROADWAY REVERE	Advertisement	390.00
9/30/19	TD BANK, REVERE	BROADWAY REVERE	PAPER STATEMENT FEE 5 MO x 200	10.00
AUG 28, 19	McKINNON PRINTING	101 NAPLES RD REVERE	SIGNS	252.34
OCT 3, 19	McKINNON PRINTING	101 NAPLES RD REVERE	SIGN S (POSTCARD)	494.06
OCT 11, 19	McKINNON PRINTING	101 NAPLES RD REVERE	POST CARDS	387.81
Line 12: Total Expenditures over \$50 (or listed above)				1611.86
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1611.86

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

