

Fill in Reporting Period dates:

Type of Report: (Check one)

8th day preceding preliminary

Form CPF M 102: Campaign Finance Report

Municipal Form BOARD OF Office of Campaign and Political Finance of Massachusetts

Beginning Date:

8th day preceding election

or Town Herk or Election Commission **Ending Date:** dissolution 30 day after election year-end report CTE Charles T. Pet

CI	Office Sought and District		Name of Committee Treasurer	_
44	Johnny Rd Revere my	40	1 Johnny Ad Revere mit O	2151
-mail:	has man 9 @ aol. con	E-mail:	Charmangliegol.com	
	onal): 781-289-7494	Phone #	(optional): 781-289, 7494	
none # (opti	Onar). 71 - 21 - 711			
	SUMMARY BALANC	E INFO	DRMATION:	
	Line 1: Ending Balance from previous report		13,592.87	
	Line 2: Total receipts this period (page 3, line 11)		1,500.00	
	Line 3: Subtotal (line 1 plus line 2)		15,092.83	
	Line 4: Total expenditures this period (page 5, lin	e 14)	4,328.25	
	Line 5: Ending Balance (line 3 minus line 4)		10,764.58	
	Line 6: Total in-kind contributions this period (pa	ige 6)	0	
	Line 7: Total (all) outstanding liabilities (page 7)		6	
	Line 8: Name of bank(s) used: Schtcndlr	Bo	occup Revere my 02157	
	Committee Treasurer: I have examined this report including attached schedules and it is, to the best control of the control o	t of my know	wledge and belief, a true and complete statement of all campaign fina	ance
				1
finance activ	ity of all persons acting under the authority or on behalf of this committee in	accordance	(Treasurer's signature) Date: 1/20(2	0
	er the penalties of perjury:			
FOR CAN	NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox only)		
Certify	ate with Committee that I have examined this report including attached schedules and it is, to th , of all persons acting under the authority or on behalf of this committee in a d any liabilities nor made any expenditures on my behalf during this reportin			n finance butions,
Candid	late without Committee	a hast of my	knowledge and belief a true and complete statement of all campaig	n
	activity, including contributions, loans, receipts, expenditures, disbursement gn finance activity of all persons acting under the authority or on behalf of the	nis candidate	in accordance with the requirements of M.G.L. c. 55.	
			(Candidate's signature) Date: 1/20/2	0

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. Pl	lease include your committee name and a pa	ge number on ea	Occupation & Employer	
Name and Residential Address Date Received (alphabetical listing required) Amount			(for contributions of \$200 or more)	
Date Received	(alphabetical listing required)	Amount	(Ior contributions are	
	SEE ATTACHE	D		
Line 9: Total Rece	cipts over \$50 (or listed above)			
Line 10: Total Rec	eipts \$50 and under* (not listed above)			
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	
* If you have itemize	d receipts of \$50 and under, include them in lin	ne 9. Line 10 show	uld include only those receipts not itemized above. Page	

COMMITTEE TO ELECT CHARLES J PATCH SR SCHEDULE A: RECEIPTS

SCHEDULE A: RECEIPTS					
Date Received	Name and address	Amount	Occupation and Employer		
2/27/19	Richard B Slifka PO box 9161 Waltham MA 02454	\$500.00	self employed		
	Edward J Faneuil 100 Belvidere St APT 5H Boston MA 02199	\$500.00	Self employed		
	Eric S Slifka 9 Clark RD Wellesley Hills MA 02481		Self employed		
3/4/13	ETC 3 SINKS 3 Clark NO Wellestey Fillis MA 02401	0000.00			
LINE 9:RI	ECEIPTS OVER \$50 (LISTED ABOVE RECEIPTS \$50 AND UNDER (NOT LISTED ABOVE)		\$1,500.00		
LINE 40 F	DECEMPE 650 AND UNDER (NOT LISTED ADOVE)		_		
LINE 10: I	TOTAL RECEIPTS		1,500.00		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	SEE ATTACHED		
	pts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	Q Line 10 shoul	← Enter on page 1, line 2 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.

