

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF
ELECTION
COMMISSIONERS

2022 JAN 21 AM 11:31

File with: City or Town Clerk of Election Commission

Commonwealth of Massachusetts

Fill in Reporting Period dates:

Beginning Date:

10-16-21

Ending Date:

REVEREZ MA-21

Type of Report: (Check one)

8th day preceding preliminary

8th day preceding election

30 day after election

year-end report

dissolution

Patrick Keefe Jr.

Candidate Full Name (if applicable)

Ward 4 City Councillor

Office Sought and District

44 Kilburn St. Revere, MA 02151

Residential Address

E-mail: pkeefe44@comcast.net

Phone # (optional): 781-289-1191

Committee to Elect Patrick Keefe

Committee Name

Jennifer Keefe

Name of Committee Treasurer

44 Kilburn St. Revere, MA 02151

Committee Mailing Address

E-mail: JInfantino215@gmail.com

Phone # (optional): 617-233-8650

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

43,147.96

Line 2: Total receipts this period (page 3, line 11)

2,371.36

Line 3: Subtotal (line 1 plus line 2)

45,519.32

Line 4: Total expenditures this period (page 5, line 14)

1,469.15

Line 5: Ending Balance (line 3 minus line 4)

44,050.17

Line 6: Total in-kind contributions this period (page 6)

0.00

Line 7: Total (all) outstanding liabilities (page 7)

0.00

Line 8: Name of bank(s) used: Rockland Trust

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:

Jennifer Keefe

(Treasurer's signature)

Date: 1/20/22

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 my knowledge and belief, a true and complete statement of all 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. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting 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 best of my knowledge and belief, a true and complete statement of all campaign finance activity, including 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature]

(Candidate's signature)

Date: 1/20/22

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/19/21	Painters Allied Trades DC #35 25 Colgate Rd. Roslindale MA	500.00	Political Action committee Painters Allied Trades DC#35
10/19/21	Andrew Sica 11 Wildwood Rd. Middleton MA 01949	250.00	owner/partner Commonwealth Auto body
10/19/21	Matthew Philbin 39 Castle Rd. Nahant MA 01908	500.00	owner Roadway Inn Revere, MA
10/19/21	Daniel Sica 19 James Millen Rd. H. Reading MA 01864	250.00	owner/partner Commonwealth Auto Body
10/19/21	Joseph Prizio III 23 Carlson way Woburn MA 01801	250.00	manager, Joes mobile Revere MA
10/19/21	Joseph Prizio Jr. 96 Pleasant St. Woburn MA 01801	250.00	owner Joe's mobile Revere MA
10/19/21	Stacey Sevinor 7 Sevinor Rd Lynnfield MA 01940	218.36	owner Wayne Alarm
10/19/21	IBEW Local 103 256 Freeport St. Dorchester MA 02122	103.00	Political Action Committee IBEW local 103
Line 9: Total Receipts over \$50 (or listed above)		2321.36	
Line 10: Total Receipts \$50 and under* (not listed above)		50.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2371.36	← Enter on page 1, line 2

* 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)

Line 9: Total Receipts over \$50 (or listed above)	
Line 10: Total Receipts \$50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS IN THE PERIOD	

← Enter on page 1, line 2

* 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
10/20/21	Stop & Shop	Revere MA Squire Rd.	Donation of Prizes for community event	78.80
10/20/21	Advocate newspaper	Everett MA	Newspaper Ads	150.00
11/2/21	market Basket	Revere MA Squire Rd.	election day Food for sign holders	84.53
11/2/21	Luberto's Pastry Shop	Revere MA Broadway	Pizza for election day volunteers	72.00
11/9/21	Little Rieky Foundation	Revere MA	Donation	125.00
11/14/21	Murray's Tavern	Broadway Revere MA	Election night watch party	249.56
12/6/21	Costco Photo Center	Everett MA	campaign Christmas cards	65.15
12/16/21	Dryft Restaurant	Revere MA Revere Beach	Coats for kids event	243.92
12/20/21	Blanche & Sons	Revere MA Squire Rd.	Trophys for RHS Football	120.00
12/20/21	Advocate newspaper	Everett MA	Newspaper Ads	100.00
Line 12: Total Expenditures over \$50 (or listed above)				1288.96
Line 13: Total Expenditures \$50 and under* (not listed above)				180.19
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1469.15

Enter on page 1, line 4 →

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			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 EXPENDITURES IN THE PERIOD			

* 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)	
			Line 17: TOTAL IN-KIND CONTRIBUTIONS	0

Enter on page 1, line 6 →

* 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.

