

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance MMISSIONERS 2021 JAN 13 PM 1: 12
File with: City or Town Clerk or Election Commission

OI Massachuseus	Ending Date FRE M. 3/ 2020						
Fill in Reporting Period dates: Beginning Date:	1. JOS Enting Butch Entry of Sales						
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐	☐ 30 day after election ☐ year-end report ☐ dissolution						
TRA NOUOSELSKY Candidate Full Name (if applicable) CITY COUNCILLOR, WARD 2, REVERE, MA Office Sought and District 53 DEHON STREET, APT. 1, REVERE, MA 02151 Residential Address E-mail: Inovoselsky @ revere, 079 Phone # (optional): 781-289-7031	Committee FOR IRA NOVOSELSKY Committee Name NANCY M. GOLDSTEIN Name of Committee Treasurer 51 DEHON STREET, APTI, REVERE, MA 02151 Committee Mailing Address E-mail: Nmg 51 @ yahoo. Com Phone # (optional): 781-284-4097						
SUMMARY BALANC	E INFORMATION:						
Line 1: Ending Balance from previous report	\$ 45,150.37						
Line 2: Total receipts this period (page 3, line 11)	872.29						
Line 3: Subtotal (line 1 plus line 2)	46,022.66						
Line 4: Total expenditures this period (page 5, lin							
Line 5: Ending Balance (line 3 minus line 4)	42,468.07						
Line 6: Total in-kind contributions this period (pa	ge 6)						
Line 7: Total (all) outstanding liabilities (page 7)	<u> </u>						
Line 8: Name of bank(s) used: ST. JEANSCRE	DITUNION, 171 VFW MARKWAY, 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: Creasurer's signature Date: Ol-Ob-2 Ol-Ob-2							
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox only)						
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting.	e best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions, g 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 finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the companion of the contributions.	the best of my knowledge and belief, a true and complete statement of all campaign ts, in-kind contributions and liabilities for this reporting period and represents the his candidate in accordance with the requirements of M.G.L. c. 55. Date: 16 2 1						
Signed under the penalties of perjury: Ind Noveels	(Candidate's signature)						

COMMITTEE FOR IRA SCHEDULE A: RECEIPTS NOVOSELSKY PAGE I

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

Date Received	lease include your committee name and a pa Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(aiphabettear noting requires)		
	ATTAC	HÉD	
	SHA	FT	
	2116		
Line 9: Total Rec	eipts over \$50 (or listed above)	\$ 850.00	
Line 10: Total Rec	ceipts \$50 and under* (not listed above)	\$ 22.29	
(ine 11: TOTAL	RECEIPTS IN THE PERIOD	\$ 872.29	Enter on page 1, line 2 uld include only those receipts not itemized above. Page

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only

Committee for Ira Novoselsky Revere, MA

	EMPLOYER (\$200 or more)	Inello Electric	self employed	I venimay Accordates	Lylliway Associates	seir employed						
	AMOUNT OCCUPATION (\$200 or more)	\$250 ON Owner		00,00 N.L. DOVOIDE:	\$250.00 R.E. Broker/Consultant	\$150.00 R.E. Developer	\$22.29				\$872.29	
Receipts Log 2020		KESS	+	10-4004	58-60 Andrew Street, Lynn, MA 01901	151					.8\$	
		NAME	Inello	Mai	Markakis	-		St. Jedil S				

COMMITTEE FOR IRA **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

eport all expend	litures. Please include your comm	nittee name and a page number on	each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		TE		
	A			
	$\ AT \ $	TACHED 1		
	/(MCIL		
3				
		ICT		
	4	131		
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	\$3,434.59
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	\$ 120.00
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT		\$ 3,554.59
If you have iter	nized expenditures of \$50 and under	r, include them in line 12. Line 13 s	hould include only those expenditure	es not itemized

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Page 4 above.