	COMMITTEE TO ELECT CHARLES J PATCH SR							
	SCHEDULE B: EXPENDITURES							
Date	To Whom Paid	Address	Purpose of Expenditure	Amount				
	Joseph McGrath	129 Revere St, Revere, MA 02151	Donation	\$200.0				
	William Mandell	20c DelCarmine St, Ste 101, Wakefield, MA 01880	Administration	\$500.0				
	AC Whelan PTA - Donation Field Day	107 Newhall St, Revere, MA 02151	Donation	\$100.0				
	Revere Beach Partnersship Donation Sand Sculpting Festival	50 Walnut Ave, Revere, MA 02151	Donation	\$150.0				
7/11/19	Silvio Cella Family Foundation - Donation	P.O. Box 1074 Lynnfield, MA 01940	Donation	\$100.				
7/11/19	Row Row Row in Revere - Donation For Autism Awareness	28 Rice Ave, Revere, MA 02151	Donation	\$300.0				
7/20/19	Alex's Lemonade Stand	111 Presidential Blvd., Suite 203, Bala Cynwyd, PA 19004 USA	Donation	\$100.				
7/20/19	Nicole Murphy - Charity Benefit	385 Broadway Revere, MA 02151	Donation	\$200.0				
8/16/19	Revere Youth Baseball and Softball - Donation	101 School St, Revere, MA 02151	Donation	\$500.0				
11/22/19	RHS Boys Basketball Parents Club	101 School St, Revere, MA 02151	Donation	\$100.0				
12/17/19	Revere High Football Parents Club - Donation	101 School St, Revere, MA 02151	Donation	\$300.0				
12/18/19	RHS Hockey Parent Club - Donation	101 School St, Revere, MA 02151	Donation	\$500.0				
12/18/19	RHS Girls Basketball Club - Donation	101 School St. Revere, MA 02151	Donation	\$100.0				
	Verizon Wireless	180 Main Street, Saugus, MA 01906	Office	\$83.3				
	Verizon Wireless	180 Main Street, Saugus, MA 01906	Office	\$83.6				
	Verizon Wireless	180 Main Street, Saugus, MA 01906	Office	\$83.6				
	Verizon Wireless	180 Main Street, Saugus, MA 01906	Office					
	Wonderland Dry Cleaning			\$83.6				
5/8/10	Verizon Wireless	876 Broadway, Revere, MA 02151 180 Main Street, Saugus, MA 01906	Cleaning Office	\$62.8				
	The Angel Fund			\$83.5				
	Go Fund Me	649 Main St, Wakefield, MA 01880 855 Jefferson Ave, Redwood City, CA 94063	Donation	\$107.6				
3/1//13	GO Falla IVIE	855 Jefferson Ave, Redwood City, CA 94063	Donation	\$500.0				
			Line 12: Total Expenditure over \$50 Or listed above	\$4,238.2				
		***************************************	Line 13: Total Expenditures \$50 and under (not listed above)	\$ 90.0				
			Line 14: Total Expenditures in the period	\$ 4,328.2				

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Faid	(aiphabeticai listing)	Address		
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	4 To			
				The state of the
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
		TI 44 MOMENT PERPENDING	IDEC IN THE BERIOD	
		Line 14: TOTAL EXPENDIT		

^{*} 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			
Date Faid	(aiphabetical fisting)	Audress	Turpose or Expension				
Lance of the same of							
			7.1				
	Line 12: Expenditures over \$50 (or listed above)						
	Line 13: Expenditures \$50 and under* (not listed above)						
	Port 1 II 4 4	Line 14: TOTAL EXPENDIT					
			hould include only those expenditure	es 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.

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
	NIA			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} 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	
	WA				
	NIT				
7					
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				