



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

19 SEP -9 PM 4:11

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1.1.19 Ending Date: SEP 23 19

Type of Report: (Check one)
 8th day preceding preliminary
 8th day preceding election
 30 day after election
 year-end report
 dissolution

George J Rotondo
Candidate Full Name (if applicable)
Councilor at Large
Office Sought and District
675 Beach St Revere MA
Residential Address
E-mail: GeorgeJRotondo@gmail.com
Phone # (optional): 781 248 6972

CTE George Rotondo
Committee Name
mark Rotondo
Name of Committee Treasurer
PO Box 128 Revere MA
Committee Mailing Address
E-mail: RotondoLaw@aol.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$ 61.
Line 2: Total receipts this period (page 3, line 11)	\$ 6,750
Line 3: Subtotal (line 1 plus line 2)	\$ 6,811
Line 4: Total expenditures this period (page 5, line 14)	\$ 6,750
Line 5: Ending Balance (line 3 minus line 4)	\$ 61.
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	\$ 14,389.68
Line 8: Name of bank(s) used:	<u>Peoples United Bank</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: Mark Rotondo (Treasurer's signature) Date: 8/20/19

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: 8/20/19

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)
1/10/19	Brian Chapman 64 Kimball Ave Revere, MA	\$ 250	City of Revere
1/10/19	Edward Fannul 100 Belvidere St Boston MA	\$ 500	Attorney
1/10/19	Richard SIFKA PO Box 9161 Watson MA	\$ 500	Business man Global Energy
1/10/19	ERIC SIFKA 9 Clark Rd Wellesley Hills	\$ 500	Business man Global Energy
1/17/19	Chuck RASO President Brockington Local 3 550 meadow St Boston, MA 02127	\$ 500	UNION
4/27/19	Vincent DiCesare 1605 N. Shore Rd Roslindale, MA 02151	\$ 1000-	Business owner Atlas Autobody-
4/27/19	Tony Pini 24 Boston Union 7 Harbor Way Hopkinton, MA	\$ 500	CPF 80479 UNION
4/27/19	Robert Inello 200 Lymanway Revere, MA 02151	\$ 250	Electrician / Developer
6/21/19	Jose Sauto 4 Buttonwood Drive Andover MA 01810	\$ 250	owner Dunkin Donut Revere -
7/6/19	Larry Simone JR 300 Broadway P.O. Box 321 Revere MA	\$ 500	ANY
7/28/19	Paul Rizzo 19 Fellsmere Ave Worcester, MA	\$ 500	Business man - RIZZO INSURANCE
8/14/19	Joseph RIZZO III 3 Rose Farm Lane Woburn MA 01801	\$ 500	Business man RIZZO OIL
Line 9: Total Receipts over \$50 (or listed above)		\$ 5,750	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS 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 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/14/19	Joseph Prizio III 3 Rose Farm Lane Webster MA	\$ 500	Business man Prizio oil
	Emilio Pereira 68 Broadway Riverside, MA	\$ 500	Business man Acouge - B&B

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

← 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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/1/19	George J Rotundo	675 Bench St Reverse MA	Loan Repayment	\$ 1250
4/30/19	George J Rotundo	675 Bench St Reverse, MA	Loan Repayment	\$ 1750
6/1/19	George J Rotundo	675 Bench St Reverse MA	Loan Repayment	\$ 1250
8/20/19	George J Rotundo	675 Bench St Reverse MA	Loan Repayment	\$ 2500

Line 12: Expenditures over \$50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	\$6,750

Enter on page 1, line 4 →

* 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 over \$50 (or listed above)				0
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Line 17: TOTAL IN-KIND CONTRIBUTIONS				0

Enter on page 1, line 6 →

* 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.

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

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**