



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

14 MAR 25 AM 11:10
File with: City or Town Clerk of Election Commission
REVERE, MA

Fill in Reporting Period dates: Beginning Date: Ending Date:

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)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="8,140.65"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="2,605.49"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="10,746.14"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="9,269.17"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="1,476.97"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="320.49"/>
Line 8: Name of bank(s) used:	<input type="text" value="Citizens Bank"/>

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: Peter Staats (Treasurer's signature) Date:

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the 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.

Candidate without Committee OR Candidate with independent activity filing separate report
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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Candidate's signature) Date:

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)
2/8/2014	"Kelly Brown 174 Endicott Avenue, Revere, MA 02151"	100	
2/6/2014	"Joe Catricala 141 Pomona Street, Revere MA 02151"	157.23	"Anesthesia Technician, MGH" (Loan)
2/11/2014	"Selene Hunter 43 Fowler Ave, Revere MA 02151"	800	"Retired, Retired"
2/11/2014	"Gail Miller 232 Orient Ave, East Boston MA 02128"	240	"Retired, Retired"
2/20/2014	"Michael Murphy 208 Grovers Ave, Winthrop MA 02152-1537"	500	"Physician, Mt. Auburn Hospital"
2/12/2014	"John Rodgers 36A Beachview Rd, East Boston , Ma 02128"	200	"Teacher, Boston Public Schools"
2/8/2014	"Leslie Schoenen 176 Suffolk Ave, Revere MA 02151"	100	
2/17/2014	"Stephen Staats 8 Puritan Road, Wenham MA 01984"	200	"Vice President of R&D, Zoe Medical"
2/25/2014	"Ronald Stoia 183 Webster St., East Boston MA 02128"	100	"Attorney, Self-Employed"
Line 9: Total Receipts over \$50 (or listed above)		2,397.23	
Line 10: Total Receipts \$50 and under* (not listed above)		208.26	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,605.49	← 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
2/19/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	Expenses for Citywide Mailing	8,330
2/19/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	Sign Mounting Materials for Large Signs	54.15
2/10/2014	Signs Maintenance Service Company LLC	P.O. Box 508, 24 Wallace Street, Bridgeport CT 06601	Large Signs	797.63
Line 12: Total Expenditures over \$50 (or listed above)				9,181.78
Line 13: Total Expenditures \$50 and under* (not listed above)				87.39
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				9,269.17

* 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 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
1/14/2014	Peter Staats	49 Marshall St N #1, Revere MA 02151	7 \$15 GoPhone Refills for Phone Banking	105
2/6/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	Toner for Printer	157.23
2/11/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	P.O. Box	37
2/12/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	\$10 GoPhone Refill (plus fees)	10.63
2/13/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	\$10 GoPhone Refill (plus fees)	10.63
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	320.49



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <input style="width: 100%;" type="text" value="2/19/2014"/>
Name of Individual Being Reimbursed: <input style="width: 95%;" type="text" value="Joe Catricala"/>	
Committee Name: <input style="width: 95%;" type="text" value="Don't Gamble on Revere"/>	
CPF ID Number (if applicable): <input style="width: 200px;" type="text"/>	Telephone Number (optional): <input style="width: 200px;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/12/2014	The Field Companies Fulfillment Center, Inc.	650 Pleasant Street (Rear), Watertown, MA 02472	Expenses for Citywide Mailing	\$8,330.00
2/12/2014	Home Depot	1100 Revere Beach Parkway, Chelsea MA 02150	Sign Mounting Materials for Large Signs	\$54.15

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 95%;" type="text" value="8,384.15"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 95%;" type="text" value="11.45"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 95%;" type="text" value="8,395.6"/>

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.