

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

(Candidate's signature)

19 OCT 23 AM 9:1.2
File with: City or Town Clerk or Election Commission 8.24.19 **Ending Date:** Beginning Date: Fill in Reporting Period dates: Type of Report: (Check one) dissolution 30 day after election year-end report 8th day preceding election 8th day preceding preliminary JOHN R. CORREGGIO COMMITTEE TO ELECT. JOHN R. CORREGGIO

Committee Name Candidate Full Name (if applicable) NICOLENA NELLI MONGIELLO

Name of Committee Treasurer 30 GRAVES ROAD, REVERE, MASS, 02/5/ 30 GRAVES ROAD, REVERE, MASS. 02151
Committee Mailing Address E-mail: JRC27100 COMCASTO NET E-mail: JRC27@ COMCASTONET Phone # (optional): 781-284-5059 Phone # (optional): 781-284-5059 SUMMARY BALANCE INFORMATION: 288,24 Line 1: Ending Balance from previous report \$ 500.00 Line 2: Total receipts this period (page 3, line 11) 2,788,24 Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) 400. 28 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: CITIZENS BANK REVERE, MASS. 02151 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. Mulling In Mongallo Signed under the penalties of perjury: 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 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 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 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 candidate in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: John R. Correggio

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 ort all receipts. Please include your committee name and a page number on each page.)

port all receipts. I	Please include your committee name and a pr	age number on ea	cn page.)
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
SEPT 9 2019	JOHN R. CORREGGIO 30 GRAVES ROAD REVERE, MA. 02151	200.00	LOAN TO COMMITTEE
SEPT 10 2019	JOHN R- CORREGGIO 30 GRAVES ROAD REVERE, MA. 02151	200.00	LOAN TO COMMITTEE
2019	JOSEPH C. PRIZIO JR. 96 PLEASANT ST WOBURN, MA. 01801	500.00	SELF-EMPLOYED OWNER OF JOES MARKET
9UC 30 2019	JOHN R. CORREGGIO 30 GRAVES ROAD REVERE, MA. 02151	6,600.00	LOAN TO COMMITTEE
Line 9: Total Rec	eipts over \$50 (or listed above)	2,500	
Line 10: Total Re	ceipts \$50 and under* (not listed above)	0	
11. TOTAL	RECEIPTS IN THE PERIOD	2,500	← Enter on page 1, line 2

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 Reco	eipts over \$50 (or listed above)		
	eipts \$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

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to the report all expenditures.					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
OCT 15 2019	ADVOCATE NEWSPARAS	BROADWAY EVERETI, MA 62149	AODS	150.00	
AUG 27 2019	CITIZENS BANK	388 BROHOWRY REVERE, MA - 07151	NEW CHECK S	27.25	
SEPT 3 2019	PAMI INC	P.O. BOX-698 MARIANNA, FL.32447	ROBO CALLS TWO	280,00	
SEPT 12 2019	P.MI, TWC.	P.O. BOX-698 MARIANNA, FL. 32947	PHONE SHEET FOR ROBO CALLS	150.00	
SEPT 12 2019	ADVOCATE NEWS PAPERS INC.	BRODOWAY EVERETT MA-02149	ADDS	50.00	
SEPT 17 2019	CLEAR CHANNEL OUT DOOR ADVERTISING	P.O. BOX-402379 ATLANTA, G,A.30384-	BILL BOARD INCERT	150.06	
AUG 27 2019	REVERE JOURNAL	388 BROADWAY REVERE, MA. 02151	ADD	240.00	
SEPT 3 2019	SOFI'S TECH COM	121 BRODOWNY REVERE, MA. 82151	PRINTING OF BROCHURE	1,270.97	
SEPT 3 2019	SOFIS TECH COM	121 BROAD WAY REVERE, MA- 02151	BUSNESS CAROS	\$ 63.74	
	J	Line 12: Total Expenditures over \$50 (or listed above)		2381.96	
		Line 13: Total Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	FURES IN THE PERIOD should include only those expenditu	2387.96	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				-0.20
	Line 12: Expenditures over \$50 (or listed above)			
		Line 13: Expenditures \$50 and u		
		Line 14: TOTAL EXPENDIT	URES IN THE PERIOD and include only those expenditures	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 5

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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	0

^{*} 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.

Page 6

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.

as mose monthles incurred during this reporting period.					
Date Incurred	To Whom Due	Address	Purpose	Amount	
8/30/19	John R. Correggio	30 Graves Rd.	LOAN	1,600.00	
9/9/19	John & Corraggio	30 Graves Rd	LOAN	200,00	
9/10/19	John R. Correggio	30 Graves Rd.	LOAN	200.00	
4/30/19	John Correggio	30 Graver Pl	LOAN	250,00	
6/5/19	John Corrages	30 Graves Rd	LogN	400.00	
	John P. Correggio	30 Braves RJ	Loan	800.00	
7/20/19	John R. Corregg, 0	30 Grives Rd	Loan	200,00	
7/29/19	John R. Correggio	30 Graves Rd	Loan	1,10000	
8/16/19	John R. Corragio		LogN	1,20000	
	John R. Corsegio		Loan	300,00	
Enter on near 1 line 7 > Line 19, TOTAL OUTSTANDING LIABILITIES (ALL)				10-	

Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

6,250