



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF  
ELECTION  
COMMISSIONERS

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Commonwealth  
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/19/13 Ending Date: 12/31/13

Type of Report: (Check one)  
 8th day preceding preliminary   
 8th day preceding election   
 30 day after election   
 year-end report   
 dissolution

Arthur F. Guinasso  
Candidate Full Name (if applicable)

Councillor Ward 3  
Office Sought and District

2 Martin St.  
Residential Address

Telephone Number (optional): 781-284-3339

Comm To Re-Elect Arthur Guinasso  
Committee Name

Karin Atsales  
Name of Committee Treasurer

2 Martin St.  
Committee Mailing Address

Telephone Number (optional): \_\_\_\_\_

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>18,859.09</u>
Line 2: Total receipts this period (page 3, line 11)	<u>650.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>19,509.09</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>952.29</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>18,556.80</u>
Line 6: Total in-kind contributions this period (page 6)	<u>- 0 -</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>2,000.00</u>
Line 8: Name of bank(s) used:	_____

**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.

Signed under the penalties of perjury: Karin Atsales (Treasurer's signature) Date: 1/9/14

**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.

Signed under the penalties of perjury: Arthur Guinasso (Candidate's signature) Date: 1/9/14

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(See Schedule A Attached)		

Line 9: Total Receipts over \$50 (or listed above)	650.00
Line 10: Total Receipts \$50 and under* (not listed above)	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>	<b>650.00</b>

← 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

Date	From Whom Received	Residential Address	Amount
10/21/2013	City of Revere	281 Broadway Revere, MA 02151	150.00
10/21/2013	Joseph R. DiNanno Developer	507 Essex St. Lynnfield, MA 01640	500.00
		Line 9: Total receipts in excess of \$50.....	650.00
		Line 10: Total receipts \$50 and under.....	
		Line 11: TOTAL RECEIPTS IN THE PERIOD	650.00

## 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 (alphabetical listing)	Address	Purpose of Expenditure	Amount
(See Schedule B Attached)				

Line 12: Total Expenditures over \$50 (or listed above)	943.29
Line 13: Total Expenditures \$50 and under* (not listed above)	9.00
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	<b>952.29</b>

Enter on page 1, line 4 →

\* 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 over \$50 (or listed above)

Line 16: In-Kind Contributions \$50 & under (not listed above)

Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**

\* 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
10/14/03	Arthur F. Guinasso	2 Martin St. Revere	Loan	2,000
Enter on page 1, line 7 → <b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				2,000