

Form CPF M 102: Campaign Finance Report Municipal Form Compared to the company of the company Municipal Form Office of Campaign and Political Finance 17 OCT 23 PM 1: 22

Fill in Reporting Period dates: Beginning Date: 08-20	6-17 Ending Date: 10-20-17
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
8th day preceding preliminary 8th day preceding election	
Jessica Ann Giannino	CTE Jessica Ann Giannino
Candidate Full Name (if applicable)	Committee Name Joann Giannino
Councilor At Large - City of Revere Office Sought and District	Name of Committee Treasurer
14 Sigourney St., Revere, MA 02151	14 Sigourney St., Revere, MA 02151
Residential Address	Committee Mailing Address
E-mail:	E-mail:
Phone # (optional): 7812843724	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	38,487.39
Line 2: Total receipts this period (page 3, line 11)	2,550.00
Line 3: Subtotal (line 1 plus line 2)	41,037.39
Line 4: Total expenditures this period (page 5, lin	ne 14) 520.00
Line 5: Ending Balance (line 3 minus line 4)	40,517.39
Line 6: Total in-kind contributions this period (pa	age 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: East Boston Saving	s Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 10 20 17
Candidate with Committee and no activity independent of the committee activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	the best of my knowledge and belief, a true and complete statement of all campaign finance occordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag period.
Candidate without Committee OR Candidate with independent activity filing s I certify that I have examined this report including attached schedules and it is, to th finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	te best of my knowledge and belief, a true and complete statement of all campaign ts, in-kind contributions and liabilities for this reporting period and represents the his committee in accordance with the requirements of M.G.L. c. 55.

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.)

	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
10/06/17	DiCesare, Vincent 1605 North Shore Rd	\$500.00	Self Employed	
08/25/17	Faneuil, Edward 100 Belvidere St Boston, MA	\$500.00	Attorney	
08/22/17	Repucci, Robert 4 Colette Rd. Wakefield, MA	\$50.00		
10/10/17	Simeone, Lawrence 105 Great Pond Dr Boxford, MA	\$500.00	Attorney	
08/24/17	Slifka, Eric 9 Clark Rd Wellesley Hills, MA	\$500.00	Letter Sent	
08/30/17	Slifka, Richard PO Box 9161 Waltham, MA	\$500.00	Letter Sent	
Line 9: Total Reco	eipts over \$50 (or listed above)	\$2550.00		
Line 10: Total Receipts \$50 and under* (not listed above)		0	-	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$2550,00	← 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)	Occupation & Employer (for contributions of \$200 or more)	
	(m.F and 1 oddin on)	Amount	(101 COMMINGHOUS OF 5200 OF MOTE)
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ne 9: Total Receip	ts over \$50 (or listed above)		
ne 10: Total Receip	ots \$50 and under* (not listed above)		
ne 11: TOTAL RI	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2
	L L		d include only those receipts not itemized above.

^{*} 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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
09/13/17	Columbus Day Parade	281 Broadway Revere, MA	Parade	\$100.00
09/21/17	Independent News Paper Group	385 Broadway Revere, MA	Ad	\$40.00
09/13/17	Revere Fire Retirees	55 Hunt Rd Kingston, NH	Donation	\$100.00
09/21/17	Revere Special Olympics	241 Sargent St Revere, MA	Donation	\$30.00
09/24/17	RHS Hockey	62 Endicott Ave Revere, MA	Donation	\$50.00
09/21/17	St. Mary's Big Ricky	670 Washington Ave Revere, MA	Donation	\$50.00
09/01/17	The Advocate	PO Box 490407 Everett, MA	Ad	\$50.00
09/08/17	The Advocate	PO Box 490407 Everett, MA	Ad	\$50.00
10/14/17	The Advocate	PO Box 490407 Everett, MA	Ad	\$50.00
	<u> </u>	Line 12: Total Expenditu	res over \$50 (or listed above)	\$520.00
			res \$50 and under* (not listed above)	(
	Enter on page 1, line 4 →	Line 14. TOTAL EXPE	NDITURES IN THE PERIOD	\$520.00

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		<u> </u>			
				:	
				<u> </u>	
				:	
		<u> </u>			
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					

^{*} 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
<u> </u>		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	L	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO		0

^{*} 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 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	0
			· · · · · · · · · · · · · · · · · · ·	Page 7