

# Form CPF M 102: Campaign Finance Report

Municipal Form

BOARD OF ELECTION COMMISSIONERS

Office of Campaign and Political Finance

of Massachusetts	File with City of Town Clark or Dection Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date: Dec 31, 2013
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding e	election 30 day after election year-end report dissolution
Candidate Full Name (if applicable)	Don't Gamble on Revere  Committee Name
Office Sought and District	Peter Staats  Name of Committee Treasurer
Residential Address	141 Pomona Street, Revere MA 02151  Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY B	BALANCE INFORMATION:
Line 1: Ending Balance from previous re	report 0
Line 2: Total receipts this period (page 3	
Line 3: Subtotal (line 1 plus line 2)	2,300
Line 4: Total expenditures this period (p	
Line 5: Ending Balance (line 3 minus line Line 6: Total in-kind contributions this part of the first state o	
Line 7: Total (all) outstanding liabilities	
Line 8: Name of bank(s) used: Citizens B	Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is activity, including all contributions, loans, receipts, expenditures, disbursement finance activity of all persons acting under the authority or on behalf of this considered by the contributions of perjury:	t is, to the best of my knowledge and belief, a true and complete statement of all campaign finance ments, in-kind contributions and liabilities for this reporting period and represents the campaign committee in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 1/17/2014
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate:	e: (check 1 box only)
Candidate with Committee and no activity independent of the comm  I certify that I have examined this report including attached schedules an activity, of all persons acting under the authority or on behalf of this con incurred any liabilities nor made any expenditures on my behalf during t	amittee and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, g this reporting period.
finance activity, including contributions, loans, receipts, expenditures, d	and it is, to the best of my knowledge and belief, a true and complete statement of all campaign disbursements, in-kind contributions and liabilities for this reporting period and represents the 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

Date Received	Please include your committee name and a p  Name and Residential Address  (alphabetical listing required)	Amour		Occupation & Employer (for contributions of \$200 or more)
2/30/2013	Catricala, Meagan 141 Pomona Street Revere MA 02151		200	Social Worker, Bayridge Hospital
2/30/2013	Schnittjer, Bryan 742 Saratoga Street Boston MA 02128		2,000	IT, GE
2/26/2013	Staats, Peter 49 North Marshall Street, Apt. 1 Revere MA 02151		100	
8				
Line O. Total R	eceipts over \$50 (or listed above)		2,300	
	Receipts \$50 and under* (not listed above)		(	
	A DECEMPTS IN THE PERIOD		2,30	Enter on page 1, line 2  ould include only those receipts not itemized above.  Page

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Add (alphabetical listing require		Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receip	pts over \$50 (or listed above)		2,300	±
Line 10: Total Recei	pts \$50 and under* (not listed ab	ove)	0	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		2,300	← 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

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	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Audress	r ut pose of Expenditure	Amount
				[C
				2
		Line 12: Total Expenditures	over \$50 (or listed above)	
		Line 13: Total Expenditures \$	650 and under* (not listed above)	33.1
			(130 13000 00010)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDI	ITURES IN THE PERIOD	33.1

<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.

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## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$5	0 (or listed above)	0
		Line 13: Expenditures \$50 and	under* (not listed above)	33.13
		Line 14: TOTAL EXPENDIT	Should include only those expenditure	33.13

<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	s over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

<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.

ate Incurred	To Whom Due	Address	Purpose	Amount