

Form CPF M 102: Campaign Finance Report Municipal Form Compaign and Political Finance Compaign and Political Finance

| Form CPF M 102: Campa | aign Finance Report |
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| Municipal Office of Campaign and E | Form GOMMISSIONERS |
| Commonwealth of Massachusetts | File with prixy or Town Clerk or Election Commission |
| Fill in Reporting Period dates: Beginning Date: 1-1-2017 | Ending Date: 70- 20-2017 |
| Type of Report: (Check one) ☐ 8th day preceding preliminary | fter election year-end report dissolution |
| Candidate Full Name (if applicable) Councilor AT LARGE - City Wide To | Committee Name Seph Ritchie |
| Office Sought and District 189 Cooledge St REVERE 189 | Name of Committee Treasurer Cooledge S.T Revere |
| Residential Address | Committee Mailing Address Number (optional): 857_504-5221 |
| SUMMARY BALANCE INFOI | RMATION: |
| Line 1: Ending Balance from previous report | 8 |
| Line 2: Total receipts this period (page 3, line 11) | \$ 5,795. 8c |
| Line 3: Subtotal (line 1 plus line 2) | #5.795. °° |
| Line 4: Total expenditures this period (page 5, line 14) | #3,776, 6º |
| Line 5: Ending Balance (line 3 minus line 4) | \$2,018. XX |
| Line 6: Total in-kind contributions this period (page 6) | <u>Ø</u> |
| Line 7: Total (all) outstanding liabilities (page 7) | \$ 275,00 Ex |
| Line 8: Name of bank(s) used: SANTANDER | BANK |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my know activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions finance activity of all persons acting under the authority open behalf of this committee in accordance of Signed under the penalties of perjury: | ledge and belief, a true and complete statement of all campaign finance and liabilities for this reporting period and represents the campaign with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 10 - 30-17 |
| 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 activity, of all persons acting under the authority or on behalf of this committee in accordance wi 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 of the committee o | ntributions and liabilities for this reporting period and represents the in accordance with the requirements of M.G.L. c. 55. |
| Signed under the penalties of perjury: Wayn Roman | (Candidate's signature) Date: 10-30-17 |

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.)

| ort all receipts. Pl | ease include your committee name and a pa | ge number on eac | Occupation & Employer |
|----------------------|--|-------------------|---|
| Date Received | Name and Residential Address (alphabetical listing required) | Amount | (for contributions of \$200 or more) |
| 5-19-17 | SCOTT DELANEY 41 CREST AVE, - REVERE | \$100- | MA |
| 7-19-17 | VINCENT DICESARE 1605 NORTH SHORE ROAD® | 3 500,- | Self Employed Atlas auto Care |
| 8-21-17 | ANTHONY GIACHINTA 257 ENDICOTT AVE - REVORE | 8/100- | NA |
| 5-24-17 | BERNICE KEHOE BOX FORD, MA. | \$500- | HOUSE WIFE LETTER-SENT |
| 8-28-17 | JOHN P. LEGRAND 9 JOHN MOONEY Rd. 8 | 500,- | ATTORNEY - AT - LAW SELF EMPLOYED |
| 5-20-17 | Hevin MARLEY 44 EVERARD ST REVERSE | #100,- | NA |
| 5-27-17 | MARY MARTINO 26 TAPLEY AVE, - REVERS | 100,- | N/A |
| 5-23-17 | | 100. | NA |
| 9-2-17 | BRIAN PARSONS 305 PROSPECT AME, - REVORA | #100, - | NA |
| 4-27-17 | WAYNE ROSE 189 COOLEDGE ST REVERS | \$ 50,00 | REVERE PUBLIC SCHOOLS TRANSPORTATION DEPT |
| 10/6/17 | William ROSE 901 S. Federal HWAY HAILANDAIR BEACH, FLORIDA | \$ 100 00 | |
| 5/22/17 | William Woodman | 800000 | REVERE PUBLIC SCHOOLS TRANSPORTATION DEFT. |
| Line 9: Total Re | ceipts over \$50 (or listed above) | *3,175 | 국 |
| Line 10: Total R | eccipts \$50 and under* (not listed above) | \$2,620.9 | _ |
| Line 11: TOTA | L RECEIPTS IN THE PERIOD | \$5,795,° | Enter on page 1, line 2 ould include only those receipts not itemized above. |

^{*} 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

ort all expenditures. Please include your committee name and a page number on each page.)

| (A "Schedule B: Expenditures activates and a page number on each page.) 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 | |
| 7/24/17 | COMPANIONS RESTAURANT | 488 BROADWAY Revere | Food FOR FUNDRAISER | 300. | |
| 9/11/17 | COMPANIONS RESTAURANT | 488 BRONOWAY RENORE | Food For Fundratser | # 160.00 | ; |
| 10/16/17 | ADVOCATE NEWS GROUP | 573 BROADWAY EVEREIT, MA. | PAPER ADVERTISINS | \$480.XX | |
| 6-6-17 | PRINT BOSTON ROLO DATA | 1218 BENNINGTONS, EASTBOSTON | PRINTING | \$402.00 \$402.00 | |
| 8-28-17 | PRINT BOSTON ROLO DATA | 1218 BENNINGTON 3. EAST BOSTON | PRINTING | 285 xx | |
| 8-21-17 | ROYAL DeSIAN AND EMBROIDERY | 700 SAJEM ST, MALDEN, MA, | PRINTING OF T-SHIRTS | \$65,00 | 8/a1 10/5 |
| | HOME DEPOT | REVERE BEACH PARKWAY - CHUSTA | WOOD FOR SIGNS | 58.65 58. Kg | |
| 9-21-17 | CITY OF REVERE | 281 BROADWAY REVERE | PAYMENT FOR PARADE | 100.00 81 | |
| 10-13-17 | CITY OF REVERS | 150 BEACH ST. Revere, MA. | SAFE SATURDAYS GYM RENTAL | #125. xo | |
| 9/29/17 | SOFIS TECH PRINTING | 121 BROADWAY Revere, MA | BANNERS | \$300, 00 | 1 |
| 7-5-17 | PRINT BOSTON ROLD DATTO | 1218 BENNING TON & EAST BOSTON | PAPER PRINT PRINTING | \$90. %, | , |
| | | | | 3,144,65 | |
| <u> </u> | | Line 12: Total Expenditures o | ver \$50 (or listed above) | 83,144,65 | ₹ . |
| | | Line 13: Total Expenditures \$5 | 60 and under* (not listed above) | #631.95 | = 1 |
| | Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 23.776, 32 Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | |
| **** | d amound toward of \$50 and und | ler include them in line 12. Line 13 | anonia inciane omà mose exhenaira | | |

^{*} 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 16 on page 1.

| ate Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|--------------|-------------------------|---------------------------|--------------------------------------|-------|
| | NONE | | | |
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| | | | | |
| | | Line 15: In-Kind Contribu | ations over \$50 (or listed above) | None |
| | | | tions \$50 & under (not listed above | e) |
| | Enter on page 1, line 6 | → Line 17: TOTAL IN-KIN | OD CONTRIBUTIONS | NON |

^{*} 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 |
|---------------|-----------------------------|----------------------------|------------------------|----------|
| 4-27-17 | WAYNE ROSE 189 Cooledge St. | 189 Cooledge St. Revere | LOAN TO Committee | 850,00 |
| 8-25-17 | WAYNE ROSE | 189 Cooledge St. Revere | LOAN TO COMMITTER | \$225,00 |
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| | Enter on page 1, line 7 → | Line 18: TOTAL OUTSTAN | DING LIABILITIES (ALL) | 8275. 8x |

Page 7