

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

of Massachusetts Projection Date: 12/2/2020 Ending Date: 20/PM/20 200
Fill in Reporting Period dates: Beginning Date: 12/7/2020 Ending Date: 12/9/9/10/10/10
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution
Candidate Full Name (if applicable) City Concil At - Large Office Sought and District 382 Ocean Meme, #501 Revere, M4 02:51 Residential Address E-mail: j. pjaramillo @ yahov. Com Phone # (optional): Committee to Elect Juan Pablo Jaramillo Committee Name Name of Committee Treasurer Name of Committee Treasurer 382 Ocean Avenue, #501, Revere, M4 02:51 Committee Mailing Address E-mail: nathaniel.a.v@gmail.com Phone # (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4)
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: Santander Bank, N.A.
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 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)
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 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 of on behalf of this candidate in accordance with the requirements of M.G.L. c. 55. Date: Other Condidate's signature)
Signed under the penalties of perjury: (Candidate's signature)

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.)

	Name and Residential Address		Occupation & Employer			
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)			
1	See Strache					
ine 9: Total Recei	pts over \$50 (or listed above)					
ine 10: Total Rece	ipts \$50 and under* (not listed above)					
ine 11: TOTAL R	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)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		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 A: Receipts

			scheaule A						
Date Received	Name	Street	City	State	Zip Code	An	nount	Occupation	Employer
12/14/20	Adriana Campos	65 Highland Ave	Malden	MA	02148	\$	150.00	Finance	Comm. Of Massachusetts
12/12/20	Alexander Pratt	45 Florence Street #2	Malden	MA	02148	\$	75.00	Community Developmen t Director	Malden Redevelopment Authority
12/15/20	Ana Morales	2 Marie Lane	Lawrence	MA	01843	\$	50.00	Policy Manager	PPAF
12/12/20	Betty Francisco	13 Park St #7	Dorchester	MA	02122	\$	150.00	Lawyer	Compass Working Capital
12/14/20	Charles Stefanini	15 Cunningham Drive	Framingham	MA	01701	\$	200.00	Public affairs	CS Consulting LLC
12/16/20	Crystal Villegas	92 Russell Street	Peabody	MA	01960	\$	25.00	counselor	ywca usa
12/15/20	David Jenkins	31 Brent Street	Boston	MA	02124	\$	50.00	Consultant	Self-employed
12/17/20	Francis Munro	1 Ward Street	Burlington	MA	01803	\$	250.00	Research Director	Commonwealth of Massachusetts
12/18/20	Gena Frank	40 Faneuil St	Brighton	MA	02135-1944	\$	25.00	Legislative and Political Direcotr	NARAL Pro- Choice Massachusetts
12/16/20	George Cronin	87 Buchanan Rd.	West Roxbury	MA	02132	\$	200.00	Consultant	Rasky Partners
12/17/20	James Tarr	6 Peirce Ave	Everett	MA	02149	\$	50.00	Consultant	Collins Center for Public Management
12/18/20	Jeron Mariani	4 Dunning Way Apt 120	Boston	MA	02130	\$	150.00	Project Manager	Field First LLC
12/13/20	John Heffernan	15 Clifton Ave	Marblehead	MA	01945	\$	200.00	Consultant	Self
12/13/20	Karla Van Praag	222 Bellingham Avenue	Revere	MA	02151	\$	50.00	Executive Director	JOIN for Justice
12/17/20	Lawrence Dicara	111 Perkins St., #246	Jamaica Plain	MA	02130	\$	100.00	Attorney	Self-employed
12/18/20	Michael Taylor	928 E Broadway Unit 1	Boston	MA	02127	\$	200.00	President	Urban College of Boston
12/15/20	Michelle McGee	19 Concord Street	Charlestown	MA	02129	\$	100.00	lawyer/lobb yist	Kearney Donovan & McGee
12/11/20	Miguel Chavez	3275 washington street apt 3	Boston	MA	02130	\$	50.00	Unemploey d	Unavailable
12/16/20	Nathanael Shea	129 Dexter Ave Apt 2	Watertown	MA	02472	\$	50.00	Legislative Staff	Commonwealth of MA
12/9/20	Nathaniel Arias-Velez	210 Bennington St., Apt. 3	East Boston	MA	02128	\$	200.00	Financial Empowerme nt Coordinator	Inquilinos Boricuas en Accion
12/14/20	Paul Rupp	32 Humphrey Street	Swampscott	MA	01907	\$	100.00	consultant	CRA Inc
12/18/20	Stephanie Raymond	38 Surrey Street		MA	02135	\$		Regulatory Affairs Analyst	Tufts Health Plan
		Line 9: Total Receipt	s over \$50 (or	r listed ab	ove)	\$ 2	,525.00		

Line 9: Total Receipts over \$50 (or listed above)\$ 2,525.00Line 10: Total Receipts \$50 and under (not listed above)\$ -Line 11: TOTAL RECEIPTS IN THE PERIOD\$ 2,525.00

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.)

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			
	SEE	AMA	HED				
		Line 12: Total Expenditures over	er \$50 (or listed above)				
		Line 13: Total Expenditures \$50	and under* (not listed above)				
		Line 14: TOTAL EXPENDITU					

^{*} 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

Date Received	To Whom Paid		City	State	Zip Code	Purpose of Expenditure	An	nount
12/17/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	9.88
12/17/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	1.98
12/18/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	3.95
12/18/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	0.99
12/18/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	5.93
12/14/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	7.90
12/14/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	3.95
12/14/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	5.93
12/15/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	3.95
12/15/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	1.98
12/15/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	1.98
12/16/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	7.90
12/16/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	1.98
12/16/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	0.99
12/11/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	1.98
12/12/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	5.93
12/12/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	2.97
12/13/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	7.90
12/13/20	ActBlue	PO Box 441146	Somerville	MA	02144-0031	Credit Card Donation Processing Fee	\$	1.98
					\$50 (or listed	above)	_	0.05
						not listed above)	\$	-
		Line 14: TO	TAL EXPEN	DITU	RES IN TH	E PERIOD	\$8	0.05

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		
		. 4				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	\$ G. 00		
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	FO. 00		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS					

^{*} 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
	Enter on page 1 line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	\$0.00