

Form CPF M 102: Campaign Finance Report

**Municipal Form** 

Office of Campaign and Political Finance

COMMISSIONERS

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File with: City or Town Clerk or Election Commiss **Ending Date:** Dec 31, 2013 Fill in Reporting Period dates: Oct 19, 2013 Beginning Date: Type of Report: (Check one) x year-end report dissolution 30 day after election 8th day preceding preliminary 8th day preceding election C-T-E Jessica A. Giannino Jessica Ann Giannino Committee Name Candidate Full Name (if applicable) Joann Giannino Councillor At Large-City of Revere Name of Committee Treasurer Office Sought and District 14 Sigourney Street, Revere, MA 02151 14 Sigourney Street, Revere, MA 02151 Committee Mailing Address Residential Address (781) 284-3724 Telephone Number (optional): Telephone Number (optional): (781) 284-3724 **SUMMARY BALANCE INFORMATION:** Line 1: Ending Balance from previous report 12,647.05 5,240 Line 2: Total receipts this period (page 3, line 11) 17,887.05 Line 3: Subtotal (line 1 plus line 2) 5,218.72 Line 4: Total expenditures this period (page 5, line 14) 12,668.33 Line 5: Ending Balance (line 3 minus line 4) 0 **Line 6:** Total in-kind contributions this period (page 6) 0 Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: East Boston Savings 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. Date: Jan 15, 2014 (Treasurer's signature) Signed under the penalties of perjury: 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. Date: Jan 15, 2014 (Candidate's signature) Signed under the penalties of perjury:

# 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.)

port all receipts. I	Please include your committee name and a p	age number on eac	ch page.)
	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(101 CORT IDUCTIONS OF \$200 OF MOTE)
	  See Attached List		
	See Attached List		
			a
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Line 9: Total Rec	eipts over \$50 (or listed above)	4,200	
Y 10 7 15		1,040	
Line 10: Total Rec	ceipts \$50 and under* (not listed above)	1,040	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	5,240	← Enter on page 1, line 2
		ine 9 Line 10 shou	ld include only those receipts not itemized above.

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Schedule A

Contraction	Occupation					<b>Funeral Director</b>					Self Employed	Mechanic	\$200.00 Real Estate	Retired			\$500.00 Housewife										Self Employed			
+41.000	1	\$100.00	\$100.00	\$100.00	\$75.00	\$200.00	\$150.00	\$100.00	\$100.00	\$100.00	\$200.00	\$200.00	\$200.00	\$200.00	\$150.00	\$100.00	\$500.00	\$100.00	\$100.00	\$250.00	\$100.00	\$75.00	\$100.00	\$100.00	\$100.00	\$250.00	\$250.00	\$100.00	\$100.00	\$4,200.00
01010	State	ΔA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA		MA	MA	MA	MA	MA		MA	MA	MA	
	CITY	Lynn	Revere	Revere	Revere	Revere	Saugus	Revere	Revere	Boxford	Lynnfield	Revere	Revere	Revere	Revere	d Revere	Boxford	Lynnfield	Revere		Wakefield	Revere	Revere	Revere	Revere		Revere	Topsfield	Revere	Tolal
	Street	628 Walnut St	141 Fenley St	628 Revere Beach Blvd	369 Rice Ave	128 Revere St.	1 Tanglewood Dr	250 Park Ave	83 Pemberton St	9 King Edward Ct	11 Wymon Way	514 Broadway	1 Carey Circle	64 Sigourney St	2 Marshview Terrace	510-515 Revere Beach Blvd Revere	80 A Lawrence Rd	44 Homestead Rd	22 Dedham St		18 Old Colony Dr	70 Rooservelt St	59 Witherbee Ave	26 Venditto Rd	89 Revere St	PAC #80374	P.O. Box 365	83 Bare Hill Rd	72 Glendale St.	
	First Name	Michael	George	Sheila	Lauriellen	Paul	David	Linda	Kevin	Robert	Stanley	Joseph	Joseph	Domenic	Kevin	Robert	Debra	Sharon	Thomas	al 7 PAC-CPF #80219	Jean	Karyn	Maryellen	Priscilla	Richard Jr.	Fighters Of Ma.		Karen	Ronald	
	Date Last Name	10/28/2013 Alukonis	10/21/2013 Anzuoni	10/21/2013 Anzuoni	10/21/2013 Baker	10/30/2013 Buonfiglio	10/21/2013 Callahan	10/21/2013 Carlton	10/13/2013 Chiles	10/21/2013 Cronin	10/19/2013 De Martinis	10/21/2013 DeFeo	10/21/2013 DiGangi	11/2/2013 DiLuigi	10/21/2013 Fitzgerald	11/2/2013 Gaber	10/21/2013 Giannino	11/4/2013 Goodwin	10/21/2013 Hill	10/31/2013 Iron Workers Local 7 PAC-CPF #80219	10/21/2013 Kolinsky	10/21/2013 Maglione	10/21/2013 Martin	10/21/2013 Nickerson	10/13/2013 Picardi	10/25/2013 Professional Fire	10/21/2013 Russo	10/21/2013 Tavernese	11/2/2013 Terenzi	

