

Form CPF M 102: Campaign Finance Report **Municipal Form** Municipal Form Office of Campaign and Political Finance 11 SEP 12 AM 8: 25

of Massachusetts	File with: City of Fown Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date: 8.36
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) School Office Sought and District	Committee to Elect DAN MAGNITE Committee Name Name of Committee Treasurer
Residential Address	Committee Mailing Address
	hone Number (optional): 781-724-6524
SUMMARY BALANCE IN	EODM ATION.
SUMMARY BALANCE IN	
Line 1: Ending Balance from previous report	326,00
Line 2: Total receipts this period (page 3, line 11)	4410.00
Line 3: Subtotal (line 1 plus line 2)	4,736.00
Line 4: Total expenditures this period (page 5, line 14)	2,058.60
Line 5: Ending Balance (line 3 minus line 4)	2,678.60
Line 6: Total in-kind contributions this period (page 6)	\\ \times \\ \t
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Peoples Un	sited BANK
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my k activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributionance activity of all persons acting under the authority or on behalf of this committee in accordance.	nce with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date: 9-6-11
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 activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period.	e with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate I certify that I have examined this report including attached schedules and it is, to the best of finance activity, including contributions, loans, receipts, expenditures, disbursements, in-king campaign finance activity of all persons acting under the authority or on behalf of this committee.	my knowledge and belief, a true and complete statement of all campaign to contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 9-6-11

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.)

eport all receipts. P	Please include your committee name and a pa	ge number on cac	Occupation & Employer
Date Received	Name and Residential Address (alphabetical listing required)	Amount	(for contributions of \$200 or more)
6/27/11	COREY ABRAMS 135 WINHAFOR PHY REVERE MA 02151	100-	
6/27/11	Tom Ambrosino PO BOX 468 REVERE MA 02151	100-	
6/27/11	John Bennecchi 232 Prospect Ma 02151	60-	
6/27/11	John CAMMARATA 70 miland Ave Revere ma 02151	100-	
6/27/11	Robert Clarke 585 RBP +407 Revere m 02/51	200-	Retired-usps
6/27/11	Virginia Hennessey 295 Reservoir mo 02151	60-	
6/21/11	Peter Leyden 51 Victoria st Rever m 02151	60-	
6/27/11	MARILYN LEYDEN 454 Proctor 02151	100-	
6/27/11	KATHY MAGNITE 114 PEARL TO 2151	260-	R. N. CAMBridge HEALTh
7/30/11	Mike myers 41 LANCASTER 02151	100-	
6/27/11	Terence Reardon 585 RBP Reven 02151	100-	
6/21/11	JOAN SACCO & 7 WAShington 02151	60-	
Line 9: Total Reco	eipts over \$50 (or listed above)	1,620-	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL	RECEIPTS IN THE PERIOD	4,410-	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 PAGE 3) \$ 60-187 Ridge Rd 6/27/11 Tom SENA Reser MA 02151 \$ 100 291 PARKA 6/27/11 CAROLE Smith Rever me 02151 DANielle ZACCARIA 123 Cushman -4/20 6/27/11 Reun MA 02151 Steve Pini Local = 25 1 1/00-4/12/11 Total \$ 380-

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 expend	eport 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		
6/27/11	Demaino's Rest.	14 MAIden St Rever MA, 02151	Food FOR FUNDAMISER	513.60		
8/9/11	MAdison Group	8 Pleasant st Rever ma 02151	Politicat mailen	995-		
5/1/11	Revere Little League	200 WINTHOUP A REVER MA. 02151	Political SigN	150-		
7/30/11	DAN R:220	313 Broadway Rever ma 02151	DONATION	100-		
		Line 12: Total Expenditures ov	er \$50 (or listed above)	1758,60		
		Line 13: Total Expenditures \$50	and under* (not listed above)	300 -		
* If you have iten	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					

^{*} 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 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		1		
	1			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	1
Line 16: In-Kind Contributions \$50 & under (not listed above)				
	Enter on page 1, line $6 \rightarrow$ ribution is received from a person where $6 \rightarrow$ ribution is received from a person where $6 \rightarrow$ ribution is received from a person where $6 \rightarrow$ ribution is received from a person where $6 \rightarrow$ ribution is received from a person where $6 \rightarrow$ ribution is received from a person where $6 \rightarrow$ ribution is received from a person where $6 \rightarrow$ ribution is received from a person where $6 \rightarrow$ ribution is received from a person where $6 \rightarrow$ ribution is received from a person where $6 \rightarrow$ ribution is received from a person where $6 \rightarrow$ ribution is received from a person where $6 \rightarrow$ ribution is received from a person where $6 \rightarrow$ ribution is received from a person where $6 \rightarrow$ ribution is received from a person where $6 \rightarrow$ ribution is received from a person where $6 \rightarrow$ ribution is received from a person where $6 \rightarrow$ ribution is received from the $6 \rightarrow$ ribution ribution is received	Line 17: TOTAL IN-KIND Co		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.

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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
2/23/11	Dun Magiure			17/5.
3/11/10	4 4			100,00
10/18/10	ч			500.0
8/1/201	h h			1100.
12/15/03	n h			1516!0
11/25/05	- 4 M			875.
6.16.08	n			525.
6.13.09	ч			150.00
11.5.09	n n			220.0
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	6701.10



Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance



11 NOV -2 AM 10: 55 Election Commission 8/27/2011 Fill in Reporting Period dates: Beginning Date: Type of Report: (Check one) dissolution 30 day after election year-end report 8th day preceding election 8th day preceding preliminary COMMittee to Cleat DAN MAGUIRE MAGVIRE MAI Candidate Full Name (if applicable) Sent hool Committee Name of Committee Treasurer Office Sought and District Revere ma reall ave Residential Address 781-724-6524 Telephone Number (optional): Telephone Number (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) 2978.60 Line 3: Subtotal (line 1 plus line 2) 958,00 Line 4: Total expenditures this period (page 5, line 14) 2,020,60 Line 5: Ending Balance (line 3 minus line 4) 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: People's United 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. Date: (Treasurer's signature) Signed under the penalties of perjury: 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.

asure (Candidate's signature)

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.)

eport all receipts. Please include your committee name and a page number on each page.)					
Data Dansiyad	Name and Residential Address eived (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)		
Date Received	Douglas Goodwin II 218 Bradstreet m Revere ma 02151	200.00	Attendence Officer Revere Public Schools		
10/12/11	PAOL MULKERN JR 31 Rustlewood Rd Milton MA 02186	100.00	LAWYER		
Line 9: Total Reco	eipts over \$50 (or listed above)	300.00			
Line 10: Total Rec	reipts \$50 and under* (not listed above)				
Line 11: TOTAL	RECEIPTS IN THE PERIOD	300.00	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.)

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Data Daid	To Whom Paid	A 4.7	December of E	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
10/25/11	CASTLES Group After School Grants	Revere city	DONATION	70,00
9/20/11	Revere Frestian Beaut Frestian	Pur Costs HAY	Donation	\$200.00
Iolialii	Revere		POLARAL AD	\$110.00
iolialii	Revene JOVENAL	385 B'WAY Rever	Political AD	478,00
		Line 12: Total Expenditures ov	er \$50 (or listed above)	458.00
	Line 13: Total Expenditures \$50 and under* (not listed above) 500.00			
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 958.00				
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

^{*} 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 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				

^{*} 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

of a la

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
		j.		
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	