



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

14 SEP -3 AM 9:03

REVERE, MA.

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning 1 / 1 / 2014 Ending 8 / 22 / 14

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

Stephen F. Reardon
Full Name of Candidate (if applicable)
Ward 4 Revere City Council
Office Sought and District
347 Vane St
Residential Address
Revere MA 02151
Tel. No. (optional)

Committee to Elect Stephen F. Reardon
Committee Name
Dorothy Reardon
Name of Committee Treasurer
347 Vane St
Committee Mailing Address
Revere MA 02151
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>2,315.93</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>7173.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>15,488.93</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>3,243.77</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>12,145.16</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>East Boston Savings 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:

[Signature]
Treasurer's signature (in ink)

9/2/14
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

Candidate signature (in ink) Date

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.

This page may be copied 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)
	<i>see attached schedule A</i>		
Line 9: Total receipts in excess of \$50 (or listed above)		<i>6675 00</i>	
Line 10: Total receipts \$50 and under* (not listed above)		<i>495 00</i>	
Line 11: TOTAL RECEIPTS IN THE PERIOD		<i>7170 00</i>	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.

CAMPAIGN CONTRIBUTIONS

DATES: 1/1/14-8/22/14

SCHEDULE "A"

OVER 50.00

PO BOX/

DATE	LN	FN	ST	NU	APT NUM	STREET	CITY	ST	ZIP	AMT	OCCUPATION/EMP	
6/17/14	Slifka	Richard				P.O. box 9161	Waltham	Ma	02454	\$ 150.00	Global	
6/17/14	Slifka	Edward	56			Gatewood Dr.	Needham	Ma	02492	\$ 150.00	Global	
6/17/14	Slifka	Eric	9			Clark Rd.	Wellesley	Ma	02481-6	\$ 150.00	Global	
6/17/14	Cushing	William	6			Strawberry Lane	N. Reading	Ma	01864	\$ 100.00	businessman	
6/17/14	Perrone	Tony	7			Laborers' Way	Hopkinton	Ma	01748-2	\$ 250.00	LABORERS LOCAL 22	
6/17/14	Hughs	Paul	35			Salem St.	Medford	Ma	02155	\$ 100.00	Carpenters Local 218	
6/17/14	Fusco	Maririgis	47			Lindenwood Rd.	Stoneham	Ma	02180	\$ 250.00	School Teacher	
6/17/14	Reardon	Terrence					Revere	Ma	02151	\$ 500.00	Police Captain	
6/17/14	Digangi	Joseph	1			Carey Circle	Revere	Ma	02151	\$ 200.00	Real Estate	
6/17/14	Leyden	Peter	6			Avon Street	Wakefield	Ma	01880	\$ 150.00	retired	
6/17/14	Leyden	Marilyn	454			Proctor Ave	Revere	Ma	02151	\$ 100.00	retired	
6/17/14	Ciarlone	Louis	410			Park Ave	Revere	Ma	02151	\$ 103.00	IBEW BUS AGNT	
6/17/14	Festa	John	360			Malden Street	Revere	Ma	02151	\$ 100.00	BUSINESSMAN	
5/28/14	Maher	William	6 Ste	515		Beacon Street	Boston	Ma	02151	\$ 100.00	Attorney	
6/17/14	Anzuoni	George	141			Fenley Street	Revere	Ma	02151	\$ 100.00	treasurerer	
6/17/14	Yourawski	Thomas				P.O. Box 69	Avon Street	Revere	Ma	02151	\$ 75.00	businessman
6/17/14	Haesity	Stephen	35F			P.O. Box 1007	Chapman Ave	W Brookfield	Ma	01585	\$ 100.00	retired
6/17/14	Clancy-Obrien	John James	295			5th Floor	Devonshire Street	Boston	Ma	02110	\$ 250.00	CarmensLocal 589
6/17/14	Anderson	Robert	92			Crystal Ave	Revere	Ma	02151	\$ 100.00	Contractor	
6/17/14	Burke	John J.	1200			Unit 184	Salem Street	Lynnfield	Ma	01940-1	\$ 75.00	Police Man
6/17/14	Clark	Robert	585			Suite 407	Revere Beach PKWY	Revere	Ma	02151	\$ 100.00	retired
6/17/14	Corbett	Paul	79				Pleasant Street	Revere	Ma	02151	\$ 100.00	auditor
6/17/14	D'Ambrosio	Gerry	185			10th Floor	Devonshire Street	Boston	Ma	02110	\$ 500.00	attorney
6/17/14	Dinunzio	Joseph	43				Emanuel Street	Revere	Ma	02151	\$ 75.00	businessman
6/17/14	Finelli	Domenic	199				Revere Street	Revere	Ma	02151	\$ 100.00	attorney
6/17/14	Geary	James	180				Walnut Street	Lynnfield	Ma	01940-2	\$ 100.00	retired
6/17/14	Lyons	David	196				Crest Ave	Revere	Ma	02151	\$ 150.00	retired
6/17/14	Monagle	William	1				Lanthorne Lane	Beverly	Ma	01905	\$ 250.00	Bose Exec
6/17/14	Modica	Dave	11				Elizabeth Rd.	Marblehead	Ma	01945	\$ 250.00	Resteraunt Owner
6/17/14	Pesce	Frank	341				Vane Street	Revere	Ma	02151	\$ 100.00	retired
6/17/14	Reardon	Evelyn	4902				Heatherwood Ln.	Peabody	Ma	01960-4	\$ 200.00	retired
6/17/14	Siracuse	Deborah	410			#207	Salem Street	Wakefield	Ma	02151	\$ 100.00	retired
6/17/14	Rupp	Frederick	1			Apt 507	Carey Circle	Revere	Ma	02151	\$ 500.00	retired
6/17/14	Uttaro	Barbara	254				East St.	Dedham	Ma	02151	\$ 100.00	nurse
6/17/14	Williams	Stephen	10				Puritan Lane	Swampscott	Ma	01907-2	\$ 200.00	businessman
7/3/14	Monahan	Michael	256				Freeport Street	Dorchester	Ma	02122	\$ 150.00	IBEW 103
7/3/14	Ambrosino	Thomas	474			apt. 806	Revere Beach BLVD	Revere	Ma	02151	\$ 100.00	attorney
7/9/14	DeMartinis	Stanley	11				Wymon Way	Lynnfield	Ma	01940-1	\$ 500.00	gym owner