Committee for Ira Novoselsky Revere, MA

PAGE 1

	Expenditure Log 2020		
WHOM PAID	ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
	106 Squire Road	Fire Plaque	\$68.00
ice	P. O. Box 790408, St. Louis, MO 63179-0408	MACIR - donation Covid-19 masks	\$100.00
ice	P. O. Box 790408, St. Louis, MO 63179-0408	Pre-printed Xmas Cards	\$1,171.59
paper Group, LLC	P.O. Box 380, 185 Broadway, Revere, MA 02151	Martin Luther King Day	\$75.00
paper Group, LLC	P.O. Box 380, 185 Broadway, Revere, MA 02151	Revere Cares Ad	\$50.00
paper Group, LLC	P. O. Box 380, 385 Broadway. Revere, MA 02151	Easter/Passover Ad	\$60.00
paper Group, LLC	P. O. Box 380, 385 Broadway. Revere, MA 02151	Revere Cares Ad	\$50.00
paper Group, LLC	P. O. Box 380, 385 Broadway. Revere, MA 02151	Memorial Day Ad	\$60.00
paper Group, LLC	P.O. Box 380, 185 Broadway, Revere, MA 02151	Revere Cares Ad/July 4th Ad	\$125.00
paper Group, LLC	P.O. Box 380, 185 Broadway, Revere, MA 02151	Revere Cares Ad	\$50.00
paper Group, LLC		Rosh Hashanah Ad	\$60.00
paper Group, LLC	P. O. Box 380, 385 Broadway. Revere, MA 02151	Columbus Day Ad	\$60.00
paper Group, LLC	P. O. Box 380, 385 Broadway. Revere, MA 02151	Revere Cares Ad	\$50.00
paper Group, LLC	P. O. Box 380, 385 Broadway. Revere, MA 02151	Veterans Day Ad	\$60.00
paper Group, LLC	P. O. Box 380, 385 Broadway. Revere, MA 02151	Thanksgiving Ad	\$65.00
paper Group, LLC	P. O. Box 380, 385 Broadway. Revere, MA 02151	Chanukkah Ad	\$65.00
paper Group, LLC	P. O. Box 180, 385 Broadway, Revere, MA 02151	Christmas Ad	\$65.00
	592 Beach Street, Apt. 6, Revere, MA 02151	Donation - Face Masks	\$100.00
ommunity Fund	Madaro Family, 104 White Street, East Boston, MA 02128	Eastie Elves - Xmas	\$200.00
of Commerce	200 Winthrop Avenue, Revere, MA 02151	Dues	\$100.00
ol Boys Lacrosse Parents Club	c/o Anne Warhan, 107 Constitution Avenue, Revere, MA 02151	donation	\$25.00
ol Cheerleader Parents Club	c/o Keri Wiswall 26 Tobin Ave., Revere, MA 02151	Donation	\$25.00
ol Softball Parents Club	c/o Denise Anderson, 37 Belle Isle Avenue, Revere, MA 02151	donation	\$25.00
	c/o Enza Goodwin, Treas., 241 Sargent Street, Revere, MA 02151	donation - Walk for Autism	\$25.00
ave the Bay	212 Northern Avenue, Suite 304 West, Boston, MA 02210	Donation	\$50.00
PTO	107 Newhall Street, Revere, MA 02151	one half page yearbook ad	\$50.00
vspapers, Inc.	P.O. Box 490407, Everett, MA 02149-0006	Xmas/New Year Ad	\$75.00
vspapers, Inc.	P.O. Bos 490407, Everett, MA 02149-0006	Martin Luther King Day	\$50.00
vspapers, Inc.	P. O. Box 490407, Everett, MA 02149-0006	Passover/Easter Ad	\$50.00
			41010034

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Committee for Ira Novoselsky Revere, MA

PAGEZ

	Expenditure Log 2020		
) WHOM PAID	ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
*spapers, Inc.	P. O. Box 490407, Everett, MA 02149-0006	Mother's Day Ad	\$50.00
vspapers, Inc.	P. O. Box 490407, Everett, MA 02149-0006	Memorial Day Ad	\$50.00
vspapers, Inc.	P. O. Box 490407, Everett, MA 02149-0006	Labor Day Ad	\$50.00
vspapers, Inc.	P. O. Box 490407, Everett, MA 02149-0006	Yom Kippor Ad	\$50.00
vspapers, Inc.	P. O. Box 490407, Everett, MA 02149-0006	Veterans Day Ad	\$50.00
vspapers, Inc.	P. O. Box 490407, Everett, MA 02149-0006	Chanukkah Ad	\$50.00
vspapers, Inc.	P. O. Box 490407, Everett, MA 02149-0006	Christmas/New Year's Ad	\$75.00
ational Church	94 Central Avenue, Revere, MA 02151	Food Bank	\$100.00
e for Special Needs, Inc.	c/o Lois Flynn, 32 Suffolk Avenue, Revere, MA 02151	dues	\$20.00
e for Special Needs, Inc.	200 Winthrop Avenue, Revere, MA 02151	Donation	\$50.00
			\$3,554.59

SCHEDULE C: "IN-KIND" CONTRIBUTIONS COMMITTE FOR IRA

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

^{*} 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. Page 6

SCHEDULE D: LIABILITIES

COMMITTEE FOR IRA

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
200				
	*			
- F				