

Form CPF M 102: Campaign Finance Report Municipal Form BUARD OF

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

2020 1211

		File with: City or Town Clerk by Elppon Commission				
Fill in Repo	orting Period dates: Beginning Date: 10 10	9 19 Ending Date: REVERE MA 19				
Type of Re	eport: (Check one)					
8th day pr	receding preliminary 8th day preceding election 30	day after election year-end report dissolution				
	Candidate Full Name (if applicable) NCILLOR Ward 3	Committee Name				
2	Office Sought and District Martin St	Name of Committee Treasurer Martin				
	Residential Address VINASSO revere @ Hotmail. Com E-m.	Committee Mailing Address				
Phone # (optional	1): 781-284-3339 Phor	e # (optional):				
	SUMMARY BALANCE IN	FORMATION:				
	Line 1: Ending Balance from previous report	11,772.64				
	Line 2: Total receipts this period (page 3, line 11)	450.00				
	Line 3: Subtotal (line 1 plus line 2)	12, 222, 64				
	Line 4: Total expenditures this period (page 5, line 14) 1, 010. 99					
	Line 5: Ending Balance (line 3 minus line 4) 11, 211.65					
	Line 6: Total in-kind contributions this period (page 6)					
	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: 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: 1 2 0 FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)						
Candidate win		with the requirements of M.G.I. o. 55. I have not received and and anti-				
I certify that I I finance activity	thout Committee have examined this report including attached schedules and it is, to the best of m y, including contributions, loans, receipts, expenditures, disbursements, in-kind once activity of all persons acting under the authority or on behalf of this candidate	ontributions and liabilities for this reporting period and represents the e in accordance with the requirements of M.G.L. c. 55.				
Signed under the p	penalties of perjury: (sthurt Duena	(Candidate's signature) Date: 1/2/20				

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.)

report an receipts.	Please include your committee name and a p	age number on e	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/34/19	Roy S. Mac Dowell, Jr.	300	Developer
	10 AppletreeLane Wayl		
10/25/19	Frank Pioppi	150	
	4 CLIFF Ave. WINT		MA 02152
Line 9: Total Receip	ots over \$50 (or listed above)	450	
	pts \$50 and under* (not listed above)	0	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	450	Enter on page 1, line 2
If you have itemized	ECEN IS IN THE PERIOD	450	Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2
If you have itemized	receipts of \$50 and under, include them in line	9. Line 10 shoul	d 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 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 nam

	To Whom Paid	mittee name and a page number of		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	40			
	"Se	e A Hach		
		E ATTACK	La	
		hedule B		
	50	hodile B	11	
	70	LEGOZE . O		
100				
				-
		Line 12: Total Expenditures ove	r \$50 (or listed above)	1004,9
		Line 13: Total Expenditures \$50	and under* (not listed above)	
		Dine 15. Total Expenditures \$50	and under (not fisted above)	600
	Entar on many 1 15mg 4 x 1	Line 14: TOTAL EXPENDITU	DEC IN THE PERIOR	1.010,90

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

	SCHEDULE B: EXPENDITURES		
		Purpose of Expenditure	Amount
F	-		50.00
α.	P.O. Box 490407 Everett, MA 02149 Ad 11/27/19	O	50.00
σ.	P.O. Box 490407 Everett, MA 02149 Ad 12/9/19		50.00
79	790 Broadway Revere, MA 02151 Donation		50.00
38	385 Broadway Revere, MA 02151 Ad 10/30/19	o	50.00
38	385 Broadway Revere, MA 02151 Ad 11/6/19		75.00
38	385 Broadway Revere, MA 02151 Ad 11/27/19	6	80.00
386	385 Broadway Revere, MA 02151 Ad 12/18/19	6	75.00
275	275 Squire Rd. Revere, MA 02151 4 Gift Certificates	ficates	100.00
27		es	19.99
395	395 Revere St. Revere, MA 02151 Donation		150.00
281		Championship Rings / Donatic	200.00
151	151 VFW Parkway Revere, MA 02151 Stamps		55.00
Exp	Expenditures over \$50		1 004 99
X	13: Expenditures \$50 and under		60.400,
14: TC	TOTAL EXPENDITURES		1 010 99

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

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

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		
	Enter on page 1, line 6 →	Line 16: In-Kind Contributions \$ Line 17: TOTAL IN-KIND CO		-0-

^{*} 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. v. 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
10/4/03	Arthur F. Guinassa	2 Martin St	LOAN	2,000