

Signed under the penalties of perjury:

## Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance LECTION
COMMISSIONERS

of Massachusetts	2023 Jan with City of Town Elerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1/	1/22 Ending Date RE 1/31/22
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election  year-end report dissolution
Patrick Keefe Jr.  Candidate Full Name (if applicable)	Committee to Elect Patrick Kede
ward 4 city Councillor	Jennifer Keefe
Office Sought and District  YY KILDURN ST. Reveren OZISI  Residential Address	Name of Committee Treasurer  44 Kilburn St. Revere, MA 02151
E-mail: PKeefe44C (OMCast · Net	E-mail: Unfantino 215 Cgmail (OM)
Phone # (optional): 781-289-1191	Phone # (optional): (617-233-8650
SUMMARY BALANC	E INFORMATION.
SUMMART BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	44,050.17
Line 2: Total receipts this period (page 3, line 11)	16,850.00
Line 3: Subtotal (line 1 plus line 2)	60,900.17
Line 4: Total expenditures this period (page 5, line	(e) (e, 803 · 03
Line 5: Ending Balance (line 3 minus line 4)	54,097.14
Line 6: Total in-kind contributions this period (pa	ge 6) O .O O
Line 7: Total (all) outstanding liabilities (page 7)	60.0
Line 8: Name of bank(s) used: Rockland	Trust
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind c	ontributions 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 a Signed under the penalties of perjury:	(Treasurer's signature) Date: 1/19/23
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box	
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 acc incurred any liabilities nor made any expenditures on my behalf during this reporting	best 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 finance activity, including contributions, loans, receipts, expenditures, disbursements,	best of my knowledge and belief, a true and complete statement of all campaign
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:	(Candidate's signature) Date: 1/19/23

(Candidate's signature)

#### 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

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

Name and Residential Address  Octo Received (alphabetical listing required)			Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	
9/6	Eric Slifka 9 clark Rd. Wellesley Hills MA 02481	250	CEO Global GP LLC.
9/6	Richard STIFKa POBOX 9161 Waltham MA 02454	250	Chairman e Global Partners LP
10/1)	michael Zaccaria 123 coshman Ave Revere MA 02(5)	200	Owner Action Energency Services
10/11	Andrew Sica 335 hee Burkank Highway Revere	200	Owner Commonwealth, Autobody
10/11	Daniel Sica 335 her Borbank Highway Levere	200	Auto body
10/11	TLABOTERS Way 61748	500	CPF 1D # 80479
10/11	Hardik Patel sos washing ton Ave Chelsen MA OZISO	300	owner woody's liquous
11/0]	marenglen Zepaj 78 mill st. Middleton MA agua	500	Selfen Ployed Builder / Developer
10/11 Nicholas Daher 1493 H. Shove Rd. Gevere		200	owner Broadsound Realty
10/11	John Stamatopoulos IS sewall St. Revere MA 02151	300	health care consultant
10/11 Charles lightbody 2 warren Drive 01949		200	Owner Cal Autobody
0/11	Jamie Russo Pobox 365 Revere MA OZISI	1000	Owner Eastern equity Partners
Line 9: Total Rece	ipts over \$50 (or listed above)	A Company of the Comp	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
	RECEIPTS IN THE PERIOD		☐ ← Enter on page 1, line 2  uld include only those receipts not itemized above.

