



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

18 JAN 22 PM 3:51

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10-21-2017 Ending Date: 12-31-2017

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

John F. Powers  
Candidate Full Name (if applicable)  
WARD FIVE COUNCILLOR  
Office Sought and District  
46 W. Poncet St - REVERE, MA  
Residential Address  
Telephone Number (optional): 781-898-5665

COMMITTEE TO ELECT JOHN F. POWERS  
Committee Name  
CHARLENE F. THEODORE  
Name of Committee Treasurer  
46 W. Poncet St - REVERE, MA  
Committee Mailing Address  
Telephone Number (optional): 781-284-2100

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>38,226.74</u>
Line 2: Total receipts this period (page 3, line 11)	<u>2,751.10</u>
Line 3: Subtotal (line 1 plus line 2)	<u>40,977.84</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>5,781.12</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>35,196.72</u>
Line 6: Total in-kind contributions this period (page 6)	<u>-0-</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>-0-</u>
Line 8: Name of bank(s) used:	<u>PEOPLES UNITED BANK</u>

**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: Charlene F. Theodore (Treasurer's signature) Date: 1/18/18

**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: John F. Powers (Candidate's signature) Date: 1-18-18

## 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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10-27-2017	DINANNI, JOSEPA 507 ESSEX ST. LYNN FIELD MA 01940	500.00	PRINCIPAL (PLANET FITNESS)
10-27-2017	FANEUIL, EDWARD 100 BELVIDERE ST. BOSTON, MA 02199	500.00	ATTY. GLOBAL
Nov. 2017	D'BRINI, THOMAS 56 NORTH ST. LEXINGTON, MA	200.00	PRINCIPAL MYM SUSSEX DOWNS
10-27-2017	SIMEONE, LAWRENCE, JR. 105 GREAT POUD DR. BOX FORD MA 01921	500.00	ATTY.
10-27-2017	SLIFKA, ERIKA 9 CLARK ROAD WALLESLEY, MA 02481	500.00	PRINCIPAL GLOBAL
10-27-2017	SLIFKA, RICHARD P.O. Box 9161 WALTHAM, MA 02454	500.00	PRINCIPAL GLOBAL
	PAOLUC UNITED BANK INTEREST 1.10		

Line 9: Total Receipts over \$50 (or listed above)	2700.00
Line 10: Total Receipts \$50 and under* (not listed above)	61.10
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>	<b>2751.10</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 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 ATTACHED SCHEDULE B				
Line 12: Total Expenditures over \$50 (or listed above)				5550.25
Line 13: Total Expenditures \$50 and under* (not listed above)				230.87
Line 14: TOTAL EXPENDITURES IN THE PERIOD				5781.12

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. Page 4

## Schedule B: \$Expenditures \$50.00 and over.

<b>Date Paid</b>	<b>To Whom Paid</b>	<b>Address</b>	<b>Purpose</b>	<b>Amount</b>
12-27-2017	Birchcraft Studios DSF	Abington, MA	Greeting Cards	302.46
12-30-2017	Chase Card Services	Palatine, IL	Gift Card/Pens	143.56
12-30-2017	Chase Card Services	Palatine, IL	Computer Hardware/Pens	394.21
10-31-2017	Fast Signs	Woburn, MA	Lawn Signs	238.66
10-31-2017	Madison Group, Inc.	Revere, MA	Printing, Mailing & Postage	3077.36
11-17-2017	Market Basket	Revere, MA	Gift Certificates - (Raffle)	75.00
12-11-2017	Picardi, Michael	Revere, MA	City Hall Christmas Party	75.00
11-02-2017	Postmaster Boston	Revere, MA	Postage for Mailing Cards	196.00
12-11-2017	Postmaster Boston	Revere, MA	Postage for Mailing Cards	98.00
11-14-2017	Revere Advocate	Everett, MA	Advertising	100.00
12-07-2017	Revere Advocate	Everett, Ma	Advertising	50.00
12-30-2017	Revere Advocate	Everett, MA	Advertising	80.00
11-06-2017	Revere Journal	Revere, MA	Advertising	220.00
12-27-2017	Revere Journal	Revere, MA	Advertising	200.00
12-05-2017	Sparks, Harold	Saugus, MA	Computer Related	200.00
11-17-2017	Winthrop Arms	Winthrop Arms	Gift Certificate	100.00
				<b>\$5550.25</b>

## 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
Line 15: In-Kind Contributions over \$50 (or listed above)				10
Line 16: In-Kind Contributions \$50 & under (not listed above)				-64
<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				<b>10</b>

Enter on page 1, line 6 →

\* 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 →				<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	/ Δ /