

Form CPF M 102: Campaign Finance Report

Municipal Form

BOARD OF ELECTION COMMISSIONERS

Office of Campaign and Political Finance

	7075 JAN 28 PM 2: 53 File with: City or Town Clerk or Election Commiss
Fill in Reporting Period dates: Beginning Date:	Jan 1, 2024 Ending Date: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding elec	ction 30 day after election year-end report dissolution
Donald E. Martelli	CTE Don Martelli
Candidate Full Name (if applicable)	Committee Name
Revere City Councillor at Large Office Sought and District	Susan Martelli
39 Dale Street, Revere, MA 02151	Name of Committee Treasurer
Residential Address	30 Dale Street, Revere, MA 02151
E-mail: donmartelli@gmail.com	Committee Mailing Address E-mail: Smartelli784@gmail.com
Phone # (optional): (617) 413-6773	Smartem764@gmail.com
(617) 413 0773	Phone # (optional): (617) 413-6773
SUMMARY BAL	LANCE INFORMATION:
Line 1: Ending Balance from previous repor	ort
	\$1,107.51
Line 2: Total receipts this period (page 3, lin	ne 11) \$0
Line 3: Subtotal (line 1 plus line 2)	\$1,167.31
Line 4: Total expenditures this period (page	\$ 5, line 14) \$0
Line 5: Ending Balance (line 3 minus line 4)	\$1,167.31
Line 6: Total in-kind contributions this perio	od (page 6) \$0
Line 7: Total (all) outstanding liabilities (pag	ge 7) \$0
Line 8: Name of bank(s) used: Santander Ban	nk
gned under the penalties of perjury:	(Treasurer's signature) Date: January 10, 2024
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (checl	ck 1 hav only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this report Candidate without Committee	, to the best of my knowledge and belief, a true and complete statement of all campaign finance e in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, porting period that are not otherwise disclosed in this report.
I certify that I have examined this report including attack to the	to the best of my knowledge and belief, a true and complete statement of all campaign ements, in-kind contributions and liabilities for this reporting period and represents the fof this candidate in accordance with the requirements of M.G.L. c. 55.
gned under the penalties of perjury:	(Candidate's signature) Date: January 10, 2024

RECEIPTS									
Date	Donor First Name	Donor Last Name	Donor Addr1	D 0''	_				
n/a			Delioi Addi i	Donor City	Donor State	Donor ZIP	Amount	Donor Occupation	Donor Employer

Whom Due	Address	Durnoss	
		ruipose	Amount
ıvv	nom Due	Address	nom Due Address Purpose

LIABILITIES			
To Whom Paid	Address	Durmana	
		Purpose	Amount
T	o Whom Paid	o Whom Paid Address	o Whom Paid Address Purpose

IN-KIND				
Date	From Whom Received	Address		
n/a		7 tauress	Description of Contribution	Amount