



**Form CPF M 102A: Amendment to Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance**

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

2020 JAN -8 PM 1:50

BOARD OF
ELECTION
COMMISSIONERS

Report Being Amended: Year: 2019 Reporting Period: Beginning Date: 10-19-19 ^{REVERE, MA} Ending Date: 12-31-19

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Albert J. Terminiello JR
Candidate Full Name (if applicable)

24 Temple St
Residential Address

School Committee
Office Sought and District

E-mail: _____

Phone # (optional): _____

CTE Albert J. Terminiello Jr
Committee Name

Jennifer Cotto
Name of Committee Treasurer

24 Temple St #3
Committee Mailing Address

E-mail: _____

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period	<u>1270.00</u>
Line 3: Subtotal	<u>1270.00</u>
Line 4: Total expenditures this period	<u>1270.00</u>
Line 5: Ending Balance	<u>0</u>
Line 6: Total in-kind contributions this period	<u>0</u>
Line 7: Total (all) outstanding liabilities	<u>11316.93</u>
Line 8: Name of bank(s) used:	_____

The original filing of the above-referenced campaign finance report is being amended for the following reason(s):

The previous report filed did not show a loan to the committee by the candidate in the amount of \$1,270.00 to cover outstanding liabilities. This report adds that entry.

Signed under the penalties of perjury:

[Signature]
(Candidate's signature)

Date: 1/9/2020

Signed under the penalties of perjury:

[Signature]
(Treasurer's signature)

Date: 1/11/20



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

2020 JAN -8 AM 10:41
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10-19-19 Ending Date: REVERE, MA 3-1-19

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Albert J. Formicola, Jr
Candidate Full Name (if applicable)
Select Committee
Office Sought and District
24 Temple St #3
Residential Address
E-mail: formicola@cpol.com
Phone # (optional): 781 244-7430

Committee Elect
Committee Name
Joseph C. Tru
Name of Committee Treasurer
24 Temple St #3
Committee Mailing Address
E-mail: formicola@cpol.com
Phone # (optional): 781 244 7430

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 1270.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>11,316.93</u>
Line 8: Name of bank(s) used:	<u>N/A</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: [Signature] (Treasurer's signature) Date: 1/9/20

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: [Signature] (Candidate's signature) Date: 1/9/20

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
10/19	Bette Brunel	Bowling	AD	75.00
10/19	MADISON HUT	Sears, Mc	AD	1195.00
	ADNEY			

Line 12: Total Expenditures over \$50 (or listed above)	\$ 1270.00
Line 13: Total Expenditures \$50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	\$ 1270.00

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 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
INC	Atterbury	24 Temple St	Cafeteria	19,046.93
	Atterbury	11	1	1,270.00

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** ~~19,046.93~~

11,316.93
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