

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance COMMISSIONERS

2021 SEP -3 AM 9: 23

Commonwealth of Massachusetts			File with: City or Town Clerk or	
	1	307	(Ending Date: EVERESMA)	2001
	eport: (Check one) preceding preliminary] 30 day af	iter election year-end report	dissolution
WARC 350	Candidate Full Name (if applicable) City Councillo R Office Sought and District Reveal Beach BLVD UNIT 6-6E Residential Address REVERE, MA 0215/ ALOFICAE BY YAHOSOM Onal): 781-244-7446	Com. No. 350 R. E-mail: Phone # (op.	Committee Name Name of Committee Treasurer Revers Beach BLVD Apr Committee Mailing Address Rev MMHURIEY 1 @ Comce Stional):	L FIORE EY -6-68 EN MA. 02/51 ST. NET
Phone # (optic		DIFOL	DMATION.	
	SUMMARY BALANCI	E INFOR	(MATION:	7
	Line 1: Ending Balance from previous report		X	
	Line 2: Total receipts this period (page 3, line 11)		Mit 12,245,00	11,745,00
	Line 3: Subtotal (line 1 plus line 2)		MV 12, 245.00	11, 143.00
	Line 4: Total expenditures this period (page 5, line Line 5: Ending Balance (line 3 minus line 4)	e 14)	9,807.06 9763-25 2,437.94 MA	1,937.94
	Line 6: Total in-kind contributions this period (pa		M# 823.14 790.1	6
	Line 7: Total (all) outstanding liabilities (page 7)		NITED BANK	
	Line 8: Name of bank(s) used: People	5	por reg	
activity, inc	of Committee Treasurer: at I have examined this report including attached schedules and it is, to the best cluding all contributions, loans, receipts, expenditures, disbursements, in-kind cluding all persons acting under the authority of on behalf of this committee in the penalties of perjury:	n accordance	rledge and belief, a true and complete statement of s and liabilities for this reporting period and represent the requirements of M.G.L. c. 55. (Treasurer's signature) Date:	all campaign finance ents the campaign
Cand I certi activi	ANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I be lidate with Committee if y that I have examined this report including attached schedules and it is, to taty, of all persons acting under the authority or on behalf of this committee in the interest any liabilities nor made any expenditures on my behalf during this reporting	he best of my accordance w ng period that	t are not otherwise disclosed in this ser	
Cand I cert finan camp	didate without Committee ify that I have examined this report including attached schedules and it is, to ice activity, including contributions, loans, receipts, expenditures, disburseme haign finance activity of all persons acting under the authority or on behalf of	the best of my nts, in-kind co this candidate	whowledge and belief, a true and complete statem ontributions and liabilities for this reporting period in accordance with the requirements of M.G.L. c.	and represents the 55.
	nder 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.)

port all receipts. Pl	lease include your committee name and a page	ge number on eac	Occupation & Employer
Date Received	Name and Residential Address (alphabetical listing required)	Amount	(for contributions of \$200 or more)
7-28-21	JOM Brown 350 REVERS BEACH BLVD REVERS MA 02151	100-00	RUTRED
8-17-21	Tom Brown Beach Burs. BEVERE, MA. 02151	100.00	RETIRED
7-23-21	BRIAN CHAPMAN	1,000.00	POLICE OFFICER CITY OF REVELE
8.23.21	JOHN CHESNA 61 TAPKY AVE REVER MA 02151	100.00	REAL ESTATE Agent CENTURY 21
8-9-21	Robies P. Ciampa 1303 Liwis O'Gray land Saugus, MA. 01906	500.00	RETIRED
8-19-21	JAMES CIPOLITA 385 BRO ADWAY REVERE, MA. 0215	560.00	Cipolita LAN OFFICE
8-2-21	PHILL'S CONSOLD 169 RICE AVE. REVILLY MA. 0215	250,00	Real estate Broken Century 21
7-72-21	MARYBON Delona 2 moran circle Subbury, ma 0/776	500,00	ReTIRED
7-23-21	ANDHONY DICESARE 6 LILS WAY LYNFIELD MA. 0194	1,000.00	ATLAS AUTOBOOG
7-23-21	DAISY DICESARY 1605 NOWH SHORE RO REVENE, MA 02157	1,000.00	OWNER - ATLAS AUTOBODY
8-17-21	NICO DICESARE 596 REVILLE BEACH REVERE MA 02181 BLVO	1,000,00	BUSINESS DEVELOPMENT MAN APRIMEDE DIKESAUS Bra
8-20-21	MICHALL Diplatzi 193 ELM STREET NORTH REGDING, MA	100.00	
Line 9: Total Re	ceipts over \$50 (or listed above)	12,000.	11,500.00
TOTAL	T DECEIPTS IN THE PERIOD	245,00 mk 12,25,	(11,745.00) Enter on page 1, line 2
Line 11: TOTAL	RECEIPTS IN THE TEXASOR	line 9. Line 10 sh	ould 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 (continued)

