

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Re	eporting Period dates: Beginning Date: C	01/01/2	2025	Ending I		y or Town Cler 0/24/2025	k or Elec	ction Commissio
Type of 1	Report: (Check one)							
	y preceding preliminary 8th day preceding election	n 🔲	30 da	y after election	year-	end report	di:	ssolution
Aisha Mi	ilbury Ellis		Comn	nittee to elect Ai	sha Milbu	rv Fllis to S	ichool	Committee
Revere S	Candidate Full Name (if applicable) School Committee			na Giuffre	Committee		-	
89 Lanca	Office Sought and District aster Ave Revere, MA				ne of Commit	tee Treasurer		
E-mail:	Residential Address				mmittee Mail	ing Address		
Phone #:			_	617-257-6087				
	SUMMARY BALA	NCE]	INFO	RMATION:				
	Line 1: Ending Balance from previous report			208.35				
	Line 2: Total receipts this period (page 3, line 12)			0			-	
	Line 3: Subtotal (line 1 plus line 2)			208.35				
	Line 4: Total expenditures this period (page 5, line	15)		117.00				
	Line 5: Ending Balance (line 3 minus line 4)		J.	91.35			707	
	Line 6: Total in-kind contributions this period (page		18)	0		R		CON
-	Line 7: Total (all) outstanding liabilities (page 7, lin	ŕ		3616.13		R	F	NEO A
	Line 8: Total out-of-pocket expenses this period (pag	ge 8, lin	ne 22)	0		3		70 70 70 70 70 70 70 70 70 70 70 70 70 7
L	Line 9: Name of bank(s) used:						3	
certify that I he ctivity, include	Committee Treasurer: have examined this report including attached schedules and it is, to the beling all contributions, loans, receipts, expenditures, disbursements, in-ki y of all persons acting under the authority or on behalf of this committee.	best of my	y knowle butions a	edge and belief, a true and liabilities for this rether the requirements of	and complete eporting perior	statement of all	l campaig	gn finance npaign
igned under (the penalties of perjury:			(Treasurer's s		Date: 11	/03/20)25
Candidate I certify th activity, of	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 to with Committee that I have examined this report including attached schedules and it is, to fall persons acting under the authority or on behalf of this committee in ny liabilities nor made any expenditures on my behalf during this report	the best of	of my kn	owledge and belief, a the requirements of M	true and com	plete statement of have not received	of all can	npaign finance
Candidate I certify the finance act	e without Committee that I have examined this report including attached schedules and it is, to tivity, including contributions, loans, receipts, expenditures, disburseme finance activity of all persons acting under the authority or on behalf of	the best of	of my kn	owledge and belief, a	true and comp	olete statement o	of all can represen	npaign ts the
	ned under the penalties of perjury:(Candidate's signature) Date: 11/03/2025							

SCHEDULE A: RECEIPTS

A.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 of 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 eccived. 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)

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address	RECEII 15 (col	
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
And the second s			
ine 10: Total Receipt	s over \$50 (or listed above)	0	* If you have itemized receipts of \$50 and
ine 11: Total Receipts \$50 and under (not listed above)		0	under, include them in line 10. Line 11 should include only those receipts not
Line 12: TOTAL RECEIPTS IN THE PERIOD			itemized above.
	TO IN THE LEMON	€	Enter on page 1, line 2

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.

Date Paid	To Whom Paid			
	(alphabetical listing)	Address	Purpose of Expenditure	Amount
1/09/2025	M&T Bank	Revere MA	Bank fee	13.00
2/10/2025	M&T Bank	Revere MA	Bank fee	13.00
3/10/2025	M&T Bank	Revere MA	Bank fee	13.00
04/8/2025	M&T Bank	Revere MA	Bank fee	13.00
05/8/2025	M&T Bank	Revere MA	Bank fee	13.00
06/9/2025	M&T Bank	Revere MA	Bank fee	13.00
07/9/2025	M&T Bank	Revere MA	Bank fee	13.00
08/8/2025	M&T Bank	Revere MA	Bank fee	13.00
09/9/2025	M&T Bank	Revere MA	Bank fee	13.00

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
-				
Control of the Contro				

* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.		Line 13: Expenditures over \$50 (or lists 1 -1 -1)		
		Line 13: Expenditures over \$50 (or listed above)		0
		Line 14: Expenditures \$50 and u	0	
	Enter on page 1, line 4			
	on page 1, mit 4	ALL LAPENDII	117.00	

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions neclude the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contributio	n Value
			2 escription of contribution	u value
The state of the s				
The second secon				
h. 70				
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.		Line 16: In-Kind Contributions ove	0	
		Line 17: In-Kind Contributions \$50	0	
Enter on page 1, line $6 \rightarrow$		Line 18: TOTAL IN-KIND CONT		

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
08/20/2021	Aisha Milbury Ellis	89 Lancaster Ave Revere, MA	Signs	3606.13
07/26/2023	Aisha Milbury Ellis	89 Lancaster Ave Revere, MA	Map of City	10.00
	Enter on page 1, line 7	→ Line 19: TOTAL OUTSTA	NDING LIABILITIES (ALL)	3616.13

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.

	Name and Address of Vendor		
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
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North Manager Control of Control			
		TOTAL DESIGNATION OF THE PERSON OF THE PERSO	
The state of the s			
		A 100 M A 100	
[·			
(or listed above)	ed Out-Of-Pocket Expenditures Over \$50	0	* If you have out-of-pocket expenses of \$50
Line 21: Total Uniten under (not listed abov	nized Out-Of-Pocket Expenditures \$50 and	0	and under, include them in line 20. Line 21 should include only those expenditures not
	OF-POCKET EXPENDITURES IN THE PERIOD	0	itemized above.
	EM ENDITORES IN THE PERIOD	U	Enter on page 1, line 8 Page 8

*Cabadula T is not for hallot quartier and