



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF
ELECTION
COMMISSIONERS

11 JAN 18 AM 11:00

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1.1.10 Ending Date: 12.31.10

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

IRA NOVOSELSKY
Candidate Full Name (if applicable)
COUNCILLOR, WARD TWO, REVERE
Office Sought and District
53 DEHON STREET, REVERE, MA 02151
Residential Address
Telephone Number (optional): 781-289-7031

COMMITTEE FOR IRA NOVOSELSKY
Committee Name
NANCY M. GOLDSTEIN
Name of Committee Treasurer
51 DEHON STREET, REVERE, MA 02151
Committee Mailing Address
Telephone Number (optional): 781-284-4097

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>5,688.54</u>
Line 2: Total receipts this period (page 3, line 11)	<u>4,153.60</u>
Line 3: Subtotal (line 1 plus line 2)	<u>9,842.14</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>4,001.40</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>5,840.74</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>ST. JEAN'S CREDIT UNION, SHIRLEY AVE, REVERE, MA</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: Nancy M. Goldstein (Treasurer's signature) Date: 01/11/11

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: Ira Novoselsky (Candidate's signature) Date: 01/11/11

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)
3-18-10	CAPOZZI, STEPHEN 76 THORNDIKE ST. REVERE, MA 02151	\$ 500.00	SELF EMPLOYED
3-22-10	CICCA, LAWRENCE 6 RUSTIC RD. STONEHAM, MA 02180	\$ 500.00	ACCOUNTANT ONE COMMUNICATIONS 5 WALL ST, BURLINGTON, MA
3-15-10	GOLDSTEIN, NANCY 51 DEHON ST. REVERE, MA 02151	\$ 200.00	BOOKKEEPER CHARLES RIVER EYE ASSOCIATES 5 WHITTIER PLACE, BOSTON, MA
7-1-10	HART, JOSEPH 665 BOYLSTON ST. BOSTON, MA 02116	\$ 500.00	DOCTOR SELF EMPLOYED
3-18-10	MAZZONE, JAMES 97(R) BEACH RD. WINTHROP, MA 02152	\$ 500.00	R.E. DEVELOPER SELF-EMPLOYED
3-16-10	MERULLO, MICHAEL 370 CHESTNUT ST. LYNNFIELD, MA 01940	\$ 250.00	OWNER CAPITOL WASTE MGMT. COMPANY
3-18-10	NOVOSELSKY, ROCHELLE 53 DEHON ST. REVERE, MA 02151	\$ 200.00	RETIRED AT HOME
3-16-10	SPINOSA, KATHLEEN 7 WYMAN WAY LYNNFIELD, MA 01940	\$ 500.00	HOUSEWIFE AT HOME
3-30-10	TERILLI, PHYLLIS 5 STOCKWELL RD. STONEHAM, MA 02180	\$ 500.00	RETIRED AT HOME
3-22-10	WILSON, PATTIMARIE 135 WELDON FARM RD. ROWLEY, MA 01969	\$ 500.00	SALES JOY PET PRODUCT CO., P.O. Box 732, ROWLEY, MA 01969
Line 9: Total Receipts over \$50 (or listed above)		4,150.00	
Line 10: Total Receipts \$50 and under* (not listed above)		3.60	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4,153.60	← 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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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
11-29-10/ 12-24-10	AMERICAN EXPRESS COMPANY	P.O. Box 1270 NEWARK, NJ 07101- 1270	CHRISTMAS/HOLIDAY CARDS AND POSTAGE FOR MAILING	\$ 392.76
7-15-10	CELLA FAMILY FOUNDATION	P.O. Box 1074 LYNFIELD, MA 01940	DONATION	\$ 100.00
1-26-10/ 12-6-10	INDEPENDENT NEWS- PAPER GROUP, LLC	385 BROADWAY REVERE, MA 02151	POLITICAL ADVERTISING	\$ 555.00
10-6-10	LEVY, LAURENCE	279 COOLEIDGE ST. REVERE, MA 02151	POLITICAL WEBSITE MAINTENANCE	\$ 85.00
3-2-10	NORTHRUP PRINTING CORP.	919 WINTHROP AVE. REVERE, MA 02151	POLITICAL LITERATURE PRINTING & MAILING	\$ 471.45
4-26-10	PETRUCCELLI CHARITABLE FOUNDATION	P.O. Box 520-233 WINTHROP, MA 02152	DONATION	\$ 125.00
1-30-10	REVERE ADVOCATE	570A Broadway Everett, MA	POLITICAL ADVERTISING	\$ 144.00
11-12-10	REVERE CHAMBER OF COMMERCE	270 BROADWAY, STE. 10 REVERE, MA 02151	DUES	\$ 200.00
8-4-10	REVERE FIRE FIGHTERS ASSN. LOCAL 926	400 BROADWAY REVERE, MA 02151	DONATION	\$ 100.00
7-15-10	REVERE HIGH SCHOOL BOYS BASKETBALL PARENTS CLUB	174 SUFFOLK AVE. REVERE, MA 02151	DONATION	\$ 75.00
8-4-10	REVERE HIGH SCHOOL CHEERLEADERS PARENTS CLUB	0/0 CHERYL PALERMO 141 STEVENS ST. REVERE, MA 02151	DONATION	\$ 60.00
5-29-10/ 8-4-10	REVERE FOOTBALL PARENTS CLUB	P.O. Box 271 REVERE, MA 02151	DONATION	\$ 300.00
Line 12: Total Expenditures over \$50 (or listed above)				CONTINUED NEXT SHEET
Line 13: Total Expenditures \$50 and under* (not listed above)				CONTINUED NEXT SHEET
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				CONTINUED NEXT SHEET

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1-26-10	REVERE LITTLE LEAGUE	P.O. Box 96 REVERE, MA 02151	SIGN AT FIELD	\$150.00
10-12-10	REVERE HIGH SCHOOL	101 SCHOOL ST. REVERE, MA 02151	ADVERTISEMENT IN YEARBOOK	\$100.00
7-28-10	RUMNEY MARSH BURIAL GROUND RESTORATION COMMITTEE	249 BROADWAY REAR REVERE, MA 02151	DONATION	\$100.00
5-12-10	SONS OF ITALY		DONATION	\$100.00
Line 12: Expenditures over \$50 (or listed above)				3,058.21
Line 13: Expenditures \$50 and under* (not listed above)				943.19
Line 14: TOTAL EXPENDITURES IN THE PERIOD				4,001.40

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

* 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.

