

# Form CPF M 102: Campaign Finance Report Municipal Form Commissioners Municipal Finance Commissioners Municipal Form Office of Campaign and Political Finance

2021 FEB -8 PM 4: 37

Fill in Re	porting Period dates:	Beginning Date: 1/	1/2020	Fil Ending Da	VI WI WI I	erk or Election Commissio
Type of D	Leport: (Check one)					
	,					
8th day	preceding preliminary	8th day preceding election	30 day	after election	x year-end report	dissolution
Gerry Visco	onti		Commi	ttee to Elect Gerry	Visconti	
	Candidate Full Name (i	f applicable)		***************************************	Committee Name	
City Counci	lor at Large - City Wide		John Vi	sconti		
39 C350 Dr	Office Sought and	District			of Committee Treasurer	V
29 Case Di	ive Revere, MA 02151  Residential Add	lease.	29 Case	Drive Revere, MA		
E-mail:	gerryvisconti4cii				mittee Mailing Address	
		-ycouncii.com	E-mail: -	gerr	yvisconti4citycounci	il.com
Phone # (optio	nal):		Phone # (	optional):	·	
Γ		SUMMARY BALAN	ICE INFO	RMATION:		
	Line 1: Ending Balar	nce from previous report			224	.65
	Line 2: Total receipts	s this period (page 3, line 1	1)			950
	Line 3: Subtotal (line	1 plus line 2)			1,174.	.65
	Line 4: Total expend	itures this period (page 5, l	ine 14)		3	390
	Line 5: Ending Balan	ace (line 3 minus line 4)			784.	.65
	Line 6: Total in-kind	contributions this period (	page 6)			0
-	Line 7: Total (all) our	tstanding liabilities (page 7	7)		24,843.	58
	Line 8: Name of bank	(s) used: Santander Bank	J. 14. 40. 41. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
I certify that I hactivity, includifinance activity  Signed under t	of all persons acting under the auth	attached schedules and it is, to the become committee or an behalf of this committee	in accordance w	and liabilities for this re-	porting period and repres M.G.L. c. 55.	all campaign finance ents the campaign
FUK CAND	IDATE FILINGS ONLY:	Affidavit of Candidate: (check 1	box only)			
I certify the activity, of	an persons acting under the author	ding attached schedules and it is, to t ity or on behalf of this committee in ures on my behalf during this reporti	accordance with	the requirements of M	GI c 55 I have not rec	nt of all campaign finance beived any contributions,
I certify the	ivity, including contributions, loans	ding attached schedules and it is, to the respective of the further by or on behalf of	nts in-kind contr	ibutions and liabilities f	for this reporting period a	and rangaganta tha
Signed under t	he penalties of perjury:	may		(Candidate's sig	gnature) Date: _	1406/2011

#### 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  (Alababetical listing warning)			Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
12/22/2020	Deborah Shnek 350 Reverebeach Blvd Suite 5-5F Revere, MA 02151	200	Attorney - Self employed
9/15/2020	Massachusetts Laborers District Council 7 Laborers Way Hopkington, MA 01748	500	Union
1/16/2020	Robert Inello 200 Lynnway Revere, MA 02151	250	Electrician - Self employed
Line 9: Total Receipts over \$50 (or listed above)		950	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	0	
	RECEIPTS IN THE PERIOD	950	Enter on page 1, line 2

<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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(urphaeochear nothig required)	Amount	(101 CONTINUIONS OF \$200 OF MOTE)
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		Enter on page 1, line 2

<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 (continued)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		,			
	r		***************************************		
				***************************************	
	9				
		Line 12: Expenditures over \$50 (	(or listed above)		
Line 13: Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD		
If you have itemize	ed expenditures of \$50 and under	include them in line 12. Line 13 sho			

<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 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
·				
		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 CO	NTRIBUTIONS	

<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
CF- 12/31/19	Gerry Visconti	29 Case Drive Revere, MA 02151	Loan to Committee	23,673.58
1/20-12/2020	Independent News	385 Broadway Revere, MA 02151	ads	1,170
		·	Name of the second seco	
		,		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	24,843.58