

Form CPF M 102: Campaign Finance Report Municipal Form COLAMISSIONERS Office of Campaign and Political Finance 17 NOV -1 PM 6: 42

(Candidate's signature)

| Fill in Reporting Period dates: Beginning Date: | 1. 17 Ending Date: 8.2517 |
|--|--|
| Type of Report: (Check one) Sth day preceding preliminary 8th day preceding election [| 30 day after election year-end report dissolution |
| Candidate Full Name (if applicable) Office Sought and District Residential Address E-mail: Phone # (optional): | Committee to Elect Nichalas Memberson Committee Name Tina Lawren Name of Committee Treasurer Let kmpk Ave, wentwoop ma BBS Committee Mailing Address E-mail: tinamaukia @ gmau. cm Phone # (optional): 617-716-9914 |
| SUMMARY BALANCI | E INFORMATION: |
| Line 1: Ending Balance from previous report | Ø |
| Line 2: Total receipts this period (page 3, line 11) | 2375.00 |
| Line 3: Subtotal (line 1 plus line 2) | 2375.00 |
| Line 4: Total expenditures this period (page 5, line | 2050.60 |
| Line 5: Ending Balance (line 3 minus line 4) | 385.00 |
| Line 6: Total in-kind contributions this period (page | ge 6) |
| Line 7: Total (all) outstanding liabilities (page 7) | 915.00 |
| Line 8: Name of bank(s) used: Chyns | Bank |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind c finance activity of all persons acting under the anthonity of on behalf of this committee in a Signed under the penalties of perjury: | commons and happings for this reporting period and represents and amount of |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box | x only) |
| activity, of all persons acting under the authority or on behalf of this commutee in acting incurred any liabilities nor made any expenditures on my behalf during this reporting | |
| Candidate without Committee OR Candidate with independent activity filing se I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, examiditures, disburst including campaign finance activity of all persons acting under the authority of on betalf of thi | e best of my knowledge and benef, a the and complete statement of the |

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 recognition and employer must be reported for all persons who contribute \$200 or more in a calendar year.

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.)

| report all receipts. Please include your committee name and a page number on each page.) | | | | | | |
|--|---|---------------------------|--|--|--|--|
| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) | | | |
| 4.118.12 10/17/17 | James Capubianeo 53 August Aul umanup ma 00152 | 100.00 | | | | |
| 4/10/17 | Joseph Kehve 151 washington of 151 washington of 151 washington of | 500 00 | Self Employed, Owner Cullision HadQuarters Nevere me | | | |
| 4/10/17 | Adreme Salekno 160 baywater St Sast Kusten ma 13128 | \$00.00 | Cushmer Seence Vekizon | | | |
| 4/10/17 | Richard Scirocco 10 Howest Simernile ma voils | 100.00 | | | | |
| 5/30/17 | Lionard Spada HI Evere# Are, 1F Cheldra ma 0+150 | 1,000. W | Self Employed Lauger Owner, Spada Law Rem | | | |
| 16/17/17 | Derck Spitaleri 14 Roxmont St 4ynn ma 01944 | 100.W | | | | |
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| Line 9: Total Receipts over \$50 (or listed above) | | 2,000.00 | | | | |
| | | 375.00 | | | | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD 2375.00 | | ← 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) | Amount | Occupation & Employer (for contributions of \$200 or more) |
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| Line 9: Total Receip | ots over \$50 (or listed above) | | |
| Line 10: Total Recei | pts \$50 and under* (not listed above) | | |
| | ECEIPTS IN THE PERIOD | | 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 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.)

| report all expenditures. Please include your committee name and a page number on each page.) | | | | | |
|--|-------------------------------------|--|------------------------|----------|--|
| | To Whom Paid | | | | |
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount | |
| | Image Omerots and Designs (1640) | 31 Cedar St | Campayn Wherea | | |
| 5/25/17 | and Designs (1640) | neath leading and | | 700.00 | |
| | | north Realing, man | Signs | | |
| | | 31 Cedar & | (A) | | |
| $\ I_{1} I_{2} I_{2} \ $ | Image Concepts and Desrons | 31 6000 | Campuigr- | 1,000,00 | |
| 4/2//1/ | and Designs | north Kending many | Sisns | 1,000 | |
| | <u> </u> | | | | |
| | (Colombis day Parade) | | Celimbus Day | 100.W | |
| 7/24/17- | (Colombis day Parade) | | Pande | | |
| | | | | | |
| | Culot Revue | 150 Reach 5 | "Safe Saturday" | 200 (1) | |
| 110/27/17 | Cuf of Revere Parks & MC Dept | severe ma 457 | - | 250,W | |
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| Line 12: Total Expenditures over \$50 (or listed above) | | | 2050. 10 | | |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | Ø | | |
| Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | 2050.W | | |

^{*} 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)

| SCHEDULE B. EXTENDITORS (COLUMN) | | | | | |
|---|---------------------------------------|------------------------|------------------------------|--------|--|
| Data Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount | |
| Date Paid | (alphabetear instang) | | | | |
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| 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 | | | | | |
| | Enter on page 1, line $4 \rightarrow$ | Line 14: IUIAL EAFENDI | 1 11: 1-1 but have expendity | | |

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

Page 5

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.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|---------------|---------------------------|--|-----------------------------|-------|
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| | | 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 → | ter 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.

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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 2 6 15.00 hick paid as those liabilities incurred during this reporting period. Purpose Amount To Whom Due Address Date Incurred 1815.00 TO (1700.00) Alg 115.00 TO IMAK Cenusts 31 Cedarst Campaign M. Keading Ma UBGG Signs Chudiduk paid The Prst coow for signs but ut pocket 143 Larter Rd pick Moulaum 800.10 power ma 18151

Enter on page 1, line $7 \rightarrow \left|$ Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

3,00