

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 10-2	0-21-17 Ending Date: 12-31-17
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	n 30 day after election vear-end report dissolution
Jessica Ann Giannino Candidate Full Name (if applicable) Councilor At Large - City of Revere Office Sought and District 14 Sigourney St., Revere, MA 02151	CTE Jessica Ann Giannino Committee Name Joann Giannino Name of Committee Treasurer 14 Sigourney St., Revere, MA 02151 Committee Mailing Address
Residential Address E-mail: Phone # (optional): 781-284-3724	E-mail: Phone # (optional):
STOREST ANY DATA	NCE INFORMATION:
Line 1: Ending Balance from previous report	\$40.517.39
Line 2: Total receipts this period (page 3, line	
Line 3: Subtotal (line 1 plus line 2)	#D 000 FG
	5, line 14)
Line 8: Name of bank(s) used: East Boston Savin	
activity, including all contributions, loans, receipts, expenditures, disturbations, in finance activity of all persons acting under the fatherity or on behalf of this committee. Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check Candidate with Committee and no activity independent of the committee. I certify that I have examined this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf during this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf of this committee.	reck 1 box only) see t is, to the best of my knowledge and belief, a true and complete statement of all campaign finance tittee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, reporting period. sy filing separate report t is, to the best of my knowledge and belief, a true and complete statement of all campaign trustements, in-kind contributions and liabilities for this reporting period and represents the half of this committee in accordance with the requirements of M.G.L. c. 55.
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period Line 7: Total (all) outstanding liabilities (page Line 8: Name of bank(s) used: East Boston Savin Affidavit of Committee Treasurer: Lectify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, infinance activity of all persons acting under the pathority or on behalf of this committee and under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check candidate with Committee and no activity independent of the committee incurred any liabilities nor made any expenditures on my behalf of this committee. Lectify that I have examined this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf auring this report including attached schedules and it is.	\$500.00 \$41,017.39 5, line 14) \$3,282.56 \$37,734.83 and (page 6) \$3,282.56 \$37,734.83 and (page 6) \$3,282.56 \$37,734.83 and (page 6) \$3,282.56 By the best of my knowledge and belief, a true and complete statement of all campaign final in-kind contributions and liabilities for this reporting period and represents the campaign mittee in accordance with the requirements of M.G.L. c. 55. The campaign of the best of my knowledge and belief, a true and complete statement of all campaign tittee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions period. The filing separate report is, in-kind contributions and liabilities for this reporting period and represents the half of this 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.)

<u> </u>	Please include your committee name and a pa Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
2/12/17	Joseph R. Dinanno 118 Main Street Malden MA	\$500.00	Republic Properties
ine 9: Total Re	ceipts over \$50 (or listed above)	\$500.0	
ine 10: Total Re	eceipts \$50 and under* (not listed above)		o
Line 11: TOTAL	RECEIPTS IN THE PERIOD	\$500.0	Enter on page 1, line 2 uld 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	litures. Please include your committee To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Total Expenditu	res over \$50 (or listed above)	\$3,282
		Line 13: Total Expenditu	res \$50 and under* (not listed above)	
			NDITURES IN THE PERIOD	\$3282

^{*} 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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Date	To Whom Paid	Address	Purpose of Expenditure	Amount
10/27/2017	Party City	8 Mystic View Rd, Everett MA 02149	Revere Rec Halloween Night	\$133.83
	Northrop Printing	919 Wintrhop Ave., Revere, MA 02151	Invites/ Business Cards	\$297.50
	Arco Welding	1200 Eastern Ave., Malden MA 02148	Ballons Revere Rec Event	\$106.54
	CTE Arrigo	Po Box 624, Revere MA 02151	Friendsgiving Event Donation	\$50.00
11/6/2017		5 Ward St., Revere MA 02151	Water/ Snacks sign holders	\$27.06
	Pollo Royal	529 Broadway Revere, MA 02151	Election Night Event	\$160.50
, ,	Market Basket	275 Squire Rd, Revere MA 02151	Donuts for poll workers	\$164.73
	The Advocate	Po Box 490407, Everett MA 02149	Ad	\$50.00
	Ad Power Advertising	46 Neponset St., Revere MA 02151	Emery Boards	\$337.40
		Po Box 380, Broadway, Revere MA 0215	·	\$900.00
	The Advocate	Po Box 490407, Everett MA 02149	Ad	\$50.00
	Just A Little Help Burial Funds	Po Box 262, Revere MA 02151	Donation	\$25.00
	The Advocate	Po Box 490407, Everett MA 02149	Ad	\$540.00
• •	Lincoln School PTA	68 Tuckerman St., Revere MA 02151	Donation	\$50.00
, -	Santa Walk	280 Broadway, Revere, MA 02151	Donation	\$40.00
	3 The Advocate	Po Box 490407, Everett MA 02149	Ad	\$50.00
• •	The Advocate	Po Box 490407, Everett MA 02149	Ad	\$180.00
		r Po Box 380, Broadway, Revere MA 0215	1 Ad	\$120.00
11/30/2010	, macpendent newspaper orou			\$3,282.56

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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 6 on page 1.

	E W/L Denoived*	Residential Address	Description of Contribution	Value
Date Received	From Whom Received*	Residential Address		
	 			
	-			
		:		
[<u></u>] <u>L</u>		Line 15: In-Kind Contributio	ns over \$50 (or listed above)	
			ns \$50 & under (not listed above)	
		Line 17: TOTAL IN-KIND		

^{*} 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
		→ Line 18: TOTAL OUTSTA	NOTICE LABORATES (AL	1