

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

Pill: D	File with: Off or Town Clark on Election Commission
Fill in Reporting Period dates: Beginning Date: 01/0	01/2025 Ending Date: 10/23/2025 REVERE, MA
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Anthony L. Caggiano	Committee to Elect Anthony Caggiano
Candidate Full Name (if applicable)	Committee Name
Revere School Committee Office Sought and District	Debra DeFilippo West
103 Patriot Parkway, Revere, MA 02151	Name of Committee Treasurer
Residential Address	103 Patriot Parkway, Revere, MA 02151
E-mail: acaggiano@gmail.com	Committee Mailing Address E-mail: acaggiano@gmail.com
Phone #: (617) 962-3933	Phone #:
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	7,202.20
Line 2: Total receipts this period (page 3, line 12)	500.00
Line 3: Subtotal (line 1 plus line 2)	7,702.20
Line 4: Total expenditures this period (page 5, line 15)	4,206.50
Line 5: Ending Balance (line 3 minus line 4)	3,495.70
Line 6: Total in-kind contributions this period (page 6,	ine 18)
Line 7: Total (all) outstanding liabilities (page 7, line 19	27,945.52
Line 8: Total out-of-pocket expenses this period (page 8	, line 22)
Line 9: Name of bank(s) used: Santander Bank	
	coordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 10/23/2025
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	posest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the I finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	
signed under the penalties of perjury:	(Candidate's signature) Date: 10/23/2025
_	

SCHEDULE A: RECEIPTS

4.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar ear. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor 50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eceived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Itach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/5/25	Teamsters Local 25 544 Main Street, Boston, MA 02129	500.00	Donation Donation
	2		
	٥		
	2		
	é		
	<u> </u>		
	2		

SCHEDULE A: RECEIPTS (continued)

Date Received		Name and Residential Address		Occupation & Employer
Date Received		(alphabetical listing required)	Amount	(for contributions of \$200 or more)
		*		
		<u></u>		
1330				
		4		
770.55 () () () () () () () () () (2		
Line 10: Total Receipts over \$50 (or listed above)		500.00	* If you have itemized receipts of \$50 and	
Line 11: Total Rec	eipts \$	50 and under (not listed above)		under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL	RECE	IPTS IN THE PERIOD	500.00	

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

	TI - XX/I - TS - X			
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/13/25	Independent Newspaper Group	385 Broadway Revere, MA 02151	Advertising	960.00
1/17/25	Advocate	573 Broadway Revere, MA 02151	Advertising	800.00
2/5/25	Teamsters Local 25 Autism Fund	25 Union Hall 544 Main Street Charlestown, MA 02129	Donation	250.00
2/15/25	Lincoln School PTA	Tuckerman Avenue Revere, MA 02151	Donation	150.00
2/15/25	Northeast Metro Tech	100 Hemlock Street Wakefield, MA 01880	"Knight on the Town" Donation	50.00
3/7/25	Revere Arabic Community	Revere, MA	Ramadan Ifar Dinner	50.00
3/22/25	PICs Immaculate Conception School	Winthrop Avenue Revere, MA 02151	Donation	200.00
4/5/25	Rumney Marsh Academy PTO	150 American Legion Hwy. Revere, MA 02151	Donation	100.00
5/16/25	Revere Karate Academy	351 Revere Street Revere, MA 02151	Donation	100.00
6/15/25	Staples	444 Broadway Saugus, MA 01906	Advertising	63.74
6/16/25	USPS	321 Main Street Wakefield, MA 01880	Mailing	43.80
7/29/25	Northeast Dark Knights, LLC	Lincoln Elementary School Tuckerman Street Revere, MA 02151	Donation	200.00
8/21/25	Connolly Printing	17B Gill Street Woburn, MA	Signs	270.46

SCHEDULE B: EXPENDITURES (continued)

	1 7	o Whom Paid			
Date Paid	1	habetical listing)	Address	D CF 114	
9/5/25		Printing, LLC		Purpose of Expenditure	Amount
0,0,20		r miling, LLC	2591 Dallas Pkwy. #300 Frisco, TX 75034	Brochures	320.26
<u> </u> 9/14/25			107.11		
9/14/23	A.C. W	helan PTA	107 Newhall Street Revere, MA 02151	Donations	100.00
9/14/25		Rosanio Parents sing Group	Washington Avenue Revere, MA 02151	Donation	100.00
9/18/25	RHS Fo	otball Parents		Donation	100.00
10/6/25	Conno	lly Printing	17B Gill Street Woburn, MA 01801	Signs	108.24
10/21/25	Indeper Group	dent Newspaper	385 Broadway Revere, MA 02151	Advertising	240.00
		þ			
		ě			
should include only those expenditures not		Line 13: Expenditures over \$50 (or listed above)		4062.70	
		Line 14: Expenditures \$50 and under (not listed above)		143.80	
	Eı	nter on page 1, line 4 →	4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD 4,2		4,206.50

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

A.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 nd less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and eccived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.

Date Received		Fron	1 Whom Received*	Residential Address	Description of Contribution	Value
			۵			
			*			
			è			
			<u>s</u>			
* If you have	iten.	nized in	-kind contributions of	Line 16: In-Kind Contributions over	r \$50 (or listed above)	
\$50 and under, should inclu	de c	lude the only the mized a	em in line 16. Line 17 use expenditures not above.	Line 17: In-Kind Contributions \$50	L	
			Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONTR	RIBUTIONS IN THE PERIOD	

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
1/11/25	Anthony Caggiano	103 Patriot Parkway Revere, MA 02151	Loan to Committee	500.00
1/13/25	Anthony Caggiano	103 Patriot Parkway Revere, MA 02151	Loan to Committee	200.00
1/31/25	Anthony Caggiano	103 Patriot Parkway Revere, MA 02151	Loan to Committee	500.00
2/28/25	Anthony Caggiano	103 Patriot Parkway Revere, MA 02151	Loan to Committee	500.00
1/8/25	Anthony Caggiano	103 Patriot Parkway Revere, MA 02151	Loan to Committee	500.00
5/15/25	Anthony Caggiano	103 Patriot Parkway Revere, MA 02151	Loan to Committee	500.00
8/22/25	Anthony Caggiano	103 Patriot Parkway Revere, MA 02151	Loan to Committee	600.00
As of 12/31/24	Anthony Caggiano	103 Patriot Parkway Revere, MA 02151	Loan to Committe	24,645.52
	<u> </u>			
	*			
	Enter on page 1, line 7	→ Line 19: TOTAL OUTSTAN	NDING LIABILITIES (ALL)	27,945.52

Page 7

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
	•		
	<i>₽</i>		
(or listed above)	zed Out-Of-Pocket Expenditures Over \$50 mized Out-Of-Pocket Expenditures \$50 and ve)		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 22: TOTAL OUT	-OF-POCKET EXPENDITURES IN THE PERIOD	+	

*Cahadula T is not for hallot question committee use