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/11	Paul Argenzio 248 Reservoir Ave Revere M	100	
10/11	Bonnie Curran 20 Barrett St. Rovere MA	100	
11/01	Donald Claramella 215 Rice Ave Revere MA	100	
10/9	Oleg Uritsky Us overlook Rd. Boston 02132	750	gansett ventures
(0/7	Caleb monghester 315 A St. 1703 Boston NA 02210	209	gan sett ventures
10/28	Chris Droukis 442 Proctor Aug Revere	1000	Veolia Water Treatment
9/29	Basilio Di Flumeri 69 Teaford Ave Revope	100	
9/28	greg Feldmon SI Cleveland Rd. Brookline MA 02467	100	
9/28	Donald Boudreau 49 woodland Rd. Ruere	(00)	
9/29	Edward Cash 3128 marth curtis Dr. Alexandria VA 22382	100	
9/28	Paul Tellier 17 Bromfield St. Quincy MM 02/70	250	Partner Attorney
9/28	Gabriella D'Ambrosio 188 west st. Bevery M 01918	500	Employee Damprosia harw
9/28	Ed Dann 1066 Main St. Hanover MA 02339	100	
Line 9: Total Rece	eipts over \$50 (or listed above)	16,200.9	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	650.00	
	RECEIPTS IN THE PERIOD	10,000	← Enter on page 1, line 2
* If you have itemize	d receipts of \$50 and under, include them in line	9. Line 10 should	l include only those receipts not itemized above

<sup>\*</sup> 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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/28	Revere little Schollars Revere Pop warer		Donation Isponsor	250.00
2/24	Umass Boston Soutball		Tean Donation	200.00
3/9	Independent Newspaper		newspaper Ads	270.9
3/17	Boston Bruins foundation		Donation	125.00
4/11	Amazon.com		Consy/Bags for Prospect house	82.81
4/18	Ally Hinajosa		Dressed up as Easter bunny for event	75.00
5/4	Revere Youth Baseball & Sutball		Sponsor ship	300.x
5/25	Independent Newspaker		Ads	45.00
017	Indpendnt		Ads	Les.00
7/22	Revere Historical Society		Bocce on the Beach	200.00
7/25	Rever Beach Partourship		Sunset Soiree Revere Stonsor	163.56
7/27	Revere Beach Partnership		Sponsorship	150 .00
		Line 12: Total Expenditur	res over \$50 (or listed above)	
		Line 13: Total Expenditure	es \$50 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEN	NDITURES IN THE PERIOD	

<sup>\*</sup> 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.

Date Received	(aiphabetical fisting required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/11	Anthony J Di Cesare 596 RevereBeach Blvd Revere MA 07151	1,000	Real estate Developer
10/11	Gerry D'Ambrosio 185 Devonshire St. Boston MA 02110	1,000	Owner DAmbrosio Law Attorney
10/11	Vincent Dicesare 1405 N Shove Rd. Revere MA 02151	1,000	Owner Atlas Autobody
10/11	Sebastion Birritleri 43 court Rd. Winthrop MA 02152	200	Self employeed Real estente investor
10/11	Paul Ritzo 19 fellsmere Ave Vakefield MA 01880	200	Owner Rizzo insurara
10/11	POBOX 325 Middleton MA 01949	200	owner Barn carwas
10/11	Emanuel Serra 17A Ocean Pier Ave Revere NA 02151	200	Consultant self employe
10/11	William Settipane 39 Commings Ave Revere	200	Owner settipone insurance
10/11	Arthur Croce 10 crowninshied st. Peakody MA 01960	200	Retired
0/11	Paul Buonfishio 20 wing Rd: Lynnfield MA 01940	250	Owner Buonfissio
10/11	Peter Depesa Po Box 530 N. Roading MA 01864	200	Owner squire lounge
	Anthony Spinattola 99 E Woodcrest DR. Nelrose MA 02176	200	Retired is
	Andrea Obrien 25 michael Rd. Revere MA UZISI		Sales C Pride Hyunda;
e 9: Total Receipt	s over \$50 (or listed above)	L L	Con II Juniora
e 10: Total Receipt	s \$50 and under* (not listed above)		
e 11: TOTAL RE	CEIPTS IN THE PERIOD	←	Enter on page 1, line 2
you have itemized re-	ceipts of \$50 and under, include them in line 9	. Line 10 should in	clude only those receipts not itemized above

