



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance  
BOARD OF ELECTION COMMISSIONERS

2019 OCT 28 PM 4:30  
File with: City/Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 8.24.19 Ending Date: 10.18.19  
REVERE, MA

Type of Report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

Wayne Rose  
Candidate Full Name (if applicable)  
Councilor at large  
Office Sought and District  
19 R Thorndike St.  
Residential Address  
E-mail: \_\_\_\_\_  
Phone # (optional): 857-504-5221

C.T.E. Wayne Rose  
Committee Name  
Brianna Rushins  
Name of Committee Treasurer  
19 R Thorndike St.  
Committee Mailing Address  
E-mail: \_\_\_\_\_  
Phone # (optional): 781-513-6877

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>4.47</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1,000.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1,004.47</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1,012.90</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>8.43</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Santander</u>

**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.  
Signed under the penalties of perjury: Brianna Rushins (Treasurer's signature) Date: 10/28/19

**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: Wayne Rose (Candidate's signature) Date: 10/28/19

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/6	<del>XXXXXXXXXX</del> ALAN Pechner	100.00	
9/9	CARL Leclair Revere	100.00	
9/11	CARL Leclair Revere	100.00	
9/18	IAN Realty Trust 1605 North Shore RD Revere MA	500.00	IAN Realty Trust.
9/18	Sherry Rose Revere	100.00	
10/7	Marie Geranian Broadsound ave Revere MA 02151	100.00	

Line 9: Total Receipts over \$50 (or listed above) 1,000.00

Line 10: Total Receipts \$50 and under\* (not listed above) —

Line 11: **TOTAL RECEIPTS IN THE PERIOD** 1,000.00

OR  
SR 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.









