



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF
ELECTION
COMMISSIONERS

Fill in Reporting Period dates: Beginning Date: 10-19-19 Ending Date: 12-31-19
2020 JAN 28 PM 4:21
REVERE, MA

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
Residential Address
E-mail: GeorgeJRotondo@gmail.com
Phone # (optional): _____

CTE George Rotondo
Committee Name
Mark Rotondo
Name of Committee Treasurer
P.O. Box 128 Revere
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)	\$ 2,250
Line 3: Subtotal (line 1 plus line 2)	\$ 2,311
Line 4: Total expenditures this period (page 5, line 14)	\$ 2,308.55
Line 5: Ending Balance (line 3 minus line 4)	\$ 2.45
Line 6: Total in-kind contributions this period (page 6)	\$ 449
Line 7: Total (all) outstanding liabilities (page 7)	\$ 66,715.18
Line 8: Name of bank(s) used:	Peoples united Bank

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: 1/7/2020

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: 1/7/2020

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)
10/28/19	Tom Kerr 40 enterprise st 4fl Dorchester, MA 02125	\$ 250	ASSIST Business manager pipe-fitter 537 union
10/28/19	Jeffery Williamson 2210 Overbrook St Coconut Grove, Florida	\$ 1000	Developer Caddy Farm
10/28/19	Steve Williams 10 Partisan Ln Swampscott MA	\$ 50	Retired
10/28/19	Richard Settignano 209 Broad way Revere, MA	\$ 50	Insurance Broker
10/28/19	Emmanuel Serra 17A Ocean Ave Revere, MA	\$ 250	Self employed / consultant
10/29/19	Carmen Mattuchio 43 Foster St Revere, MA	\$ 50	Self employed / Lumber Company
10/29/19	Sarah Teck 339 Squire Rd Revere, MA	\$ 100	owner operator McDonald
10/29/19	Vincent Cammaratta 76 Cushing Ave Revere MA	\$ 50	Retired
10/29/19	William Settignano 39 Cummings Ave Revere, MA	\$ 200	Developer / Self employed
10/29/19	Arthur Minichello 25 Suffolk Ave Revere MA	\$ 50	Retired
10/29/19	Dr Vincent MilaiKO 13 Wadsworth Ave Revere MA	\$ 50	Retired
10/29/19	Allan Pechner 157 Conant St	\$ 50	Retired
Line 9: Total Receipts over \$50 (or listed above)		\$ 2,150	
Line 10: Total Receipts \$50 and under* (not listed above)		\$ 0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$ 2,150	← 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)
10/29/19	Dan Ferrara 102 SUFFOLK AVE RIVER, MA	\$ 100	Retired
Line 9: Total Receipts over \$50 (or listed above)		\$ 100	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$ 100	← 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
10/30/19	Connolly Printing	17011 St Woburn MA	Signage	\$ 72.08
11/3/19	US POSTAL S	Broadway Revere	Postage	\$ 25.00
11/4/19	Peoples United	310 Broadway Revere	Bank fees	\$ 11.47
11/7/19	George Rotondo	675 Beach St Revere, MA	Reimbursement of Loan to Candidate	\$ 2,200.00
Line 12: Total Expenditures over \$50 (or listed above)				\$ 2,272.08
Line 13: Total Expenditures \$50 and under* (not listed above)				\$ 86.47
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$ 2,308.55

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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			Line 12: Expenditures over \$50 (or listed above)	
			Line 13: Expenditures \$50 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 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
10/28/19	Shaber Abougalala	9 Pearl Ave Revere, MA	Payment of food and Hall	\$449.00
Line 15: In-Kind Contributions over \$50 (or listed above)				\$449.-
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				\$449.-

* 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.

