

Form CPF M 102: Campaign Finance Report Municipal Form TION COMMISSIONERS Office of Campaign and Political Finance

16 OCT 21 AM 9: 37

Fill in Reporting Period dates: Beginning Date: Oct 1	1, 2016 REVERE, MA. Ending Date: Oct 20, 2016				
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	⊠ 30 day after election				
Candidate Full Name (if applicable) Office Sought and District Residential Address E-mail: Phone # (optional):	Revere Can Do Better Committee Name Paul Salvucci Name of Committee Treasurer 465 Waverly Oaks Road, Waltham, MA 02451-8448 Committee Mailing Address E-mail: Salvucci Gmail Com Phone # (optional):				
SUMMARY BALANC	E INFORMATION:				
Line 1: Ending Balance from previous report	0				
Line 2: Total receipts this period (page 3, line 11)	39,000				
Line 3: Subtotal (line 1 plus line 2)	39,000				
Line 4: Total expenditures this period (page 5, line	e 14) 39,000				
Line 5: Ending Balance (line 3 minus line 4)	0				
Line 6: Total in-kind contributions this period (page)	ge 6) 0				
Line 7: Total (all) outstanding liabilities (page 7)	0				
Line 8: Name of bank(s) used: Needham 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 of on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: 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'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.)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)			
Oct 12, 2016	Wynn Resorts, Ltd 3131 Las Vegas Blvd. South Las Vegas, NV	39,000	Resort Operator			
٨						
Line 9: Total Rece	ipts over \$50 (or listed above)	39,000				
Line 10: Total Rece	eipts \$50 and under* (not listed above)					
Line 11: TOTAL 1	RECEIPTS IN THE PERIOD	39,000	← 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)
	E .		
	V		
Line 9: Total Receip	ots over \$50 (or listed above)	0	
	pts \$50 and under* (not listed above)	0	
	ECEIPTS IN THE PERIOD	39,000	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 an expen		nittee name and a page number or	each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Amount	
Oct 13, 2016	Cambridge Offset Printing	56 Creighton St. Cambridge, MA 02140-2032	Purpose of Expenditure Campaign mailer printing and postage, canvass and flier	3,521.15
Oct 19, 2016	Gregory Maynard	24 Peabody Terrace #415 Cambridge, MA 02138	Campaign field and outreach services	1,150
Oct 12, 2016	Kimball Political Consulting, LLC	101 State Street Suite 708 Springfield, MA 01103	Database, Voter ID, Live and automated GOTV calls	23,000
Oct 12, 2016	Needham Bank	1063 Great Plain Avenue Needham, MA 02492	Bank wire fee	25
Oct 13, 2016	Saint Digital	99 Derby Street Suite 302 Hingham, MA 02043	Digital media, outreach services	2,500
Oct 17, 2016	Saint Digital	99 Derby Street Suite 302 Hingham, MA 02043	Digital media, outreach services	2,500
Oct 18, 2016	Saint Digital	99 Derby Street Suite 302 Hingham, MA 02043	Digital media, outreach services	2,500
Oct 20, 2016	The Saint Consulting Group, Inc	99 Derby Street Suite 302 Hingham, MA 02043 Campaign management and outreach		3,803.85
Line 12: Total Expend			ver \$50 (or listed above)	39,000
Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	39,000

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

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SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	POST OF THE R. C. ST. IN PROPERTY NAMED AND THE PROPERTY OF TH			
				1
	Control of the Contro		[[]	
				100
		I. 10 E 050		
		Line 12: Expenditures over \$50	(or listed above)	0
		Line 13: Expenditures \$50 and	under* (not listed above)	0
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	39,000

^{*} 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				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.

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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 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 OUTSTANI	DING LIABILITIES (ALL)	0



Form CPF M101 BQ: STATEMENT OF ORGANIZATION OF BALLOT QUESTION COMMITTEE COMMISSIONERS

MUNICIPAL FORM
Office of Campaign and Political Finance

16 OCT 11 AM 8: 19

REVERE, MA

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, of the organization of a ballot question committee as follows:

Commi	ntice as follows.						
1. N	Name (See note 1): Revere Can Do Better		······································				
2. 0	Committee mailing address: 465 Waverly Oaks Road						
	City/State/Zip: Waltham			MA	02452		
Е	-mail Address: elaine.belle@sandn.com			Phone #	ļ:	617529	94500
	Purpose / specific issues and interests (See note 2):	Special Election	September	18, 20)16.		
	Copic of question & Question 1, Zoning change for slots puestion no., if known:	parlor in Revere.					
5. T	his committee is formed to (check one): support or oppose	the question.					
6 0	DFFICERS:						
Chair		Treasurer*:	Paul Salvuco	i			
	ntial Address: 176 Bishops Forest	Residential Address:			le Unit	3310	
	State / Zip: Waltham MA 02452	City / State / Zip:	Norwood			MA	02062
		1		•			
Phone	#: 01/3294300 	F:			ıccip@gn		
		*A public employee m	nay not serve as tr	easurer o	f any polit	ical commit	tee (see reverse).
Other (Officer/Title:	Other Officer/Title:					
Reside	ntial Address:	Residential Address:					
City / S	State / Zip:	City / State / Zip:					
Phone	#:	Phone #:			No 1		
	(Complete and attach a Form CPF M A 101, if necess	ary, with other officers	and finance comm	mittee, if	any.)	******************	
comm Chapt chairn	hairman and treasurer of a political committee should be aware the nittee shall keep and preserve detailed accounts, vouchers and receiver 55 also specifies that no expenditures shall be made for, or on an or treasurer, or their designated agents; and, that all funds of afficers, members or associates of such committee.	eipts for a period of behalf of, a politica	f six years from	n the d vithout	ate of the	e relevant orization	t election. of the
I hereby accept the office of Chairman of the above-named committee. SIGNED UNDER THE PENALTIES OF PERJURY: Chairman's signature Date: 10/11/16							
that: 1 and red becom	by accept the office of Treasurer of the above-named committee. I affirm) I am subject to certain duties and liabilities under M.G.L. c. 55, including cords of all campaign finance activity for a period of six years from the dutie an appointed public employee, I must resign this position and notify O ED UNDER THE PENALTIES OF PERJURY: Treasurer's signature.	ng the timely filing of late of the relevant electron CPF of my resignation	of campaign fina ection; and 2) if on.	ince rep	orts and k	eeping det	tailed accounts