

Form CPF M 102: Campaign Finance Report BUARD OF Municipal Form

BOARD OF ELECTION COMMISSIONERS

Office of Campaign and Political Finance

2021 NOV 14 AM 8: 43

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: ERE ABeginning Date:	- 201 Ending Date: 10-28-2021				
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) School Committee Office Sought and District 140 Worthrop All Reverent ONS Residential Address E-mail: John Kingston 4 reverel Cogmail- Com Phone # (optional):	Committee to Elect John Kingston Committee Name Haley Donahay Name of Committee Treasurer 140 Worthrop Are, Rever MAOAK Committee Mailing Address E-mail: Sankingston 4 revere Egmail-com Phone # (optional):				
Thole # (optional).	Titolie II (epitolial).				
SUMMARY BALANC	E INFORMATION:				
Line 1: Ending Balance from previous report	d				
Line 2: Total receipts this period (page 3, line 11)	4534.77				
Line 3: Subtotal (line 1 plus line 2)	<u> </u>				
Line 4: Total expenditures this period (page 5, lin	e 14) 453477				
Line 5: Ending Balance (line 3 minus line 4)	Ø				
Line 6: Total in-kind contributions this period (pa	ge 6)				
Line 7: Total (all) outstanding liabilities (page 7)	4034,77				
Line 8: Name of bank(s) used: Santageo					
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: (Treasurer's signature) Date:					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)				
incurred any liabilities nor made any expenditures on my behalf during this reporting					
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, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	, in-kind contributions and liabilities for this reporting period and represents the				
Signed under the negatives of perjury:	(Candidate's signature) Date: 10-25-21				

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 Calphabetical listing required) Amount Occupation & Employer (for contributions of \$200 or more				
Date Received	(alphabetical listing required)	Amount	(101 Contributions of \$200 of More)		
9-9-21	Brian Parson	100-00	Retiret		
997	Maxwell Maddon	wow	teaches		
990	Any Chambolar	1000	fencher		
9-21-21	Stephen Reardon	200-00	lawyer		
10-18-91	John Kingston 140 wint prop Die Ravae	403477	Loan to Committee		
Line 9: Total Rec	eipts over \$50 (or listed above)	453477			
Line 10: Total Rec	ceipts \$50 and under* (not listed above)				
Line 11: TOTAL	RECEIPTS IN THE PERIOD	4534:77	Enter on page 1, line 2		
* If you have itemiz	ed receipts of \$50 and under, include them in li	ine 9. Line 10 shou	ald include only those receipts not itemized above.		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Occupation & Employer (for contributions of \$200 or more)	
	42085-2016-2016-2016-2016-2016-2016-2016-2016		
Line 9: Total Rec	ceipts over \$50 (or listed above)		
	ceipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	4534.77	← Enter on page 1, line 2 buld 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 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
7-21-21	Inagended Naverpul	38 Brondway Rever	ads	125.0
7-22-21	Vietn Prot	275 Wyman St Wiltham In A	handauts	412.65
8.2501	Interval topuration	Brodwa Rave	260	35.00
9-22	Companions	488 Browny Reve	Campain meety	219.47
9-27	Vista Print	275 WHAM St Walthon, MA	Palm cards	382.13
10-5	Madison Arnon	Salaus, mil	Cards	6500
10-13	Viola Print	S75 CUYMANST WalthanimA	tshrts	71-18
61.0	Home Depot	Cheka, MA	Trunka treat Jecoratus	63.67
10-10	CTS	Lymcetyma	trunk a treat decoraturs	143.31
10-13	Denamos	Compaign Musin St Revol	Campaignmal	236.17
10-10	northrop Printry	grawman Are Revoe, n Aoak	Lawn Sinns	300.00
10-13	Compoly Press	173 GHI ROND WODON MA OIGOI	Lawn Styne	87870
Line 12: Total Expenditures over \$50 (or listed above)			2881-60	
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1.20

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/14/21	Am 6200		wexones GNEGWAY	2ne. 17
10/15/31	Susan & Komer		Broast Cancer	650
10/16	BJ wholeale	Revere, mA	Candy Giveauy	14286
10/16	BJ whately	Reverma	Canty giveway	177.14
Idao	Independent hauspips	ReveresmA	newspape ads	425-00
10/39	Loyis lizza	Revine MA	Campunnal	12500
10120	Independent Navagas	Rever, MA	Newspaper ads	500.00
		Line 12: Expenditures over \$50	0 (or listed above)	1153.17
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line $4 \rightarrow$ mized expenditures of \$50 and unde	Line 14: TOTAL EXPENDIT		res not itemized

^{*} 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
				4.5
A.W.				
				* 100
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line $6 \rightarrow$	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
10-18-21	John Kingan	140 COMEMB AVE REVARINA OZH	Logn to Committee	403477
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	4034.77