

# Form CPF M 102: Campaign Finance Report

**Municipal Form** 

BOARD OF

Office of Campaign and Political Finance ECTION
COMMISSIONERS

2019 OGT 28h: PHOLEO OF Election Commission Beginning Date: Fill in Reporting Period dates: Type of Report: (Check one) year-end report dissolution 30 day after election 8th day preceding election 8th day preceding preliminary Name of Committee Treasure Committee Mailing Address E-mail: E-mail: Phone # (optional): Phone # (optional): **SUMMARY BALANCE INFORMATION:** Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: 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. (Treasurer's signature) Signed under the penalties of perjury: 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:

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/6	Alan Pechner	100.00	
9/9	CArl lecloir Revere	100.00	
9/11	Carl leclar Revere	100.00	
9/18	IAN Realty trust 1605 Northshore RD Revere MA	500.00	IAn Realty trust.
9/18	Sherry Rose Revere	100.00	
10/7	Marie Geranian Broodsound ave Revere ma Obisi	100.00	
Line 9: Total Recei	pts over \$50 (or listed above)	1,000.00	
Line 10: Total Recei	ipts \$50 and under* (not listed above)		
		AND REAL PROPERTY AND REAL PRO	Enter on page 1, line 2 d include only those receipts not itemized above.

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#### 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.)

port an expend	port 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		
Date Faid	(aiphasetten issuig)					
				SECTION AND ADDRESS OF THE PARTY OF THE PART		
		Line 12: Total Expenditures ov	ver \$50 (or listed above)			
		Zino 12. Total Expeliation of				
		Line 13: Total Expenditures \$5	0 and under* (not listed above)			
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES 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						

\* 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 (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/03	thriftco	56 Pulaski st.		254.79
		Peabody ma	Signs+wires	G34.17
9/04	Home depot	Chelsea ma	wood+nails	54.52
9/09	Dunkin Donuts	Revere	coffee + Donots sign holders	26.98
9/09	Home Depot	chelsea	MOOD	75.23
9/16	Ihop	Broodway Revere	Committee Breakfast	46.75
9/35	Lubertos	Broodway Revere	Cookies Senior Donate	35.85
9/30	Lubertos	Broadway Revere	Cookies Senior Donate	3489
10/1	ADVOCALL	Broodway	CAA	450.00
Maydan 10/10	Amazon	Seattle WA.	leaves for Roses	33 96
		9000000 TOTAL TOTA		
			~	
		Line 12: Expenditures over \$50	(or listed above)	1,01290
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

<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 above.

# SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
de B					
		SO ME TO SEE THE SEE			
	Victoria de la companio de la compa				
		Line 12: Expenditures over \$50	(or listed above)		
		Line 12. Ermanditum 050			
		Line 13: Expenditures \$50 and u	inder* (not listed above)		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					
f you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized					

<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 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 6 on page 1.

D. D				
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 lis			850 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	
If an in-kind cont	tribution is received from a person wh	0 contributes 41 050 '		

<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.

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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
2				
	4			
			2 10 20	
			eti .	
	Enter on page 1, line 7 → 1	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	