

## Form CPF M 102: Campaign Finance Report M 102: Campaign SUARD OF Office of Campaign and Political Finance LECTION COMMISSIONERS

Commonwealth of Massachusetts	7/17   Rile with: City or Fown Glerk or Election Commission									
Fill in Reporting Period dates: Beginning Date: //	Ending Date: 3/ 3000									
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election 30 day	vafter election vear-end report dissolution									
Candidate Full Name (if applicable)  WARD FIVE CITY COUNCILLOR  Office Sought and District  A Le No Pouset ST DEVERE MA  Residential Address  E-mail:	Committee Name  Charle F. Theodore  Name of Committee Treasurer  Walson Set St. Revereima 0251  Committee Mailing Address  (optional):									
SUMMARY BALANCE INFORMATION:										
Line 1: Ending Balance from previous report	32,783,17									
Line 2: Total receipts this period (page 3, line 11)	356.86									
Line 3: Subtotal (line 1 plus line 2)	33,139.03									
Line 4: Total expenditures this period (page 5, line 14)	3,2365'1									
Line 5: Ending Balance (line 3 minus line 4)	29, 903.46									
Line 6: Total in-kind contributions this period (page 6)	181									
Line 7: Total (all) outstanding liabilities (page 7)	DBANK-REVER IMA									
Line 8: Name of bank(s) used: PROPLES UNITE	D DAME KANDETKITE									
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, 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:  (Treasurer's signature)  Date:										
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	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 m activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period the	at 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 m finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind campaign finance activity of all persons acting under the authority or on behalf of this candidate.	ny knowledge and belief, a true and complete statement of all campaign									
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 eceints. Please include your committee name and a page number on each page.)

Date Received	Please include your committee name and a pa Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2-20-2020	ROBERT INELLO 201 LYNNWAY-REVEREIMA	250,00	SELF EMPLOYED ELECTRICIAN
7-10-4040			
3-2-2020	DANIEL CORNOLEY  265 COREY St. W. ROKBURY	100.00	ATTORNEY
49			
Line 9: Total Rec	ceipts over \$50 (or listed above)	350.00	
Line 10: Total Re	ceipts \$50 and under* (not listed above)	5.86	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	355.86	← Enter on page 1, line 2  uld include only those receipts not itemized above.

<sup>\*</sup> 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

	litures. Please include your common To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Paid	(aiphabenear fisting)			
300				
				North Color
		TE SON MINCHON		
		SIL ATTACHED IN FORMATION		
		IN FORMALION		
		Line 12: Total Expenditures of	over \$50 (or listed above)	2485.5
		Line 13: Total Expenditures \$	50 and under* (not listed above)	750.0
	Enter on page 1, line 4		TURES IN THE PERIOD	3236.5

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

Amount	\$385.57	\$500.00	\$50.00	\$50.00	\$165.00	00003	330.00	\$100.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$75.00		\$200.00	\$100.00		\$75.00	\$50.00	\$110.00	\$60.00	\$50.00	\$75.00	\$75.00	00.675	\$30.00	\$50.00	\$110.00	\$60.00
Reason for Expenditure	Holiday Greeting Cards	Donation	Ones		Donation	Postage	Advertising		Donation	Donation		Advertising	Advertising	Advertising	Advertising		Advertising																
Address	Railroad Ave., Abington, MA	AN BOYOUR B BOYOUR	VW GOOD GOOD VICE OF	Central Avenue, reveile ivia	Central Avenue, Revere MA	VFW Parkway, Revere, MA	573 Broadway, Everett MA		Revere, MA	400 Broadway, Revere MA		385 Broadway, Revere MA	385 Broadway. Bevere MA	MA avained would not	Sou bloadway, hever have	385 Broadway, Revere IVIA	385 Broadway, Revere MA																
To Whom Paid	4	DSF Birchcraft	Jack Satter House Tenants Association	Knights of Columbus	Knights of Columbus	Postmaster - Boston	Revere Advocate	Bevere Advocate	Revere Advocate		Boson Beautification Committee	Revere Fire Fighters - Local 926 B-Fit		Canal of Casal	Nevere Journal	Revere Journal	Revere Journal	Revere Journal	Revere Journal	Revere Journal	Revere Journal	Revere Journal	Revere Journal										
Date Paid T			2/26/2020	1/7/2020	10/8/2020	12/12/2020									12/12/2020	12/2/2020	12/24/2020	200 /20 /20	ococi 112	6/5/2020	10/202/0/1	00007007	1/29/2020	3/2/2020	5/11/2020	6/1/2020	6/30/2020	7/9/2020	8/31/2020	8/5/2020	10/2/2020	0000/20/01	11/18/2020

\$65.00	\$65.00	\$65.00	\$100.00	\$100.00
Advertising	lvertising	Advertising	onation	Oonation
Ā	Ac	Ac	ă	ŏ
levere MA	Revere MA	evere MA	evere MA	evere MA
385 Broadway, Revere MA	385 Broadway, Revere MA	385 Broadway, Revere MA	School Street, Revere MA	school Street, Revere MA
69	60	"	0,	6
				Bu
urnal	urnal	urnal	R.H.S. Boys Lacrosse	R.H.S. Varsity Cheerleading
Revere Journal	Revere Journal	Revere Journal		
12/14/2020	12/27/2020	12/27/2020	2/24/2020	2/11/2020

\$3,235.57

# Expenditures

\$750.00	2485.57	\$3,235.57
\$50.00 and Under	\$50.00 and Over	Total

### 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
				3 (A)
		Line 15: In-Kind Contributions	34	
		Line 16: In-Kind Contributions		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	101

<sup>\*</sup> 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
				1 20
				11.00
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