

Fill in Reporting Period dates:

	Form CPF M 102: Campaign Finance Report Municipal Form ELECTION Office of Campaign and Political FAGMENTS STONERS		
Commonwealth Massachusetts	18 FEB -2 AM 9: 00		
ill in Reporting Period dates:	18 FEB - 2 AM 9: On Clerk or Election Commission Beginning Date: 10-21-2017 Endfile Water E. M2-31-2017		

Type of Report: (Check one)
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election year-end report ☐ dissolution
WAYNE ROSE Candidate Full Name (if applicable) C/T/E WAYNE ROSE
COUNCILOR - AT-LARGE / CITYWIDE JOSEPH RITCHIE
189 Cooled Ge ST., - REVERE 189 Cooled GE ST REVERE
E-mail: N/A Committee Mailing Address E-mail: N/B Phone # (optional): 857-504-522/ Phone # (optional): 857-504-522/
Phone # (optional): 857-504-5221
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report #2,018.40
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4) 3 14, 61
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: SANTANDER BANK
idavit of Committee Transman
ertify 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 vity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
Treasurer's signature) Date: 2-1-2018
R 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.
ed under the penalties of perjury: Wayne Kose (Candidate's signature) Date: 2-1-2018

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		Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(ter contributions of \$200 or more)
	NONE THIS		
	Period		
	- ' "		
		,	
	 	1	
			<u> </u>
ine 9: Total Recei	pts over \$50 (or listed above)	NONE	
	into \$50 and and and at 12.00	TT	1
HE IV; 10tal Kece	ipts \$50 and under* (not listed above)		1
ne 11• TOTAL I	RECEIPTS IN THE PERIOD	NONE	← 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
10/26/17	ADVOCATE News Group	573 BROADWAY EVERETT, MA.	NEWS PAPER ADVERTISING	\$960,
10/26/17	ADVOCATE News Group	573 BROADWAY EVERETT, MA.	NEWS PAPER ADVERTISING	\$50,00
11/9/17	ADVOCATE News GROUP	573 BROADWAY EVERETT, MA.	NEWS PAPER ADVORTISING	\$300,
10/21/17	COMMITTEE TO Elect ROBERT Deleo	P.O. BOX#15 BOSTON, MA. 02137	CAMPAISN DONATION	\$100,00
10/30/17	PRINT BOSTON ROIO DATA	1218 Berwington St., EAST BUSTON, W.D.	PRINTING	\$380,00
10/30/17	PRINT BOSTON ROLO DATA	1218 Benovington 5. EAST BOSTON, MA	PRINTING	\$50.00
10/3//17	WAIGREENS PHARMACY	430 BROADWAY Revere, MA.02161	HAIIOWEEN CANDY FOR KIDS	\$54,53
			TOTAL OF . OVER \$50,	8 1,894,×
Line 12: Total Expenditures over \$50 (or listed above)			9 1,894.53	
Line 13: Total Expenditures \$50 and under* (not listed above)				₹109.26
	Ĺ_	Line 14: TOTAL EXPENDITU		\$2,003,79

^{*} 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 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
	"NONE"			7
		Line 15: In-Kind Contributions	over \$50 (or listed above)	NONE
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	NONE

^{*} 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
4/27/17	WAYNE ROSE 189 Cuoledge St.	189 Cooledge St. Raverez ma.	PREVIOUSLY REPIRTED "LOAN TO COMMITTEE"	\$50 \$\frac{1}{8}
8/25/17	WAYNE RUSE 189 Cooledge St.	189 cooledge St. Revore, MD.	PREVIOUSLY REPUETEd "LOAN TO COMMITTEE"	\$ 225. 5
	- Valor			
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	\$275.€