TOTAL CONT \$ 6,678.00

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.

This page may be copied 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: Expenditures over \$50				2953	77
Line 13: Expenditures \$50 and under*				390	00
Line 14: TOTAL EXPENDITURES				3343	77

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.

CAMPAIGN EXPENDITURES

DATES: 1/1/2014-8/22/2014

SCHEDULE "B"

OVER 50.00

DATE PAID TO WHOM PAID	ADDRESS	PURPOSE	AMOUNT	CHECK
1/23/14 Seacoast High School	15 Everard Street Revere Ma. 02151	Donation	\$ 75.00	278
1/23/14 Revere Little League	P.O. Box 96 Revere Ma. 02151	Add	\$ 100.00	279
2/27/12 Mass.Democratic Party	77 summer st 10th fl boston, ma	convention	\$ 75.00	281
3/18/14 Stephen Reardon	347 VaneStreet Revere Ma	Pastry Re-imburse	\$ 99.96	283
3/27/14 BSMLH	PO Box 1007 West Brookfield Ma	Donation	\$ 75.00	286
4/8/14 Daraqlyn Reardon	347 Vane St Revere Ma.	Sandwich Re-imburse	\$ 51.75	288
5/12/12 The Advocate Newspaper	Broadway Everett Ma	Ad	\$ 100.00	291
5/12/14 Steve Reardon	347 Vane Street Revere Ma	Printer and inc	\$ 316.00	294
5/12/14 Garfield Middle School	176 Garfield Ave revere ma	T Shirts	\$ 125.00	293
6/10/14 Daralyn Reardon	347 Vane Street Revere Ma	Stamps	\$ 245.00	300
6/10/14 Salesian Boys and Girls Club	281 Broadway Revere Ma	Donation	\$ 100.00	301
6/17/14 Steve Reardon	347 Vane Street Revere Ma	Re-imburse Flag Day	\$ 76.00	303
6/17/14 Demainos	14 Malden Street Revere Ma	Flag Day Party	\$ 1,176.00	304
5/24/14 Crest Printing	449 Eastern Ave. Chelsea ma	tickets	\$ 239.06	296
5/24/14 Martha Coakley for Governor	5 Middlesex Ave somerville ma	contribution	\$ 100.00	299
TOTAL			\$2,953.77	

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				0
Line 16: In-kind \$50 and under				0
Line 17: Total In-kind				0

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.

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
Line 18: OUTSTANDING LIABILITIES (ALL)				0

Enter on page 1, line 7



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF
ELECTION
COMMISSIONERS

15 JAN 21 PM 4:16

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

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)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="12,145.16"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="255"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="12,400.16"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="0"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="12,400.16"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="EAST BOSTON SAVINGS BANK"/>

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: *Daralyn Reardon* (Treasurer's signature) Date:

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: *[Signature]* (Candidate's signature) Date:

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)
11/10/2014	STEVEN G. CLAYMAN	200	BUSINESSMAN, SELF EMPLOYED
Line 9: Total Receipts over \$50 (or listed above)		200	
Line 10: Total Receipts \$50 and under* (not listed above)		55	
Line 11: TOTAL RECEIPTS IN THE PERIOD		255	← 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
Line 12: Total Expenditures over \$50 (or listed above)				0
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				0

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)				0
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				0

* 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
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				0