

Candidate signature (in ink)

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

COMMISSIONERS	7
12 JAN 20 SIONERS	

Date

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omanoa weekt Maasachmootts	12 JAN 20 NERS
ile with: City or Town Clerk or Election Commission Please print or type	2 JAN 20 AM 9: 55  REVERE, MA  Year Month Date Year
Fill in dates: Month Date Reporting Period Beginning / 2 06	Year   Month   Date   Year   2011   Ending   /2   31   2011
Type of report: (Check one)  ☐8th day preceding preliminary ☐8th day preceding	ng election □30 day after election □year-end report □dissolution
Full Name of Candidate (if applicable)	FRIENDS OF SUFFOLK DONNS  Committee Name  TOHN RIZZO
Office Sought and District	Po Box 535
Residential Address	E BOSTON MA 02128
Tel. No. (option	
Line 1: Ending balance from Line 2: Total receipts this p Line 3: Subtotal (line 1 plus line Line 4: Total expenditures t Line 5: Ending balance (line) Line 6: Total in-kind contribut Line 7: Total (all) outstanding	eriod (page 2, line 11)  2)  \$
finance activity, including all contributions, loans, receipts, expenditu	is and it is, to the best of my knowledge and belief, a true and complete statement of all campaign tres, 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. der the penalties of perjury:
FOR CANDIDATE FIL	INGS ONLY: (CANDIDATE MUST SIGN BELOW)
finance activity, of all persons acting under the authority or on behall contributions, incurred any liabilities nor made any expenditures on n  Candidate without Committee OR Candidate with Independed I certify that I have examined this report including attached schedule finance activity, including contributions, loans, receipts, expenditure campaign finance activity of all persons acting under the authority or	as and it is, to the best of my knowledge and benef, a true and complete statement of an excipation of for this committee in accordance with the requirements of M.G.L. c. 55. I have not received any my behalf during this reporting period.

#### 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 Hemize 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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Received	ceived (alphabetical listing required)		d)		Occupation & Employer (for contributions of \$200 or more	
12/21/11	SIGNLING SUFFOLK RI 111 Waldmar Lue C	E. BOSTON	100	00	h/A	
			The state of the s			
			Andrews and the second of the			
	· ·					
Line 9: T	Total receipts in excess of \$50 (or listed	above)	100	00		
	Total receipts \$50 and under* (not listed					
Line 11: T	TOTAL RECEIPTS IN THE PERIO	D	100	00	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 Page 2 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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	A	Address	P	urpose of Expenditure	Amount	
	Appendix App						
				***************************************			V
			es mucanoscocio				
			A Company of Control o				
					8		
						un-con-	
							-
			* 200				-
							_
			I	ine 12	Expenditures over \$50		+
			1	ine 13	: Expenditures \$50 and under	r*	- 1
	Enter on page 1, line 4		Y	i 1/	:TOTAL EXPENDITURI	ES -0	endi

\*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not remixed 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.

Date Received	r from the committee's records ar From Whom Received*	Residential Address	Description of Contribution	Value
	Sterling Suffork RACECOUTESE LLC	111 Waldeman Ave E Soston, MA 02128	EMAIL LIST	291.74
12/20/11	STERLING SUPFOLK RACECOURSE LLC	111 Naldeman Ave E Boston. MA 0210.		27.50
12/30/11	STEPLING SUFFULK RALECOURSE LLC	111 Naldemar Ave E BOSTON, MA 02128	EMAIL/ADDRESS	50.8
			: In-kind over \$50	291.74
	Enter on page 1, line 6		: In-kind \$50 and under 7: Total In-kind	78.37

<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.

#### 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
	JESSICA PAQUETTE	PO BOX 143 ROWLEY, MA 01969 P.D. BOX	76.00
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	76.00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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