

Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance

Commonwealth of Massachusetts	18 JAN 15 PHP 55 File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 10	- 21-17 Ending Date: 12-151-14
Type of Report: (Check one)	- · · · · · · · · · · · · · · · · · · ·
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Candidate Full Name (if applicable) CITY COUNCILLOR, WARD 2, REVERE MA Office Sought and District 53 DEHON STREET, #1, REVERE MA Residential Address E-mail: INDVOSELSKY @ revere. org	COMMITTEE FOR IRA NOVOSELSKY Committee Name NANCY M. GOLDSTEIN Name of Committee Treasurer 51 DEHON STREET, #1, REVERE, MA Committee Mailing Address E-mail: Nmg 51@ yahoo. Com Phone # (optional): 781-284-4097
Phone # (optional): 781-289-7031	Phone # (optional): 781-284-4097
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	\$ 42,022.86
Line 2: Total receipts this period (page 3, line 11)	\$ 3,380.50
Line 3: Subtotal (line 1 plus line 2)	\$ 45, 403.36
Line 4: Total expenditures this period (page 5, line	14) \$ 1,835.48
Line 5: Ending Balance (line 3 minus line 4)	\$ 43,567.88
Line 6: Total in-kind contributions this period (page	e 6) 🛛 🔻
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used: 57. JEAN'S CREDI	Y AVENUE, REVERE, MA 02151
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in acc Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of 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 be activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting per Candidate without Committee OR Candidate with independent activity filing sepa I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this committee.	cordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: /-/2-18 Inly) The strip of my knowledge and belief, a true and complete statement of all campaign finance reduce with the requirements of M.G.L. c. 55. I have not received any contributions, strip of my knowledge and belief, a true and complete statement of all campaign finance reduce with the requirements of M.G.L. c. 55. I have not received any contributions, strip of my knowledge and belief, a true and complete statement of all campaign reduced in the contributions and liabilities for this reporting period and represents 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 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.)

eport all receipts. I	port all receipts. Please include your committee name and a page number on each page.)				
Name and Residential Address			Occupation & Employer (for contributions of \$200 or more)		
Date Received	(alphabetical listing required)	Amount	(107 CONCERDUCIONS OF \$200 OF MOTE)		
11-13-17	ANZUONI, GEORGE 141 FENLEY STREET REVERE, MA 02151	\$ 100.00			
11-9-17	ARONSON, DAVID P.O. BOX 1436 MARBLEHEAD, MA 01945	\$ 1.50.00			
11-9-17	CHEA, MENGLY 560 BEACH STREET, APT.3 REVERE, MA 02151	\$100,00			
//-3-17	CIPOLETTA, JAMES 385 BROADWAY, #307 REVERE, MA 02151	\$ 250.00	ATTORNEY SELF-EMPLOYED		
11-1-17	DINANNO, JOSEPH 507 ESSEX STREET LYNNFIELD, MA 01940	\$.500.00	REAL ESTATE DEVELOPER R. DINANNO & SONS		
11-1-17	FANEUIL, EDWARD 100 BELVEDERE ST., APT. 5H BOSTON, MA 02199	\$.500.00	GENERAL COUNSEL GLOBAL COMPANIES, L.L.C.		
11-18-17	GULLA, JOSEPH 7 AMY ROAD PEABODY, MA 01960	\$ 100.00			
11-1-17	RIHANE, IBRAHIM 404 REVERE BEACH PARKWAY REVERE, MA 02151	\$ 500.00	SOLE PROPRIETOR USA AUTO REPAIR		
11-/-17	SLIFKA, RICHARD P.D. BOX 9161 WALTHAM, MA 02054	\$ 500.00			
11-1-17	SLIFKA, ERIC 9 CLARK ROAD WELLESLEY HILLS, MA 02181	\$ 500.00	PRESIDENT/CEO GLOBAL COMPANIES, L.L.C.		
Line 9: Total Receipts over \$50 (or listed above)					
Line 10: Total Re	ceipts \$50 and under* (not listed above)	<u> </u>			
Line 11: TOTAI	RECEIPTS 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,

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to from committee records, and reported on line 13.

	Expenditures" attachment is avail tures. Please include your commi To Whom Paid		Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address	Tarpose of any	
11-14-17 THRU	ADVOCATE NEWS PAPERS,	PO.BOX 490407 EVERETT, MA	POLITICAL ADVERTISING	\$,258,00
11-27-17	CARD MEMBER SERVICE	P.O. BOX 790408	CREDIT CARD CHARGES HOME DEPOT: MATERIALS HOME DEPOT POLITICAL SIGNS	\$124.48
11-14-17	NEWS-	ST. Louis, MO [P.O. Box 380	POLITICAL	\$ 55D.00
10-30-17 THRU 12-8-17	INDEPENDENT NEWS- PAPER GROUP, L.L.C.	REVERE, MA	A DVETETISTICS	
12-26-17	NORTHRUP PRINTING CORP.	919 WINTHROP AVE. REVERE, MA	PRINTING & POLITER FOR WARD - WIDE POLITER THANKYOU MAILING	\$ 763.00
11-7-17	REVERE CHAMBER OF COMMERCE	P.O.BOX 63 300 BROADWAY REVERE, MA	MEMBERSHIP DUES	\$ 100.00
		TOEVE		
			enver \$50 (or listed above)	<i>\$ 1,795.</i>
			s sover \$50 (or listed above) s \$50 and under* (not listed above)	
	Enter on page 1, line	TOTAL EXPEN	DITURES IN THE PERIOD	\$1,835.

^{*} 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 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 Con	tribution Value
	,		
_			
		Line 15: In-Kind Contributions over \$50 (or listed	above) &
Line 16: In-Kind Contributions \$50 & under (not listed above)			sted above) 🔍
Enter on page 1, line 6 -> Line 17: TOTAL IN-KIND CONTRIBUTIONS			X

^{*} 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.

Page 6

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 OUTSTANDING LIABILITIES (ALL)				Page

Page 7