	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received 8-17-21	TOHN FA-rell 18 POCOLONIOS WAY LYNNRIELD, MA. 01940	100.00	
8-17-21	DANIEL FIRMA 102 SUFFOUR AVE. REVERE, MA 02:51	100,00	RETIZEO
8-12-21	Thomas Fothergill	100.00	Fothergill Law office
9-1-21	OLBRA GIANNINO 80A LAYRANCE RD. BOXEDRO, MA 01921	500,00	RETIRED MH
8-7-21	ALAN Graff 582 REVERE BEACH BLAN REVERE, MA. 02151	75.00	RETIRED
7-26-21	Lynne La Fauci 44 Finser Lane TOPSFILLD, MA. 01983	200,00	RETIRED
8-19-21	CARMENE Lepole	150.00	Le Pole Law Office
8-6-21	Joseph MACHERA * 220 Bene 10 Ocean Au * REVERE, MA 0215/#20	500.00	RETIRED
7-29-21	CARMEN MATTUCCHO 43 FOSTIL ST. REVERE, MA. 0215	100.00	
7-16-21	JOHN NUCC: 99 ORIGHT AVE. EAST BOSTON, MA. 02112		Professor/Vice Brsion Suffork University
8-24-21	ANTINA PANTINAO 536 Park AVE. REVERE, MA. 02151	100.00	RITIAED
8.25-21	CAROL PANTANO 536 Park AVE. REVERS, MA 02151	100.00	
8-16-21	AYMAN RAJELA 19 CHEEVER AVE SAUGUS, MA. 0190	500.00	CONVENIET STORE
Line 9: Total Re	ceipts over \$50 (or listed above)	-	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL	L RECEIPTS IN THE PERIOD		Enter on page 1, line 2 ould 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 (continued)

	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)		OWNER
8-11-21	Geoff Reilingen 770 Boylon ST BOSTON MA 02199	250.00	Repemprion Companis
7-28-21	NICK RESTUCCTIA	250,00	ACCOUNTANT - ANZON RESTUCCHIA CRAFI
	REVERE, MA 0215)	1,000,00	Property Manager
7-26-21	JOHN PERCE AVE 909 Breakers AVE FORT LANDERDAL, FLA 33304		FORT LAUDENDALL BLACH CL
7-26-21	GAIL SHEA 1218 Main ST. Lynntieus, MA. 0194	1,000 0	REDILED
8-19-21	CHais Simpson 16 SAUNDING ROAD LYNNGELD, MADIGY	250,00	7/27100
8-19-21	Richard Settifame 15cal HARBON	150,00	SEPTIPAM INSWANCE INSURANCE Broker
8-15-21	BARBARD Squitizai 201 CRISCIT AU RCVISC, MA-0215		RETIRED
8-23-21	THERESA Travillo	75,00	Flight AttenDANT American Archines
	REWAL, MD- 0215		
No.			
*			
Line 9; Total R	eceipts over \$50 (or listed above)	3,575	S AND
	Receipts \$50 and under* (not listed above)		
	AL RECEIPTS IN THE PERIOD	9 . 2	Enter on page 1, line 2

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
8-4-21	CK Smaregies	11 Beacon ST- Boston, Ma 02108	CONSULTATION MARKONING A ADVINIA	1,000-
8-4-21	Convolly Prizing	170 1:450	Signs/Bumper STICKERS	1,705.31
8-9-21	Peoples United Bar	DIO Bracoway	PUTCHASE CITIENS	27.65
8-9-21	People's United Ba		purchase Chicks	27.65
8-10-21	ALBERT S. FORE	Newsfage Astros	Rimbursenent NI NEWS paper ADVENTSIZ	1,5000
8-17-21	CK Somragits	11 Beacon ST. BOSTON, MA	MAILING	2,751,2
8-21-21	CK Strategies	11 Breacon ST. Bosson, MA. 02108	MARKETING	1,751.3
8-26-21	Revell Journal	385 Browning Revole, MA. 0215	Aprinising	500.α
8.26.21	A DVOCATE Newspapers	573 Broadway ENERH, MA. 02149	Aprimishy	500.00
Diverse pares Beginning	PAY PAL Fees	HEADQUARTS 2211 NOTAL FIRST ST. SAN JON. CA 95131	Fundraising	43.81
		Line 12: Total Expenditures of	over \$50 (or listed above 9807.0	4763.2
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				
* If you have it above.	temized expenditures of \$50 and und	der, include them in line 12. Line 13	should include only those expendit	ares not/itemized

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.

				¥7-1
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
5		11		
		T N		The Name of the
	N			
		\vee		
				12 May 12
		Line 15: In Vind Contributions	over \$50 (or listed above)	X
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 → 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.

as those liabilities incurred during this reporting period.					
Date Incurred	To Whom Due	Address	Purpose	Amount	
7-3421	ALBITS. Fid	Rylle, MA 0215	ReimBurit for Managara ADS	500.00	M
7-27-2	Alber S. Fione	Rever, mar Bus Brus 6. LE	Nespore Dos	500,00	MH
7-25-21	ALBERT S. FIGAS	350 Box Evano Apr. Rev. 1. MA 6-66	PRINTER + INK	292.21	
8-2-21	ALBUT S. Fione	21	Pires Beach Clear up	79.20	
8-3:21	ALBERT S. Frace	И	OFFICE Supplies	30.84	
8-6-21	Homer Sapar ALBERT S. Fronce	11	Nails Tape / TiE wraps (Home Deport)	54.18	
8-10-21	Albert S. Stone	11	Remarks mother ADS- NURRUN ABUDEAR	50006	m H
8-10-21	AM Albert S. FIORE	ıl	Pizza CAMPAIGN EVENT	179.76	
8-23-21	Albert S. Filone	"	Postage	55,00	
8-26-21	ALBIRT S. FIORE	61	Plastic Tle Wraps For signs	37.02	
8-26-21	ALBERT S. FICKE		Copies Stoppes	61-95	
8-29-21	ALBERT S. Fronz	u	Supplies	32/.98	*
		- N			بل
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)					۸,

790.16