### 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.)

port an expent	litures. Please include your common To Whom Paid	111111111111111111111111111111111111111	name and a page number of	ouen page.)	
Date Paid	(alphabetical listing)		Address	Purpose of Expenditure	Amount
	See Attached List				
		1 -			
		Line	12: Total Expenditures ov	ver \$50 (or listed above)	5,218.7
		Line	13: Total Expenditures \$50	0 and under* (not listed above)	
					F 246
	Enter on page 1, line $4 \rightarrow$	Line	14: TOTAL EXPENDIT	UKES IN THE PERIOD	5,218.

<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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# Jessica Giannino

Schedule B

Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount
10/31/2013	10/31/2013 Ad Power Advertising	46 Neponset St. Revere	Printing	\$802.92
10/31/2013	10/31/2013 Ad Power Advertising	46 Neponset St. Revere	Printing	\$437.98
10/31/2013	10/31/2013 BI'S Wholesale Club	5 Ward St., Revere, MA	Supplies for event 11/3	\$209.07
11/18/2013 Castles	Castles			\$35.00
11/8/2013	11/8/2013 Chinese Dragon	380 Chelsea St. East Boston, MA	Food for election night 11/5	\$512.20
10/24/2013	10/24/2013 City of Revere	281 Broadway	Election List	\$30.00
10/22/2013	10/22/2013 DeMaino's Restaurant	14 Malden St. Revere, MA	Fundraiser 10/21	\$1,532.00
10/25/2013	10/25/2013 Independent Newspaper	385 Broadway , Revere, MA	Ad	\$160.00
10/28/2013	10/28/2013 Independent Newspaper	385 Broadway , Revere, MA	Ad	\$278.00
12/18/2013	12/18/2013 Independent Newspaper	385 Broadway , Revere, MA	Ad	\$50.00
12/15/2013	12/15/2013 Jessica Giannino	14 Sigourney St	Reimbursement/Stationary	\$34.60
11/15/2013	11/15/2013 Joanne McKenna	830 Winthrop Ave	Pictures for event 11/3	\$100.00
11/6/2013	11/6/2013 Joseph Canzano	130 Washburn Ave	Entertainment at event 11/3	\$300.00
12/15/2013 Lables	lables		Return address lables	\$6.95
11/8/2013	11/8/2013 Lubertos Pastry Shop	208 Broadway, Revere	Pizza for election day	\$100.00
10/25/2013	10/25/2013 The Advocate Newspaper	573 Broadway, Everett, MA	Ad	\$180.00
11/3/2013	11/3/2013 The Mattola Post	10 Garofolo St, Revere, MA	Hall rental 11/3	\$400.00
12/22/2013	12/22/2013 Walk Revere		Donation	\$50.00
			Total	\$5,218.72

## 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	<b>Description of Contribution</b>	Value
1		Line 15: In-Kind Contributions	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 CO	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.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAN	NDING LIABILITIES (ALL)	0

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