

# Form CPF M 102: Campaign Finance Report Municipal Form BOARD

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

of Massachuseus			File with: Oty of	Town Clerk or Election Comm	nission
Fill in Reporting Period of	lates: Beginning Date: 1.	1.10	Ending Date:	EVERESMAL 9	
Type of Report: (Check	one)				
8th day preceding prelimin		☐ 30 day	after election year-end	report dissolution	n
oth day preceding premin	am) Lambary provided in the control of the control				
1001-100 1 1 C					
Michael A to	Full Name (if applicable)		Committee Nar	ne	
	1402				
Office	Sought and District		Name of Committee	Treasurer	
	Steet		Complete Mailing	A ddman	
	sidential Address	E-mail:	Committee Mailing	Address	
E-mail:					
Phone # (optional):		Phone # (c	optional):		
	SUMMARY BALANC	CE INFO	RMATION:		
Line 1: End	ling Balance from previous report		7280	7	
Eme 1. Ene	ing Balance none previous repers		100.0		
Line 2: Total	al receipts this period (page 3, line 11)	)	3000.00	,	
Line 3: Sub	ototal (line 1 plus line 2)		3728.07		
Line 4: Tot	al expenditures this period (page 5, lin	ne 14)	575,00		
Line 5: End	ding Balance (line 3 minus line 4)		3153.07		
Line 6: Tot	al in-kind contributions this period (pa	age 6)	0		
Line 7: Tot	al (all) outstanding liabilities (page 7)		0		
Line 8: Nar	me of bank(s) used: 70 Bank				
Affidavit of Committee Treasurer:					
I certify that I have examined this rep	port including attached schedules and it is, to the bes loans, receipts, expenditures, disbursements, in-kind under the authority or on behalf of this committee in	contributions	and liabilities for this reporting period	atement of all campaign finance and represents the campaign	ce
Signed under the penalties of perju			(Treasurer's signature)	Date:	
	GS ONLY: Affidavit of Candidate: (check 1 be	ox only)			
Candidate with Committee					~
I certify that I have examined the	his report including attached schedules and it is, to the der the authority or on behalf of this committee in an e any expenditures on my behalf during this reporting	ccordance with	h the requirements of M.G.L. c. 55. 1 ft	lave not received any contribu	tions,
Candidata without Committee					
III a the tent of the seconds	his report including attached schedules and it is, to the ributions, loans, receipts, expenditures, disbursement persons acting under the authority or on behalf of the	ts in-kind con	tributions and habilities for this report	ng period and represents the	
	Michael Coffee T		(Candidate's signature)	Date: 10/21/19	
Signed under the penalties of perju	ary:		(Canadant S signment)		

### 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.)

Occupation & Employer Name and Residential Address (for contributions of \$200 or more) Amount (alphabetical listing required) **Date Received** Accountant Michael A Ferrante 9/11/19 2000 GSF TAX SOLVE INC S9 Burbankst - Ravere michael A Ferrante Accountont 10000 10/4/19 59 Burbank ST- Revere 6SF TAXSAVICE FIC 3000.00 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 3mo.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
1/2/19	The ADVOCATE  NEWSPOPEISI INC	PO BOX 490407 EVELETT, MA 02149	AD	75000
3/23/19	The Aprocote News Papers, Frc	PO BOX 490407 EVICTTI MA OH149	AD	50.00
5/1/19	The ADVOCORE Nousfapers, Inc	PO BOX 490407 EVELETT, MA 02149	AD	50,00
slislig	the Apvocate Douspopers, Fro	PG BOX 490407 EVENETT, MA 02149	AD	50,00
6/3/19	The ADVOCATE DELISPAPEIS, INC	PO BOX 490407 EVELETT, MX 02149	40	50.00
6/20/19	the ADVOCATE NAUSPAPEISI FINC	PO BOX 490407 EVENCTT, MA 02149	AD	90,00
7/5/19	the Aprocate Nous papers, Inc	PO BOX 490407 EVELOTTI MA 02149	AD	50.00
93/19	the ADVOCATE NEWSPAPERS, I'M	fo BOX 490407 EVOICTT, MA 02149	AD	90.00
10/1/19	the Advocate newspapers, Inc	PO BOX 490407 EVELETTI MA 02149	AD	50.00
10/9/19	the Abvocate Newspapers, Inc	PO BOX 490407 EVERETT, MA 02149	AD	50.00
10/18/19	the Advante newspapers, Inc	PO BOX 490407 EVELETT, MA 02149	AD	50.00
Line 12: Total Expenditures over \$50 (or listed above)			575.00	
Line 13: Total Expenditures \$50 and under* (not listed above)			_	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 57500				

<sup>\*</sup> 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 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
		VA		
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line 6 →	ne 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS		

<sup>\*</sup> 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.

Page 6

## **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
		x / / 1		
		11/		
		Line 18: TOTAL OUTSTANDI		