

(Candidate's signature)

Form CPF M 102A: Amendment to Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

of Massachusetts							00/11/1991	UNENS
File with: City or Town C	lerk or Election C	ommission				2	1020 JAN -6	AM 9: 55
Report Being Amen	ded: Year:	2019	Reporting Period:	Ве	ginning Date: 10.19	19	Ending Date:	
8th day preceding	preliminary	8th d	ay preceding election	[30 day after election	2	year-end report	dissolution
E-mail: Phone # (optional):	Residentia	ame (if applicated the second	ole)		64 In	ne of Co	mittee Name Cu Do Dommittee Treasurer E Mailing Address	a poccia
The original filing of t	Line 2: Line 3: Line 4: Line 5: Line 6: Line 7: Line 8:	Total receip Subtotal Total expen Ending Bala Total in-kin Total (all) o Name of ba	ance from previous rests this period ditures this period ance d contributions this putstanding liabilities nk(s) used:	erio	150 3573 3573 — (d(9.00	suy Re	eveno Ma
candidate. T reimbursed forgiven.	The candidat for \$2,691.9	e loaned th	e Committee \$5,00	0.0	imbursement of the loa 0. With this entry, the o punt of \$2,308.09. All do	candid ebts h	ate is being ave been	
Signed under the penalties	of perjury:				Signed under the penalties	of perjui	ry:	
					11			



Form CPF M 102: Campaign Finance Report Municipal Form BRARD or

Office of Campaign and Political Finance



VA TYANDANIMOVIO	File Wall Cite or Pown Election Commission				
Fill in Reporting Period dates: Beginning Date:	5.19.19 Ending Date: VERE MASING				
Type of Report: (Check one)					
☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election				
and any processing promining of the any processing election	year-end report ussolution				
Robert Capoca A Candidate Full Name (if applicable)	Committee to Elect Robert Capacoin				
Councillor At Large	Anthony CADOCCEA				
Office Sought and District	Name of Committee Treasurer				
19 TUCKERMANIST REVERE MA	64 thre st Revere MA				
E-mail: BOWDOIN 3 P. VEVIZON, NET	Committee Mailing Address E-mail:				
Phone # (optional): 781-284-1491	Phone # (optional):617-285-0831				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	3423,92				
Line 2: Total receipts this period (page 3, line 11) 150,00				
Line 3: Subtotal (line 1 plus line 2)	3573.92				
Line 4: Total expenditures this period (page 5, lin					
Line 5: Ending Balance (line 3 minus line 4)	2691.91 (2696.9D) age 6) BANK STATEMENT				
Line 6: Total in-kind contributions this period (pa	age 6) BANK STATE MEW 1				
Line 7: Total (all) outstanding liabilities (page 7)	5000,00				
Line 8: Name of bank(s) used: TO BANK	Broadway Revere MA				
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:					
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	e best of my knowledge and belief, a true and complete statement of all campaign finance excordance with the requirements of M.G.L. c. 55. I have not received any contributions,				
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	s, in-kind contributions and liabilities for this reporting period and represents the				
Signed under the panalties of parity Role & Que 1992	conditately simply Date: /2//8/19				

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.)

			eport 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)					
11/6/19	PAUL + STACEY 20 WINGB BUONFIGLIO LYNNFIELD	150,00	Funeral Director					
x 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
Line 9: Total Rece	ipts over \$50 (or listed above)							
Line 10: Total Rece	eipts \$50 and under* (not listed above)							
Line 11: TOTAL	RECEIPTS IN THE PERIOD	150.00	← Enter on page 1, line 2 Id 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 name and a page number on each page.)

Date Paid (alphabetical listing) NOVZ, PA De MAINO & MAIDEN ST Revere Greater For Worker S OCTOS, 17 Throughout Mews Browd Meyere Political ADD 360.00 10 26 19 MCKINNON PINNTING 10 1 Naples Ro Revere SIGNS, Pest Caros 387.81 11 5 19 Market Backet Squre Ro Revere Coffee Donots For Workers 25.20 OCT NOV DEC TD BANK Browd Way Revere PAPER STATEMENT 9.00 DE	report all expenditures. Please include your committee name and a page number on each page.)					
Detation	Date Paid		Address	Purpose of Expenditure	Amount	
10/26/19 McKINNON PINNTIM 101 NAPLES RO REVERE SIGNS; PETCAMOS 387.81 11/5/19 Market Basket Squre Ro Ravere Coffee Donots For Workers 25.20 Oct Now The Bank Broadway Revere Paper statement Fee 9.00 I D D D D D D D D D D D D D D D D D D	Nov2,19	Demainos	MAIDEN ST Revere		100,00	
11/5/19 Market Basket Squre Ro Ravere Coffee Do Nots For Workers 25,20 Oct Not Not Not Not Not Not Not Not Not No	0028119	INDEPENDENT News	Brondway Revere	Political ADD	360,00	
OCT NOV THE BROWNY Reverse PAPER STREEMENT 9.00 Description of the proper streement free 9.00 1 1 1 1 1 1 1 1 1	10/26/19	McKINDON Printing	101 Naples Ro Revere	SIGNS; POST CANDS	387.81	
NOV TO BANK BROWNING RECEVE TEE 9,000 TO BANK BROWNING RECEVE TEE 9,000 TO BANK PEE 9,0	11/5/19	Market Basket	Squre Ro Ravere	Coffee Donuts For Workers	25,20	
Line 13: Total Expenditures \$50 and under* (not listed above)	NOV	TD BANK	Bromowny Revere	Paper Statement Fee	9.00	
Line 13: Total Expenditures \$50 and under* (not listed above)						
Line 13: Total Expenditures \$50 and under* (not listed above)						
Line 13: Total Expenditures \$50 and under* (not listed above)						
Line 13: Total Expenditures \$50 and under* (not listed above)						
Line 13: Total Expenditures \$50 and under* (not listed above)						
Line 13: Total Expenditures \$50 and under* (not listed above)						
Line 13: Total Expenditures \$50 and under* (not listed above)						
			Line 12: Total Expenditures ove	88201		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 882.01			Line 13: Total Expenditures \$50			
		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 above.

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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
6/25	Robert CAPOCCIA	19 tockerman St Revene	LOAN to Counttee	5000,00
N. Control of the con				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	5000.00