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/11	Mario Chivccariello 270 Broadway Revere MA 02151	200	investor self employeed
10/11	Frank Proppi 4 cliff Ave winthrop MA 02152	200	owner Luigis Pitta
10/11	Domenic Bocchino 106 squire Rd. Revere MA 02151	250	owner Bocchino insurance
10/11	Joseph Ric Upero 500 Pleasant St. Winthrop MA 02152	200	Owner Capital waste
10/11	John Fester 360 maldenst Revere	Iso	community development City of Revere
10/11	David Callahan ITanglewood Dr. Sausus MA 01906	100	Chief of Police Levere MA
10/11	Wayne Cintol 0 320 Prospect Ave Revere MA 02151	150	self employed
10/11	Michael Chiesa Sz Sweeney Ave Revere ma	100	Petired
10/11	Steven Penta 140 Crest Ave Revere	100	
10/11	Richard Viscay Jr. 87 Harris St. Rivere MA	100	
10/11	Ricky Fren; 37 Madisonst. Rovere MA	100	
0/11	Julie Demauro 33 Loomijst. Keuere MA	100	
0/11	michael mercurio 89 Franklin Ave Ravere MA	150	
e 9: Total Receip	ts over \$50 (or listed above)		
e 10: Total Receip	ots \$50 and under* (not listed above)		
e 11: TOTAL RE	ECEIPTS IN THE PERIOD  ecceipts of \$50 and under, include them in line 9	← Line 10 should:	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/27	Dona Brangiterte 233 Proctor Ave Revore MA OSISI	150	22 GZ
9/27	Carl Svendsen 3 le Breeders Ione Revere	100	
9/26	Caleb manchester 31s Ast. Boston MA 02210	250	9 chsett Ventures
9/23	Christopher Fazio 502 Practor Aul Revere	100	
9/3	Jason Smith S&S Blud. Perrer NA	100	
ne 9: Total Receipt	ts over \$50 (or listed above)		
	ots \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD eccipts of \$50 and under, include them in line	+	Enter on page 1, line 2

<sup>\*</sup> 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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
120	Blanch + Sons Trophies		Bocce on the Beach Shirts	165.00
8123	Vista Print		Invites for Pizzaw Pat	186.77
8124	Independent Newspaker		Adds	65.00
9/6	USPS		Stamps for 1600000 177201 Pat huits	60.00
9/27	Sofistech		Revere senior Center Bocce Shirts	560.00
9/29	easplie		PATU WI Pat Fundraiser	1180.44
9/30	Michael moduffee Venono		Ovitar Player 1 music for Pizza W/ Pat	525.00
10/4	Independent Blewspaker		Ads	65.00
10114	Costco		Candy for TrunkorTreat	80.95
10/18	Advocate Neuspager		AdS	275.00
10/31	Venno Doma Infentino		halloween cardy Bass for hallower	110.00
(0/25	Little Ricky foundation		Donation	60.00
10/25	Revere Karate Academy		spansorship	200.∞
		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$ emized expenditures of \$50 and unde	Line 14: TOTAL EXPENDIT		

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	ditures. Please include your con To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/3	Costco		Food for election day works	
11/14	Revere Chamber Of Connerce		Awards Gola ticket	100.00
21	Costco		×nas Cards	62.0
1249	Dryft		Coats for Kids Fundraiser	234.01
2/19	indpendent neuspaper		Ads	65.00
2/19	Tele Town hall Services		Robo call	250.00
				·
				1
		Line 12: Total Expenditures ov	er \$50 (or listed above)	6250.58
		Line 13: Total Expenditures \$50		552.45
	Enter on page 1, line 4 →		URES IN THE PERIOD	(0803.02

aditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

# 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.

Date Incurred	To Whom Due	Address	Purpose	Amount
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*				
				A . 9
				1
			was a second and a second a second and a second a second and a second a second and a second and a second and	
	Enter on page 1, line $7 \rightarrow$ Line 1	18: TOTAL OUTSTANDING	LIABILITIES (ALL)	THE STATE OF THE S

Page 7