



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

14 SEP 17 AM 8:16 REVERE, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="1,476.97"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="50"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="1,526.97"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="1,526.97"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="0"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="Citizens Bank"/>

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: Peter Staats (Treasurer's signature) Date:

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the 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.

Candidate without Committee OR Candidate with independent activity filing separate report

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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Candidate's signature) Date:

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)		0	
Line 10: Total Receipts \$50 and under* (not listed above)		50	
Line 11: TOTAL RECEIPTS IN THE PERIOD		50	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)	0		
Line 10: Total Receipts \$50 and under* (not listed above)	50		
Line 11: TOTAL RECEIPTS IN THE PERIOD	50	← 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 report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/19/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	Food for after March/Rally	108.41
3/19/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	Toner for Printer	157.23
3/19/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	Pizza for Volunteers	50.86
3/19/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	Pizza for Volunteers	53.78
3/19/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	Sign Mounting Materials	112.95
3/22/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	Loan Repayment to Joe Catricala (Loaned money for Toner for Printer on 2/6/2014)	157.23
9/5/2014	City of Revere	281 Broadway, Revere MA 02151	Contribution to General Fund	106.41
8/25/2014	Peter Staats	49 Marshall St N #1, Revere MA 02151	7 \$15 GoPhone Refills for Phone Banking	105
8/25/2014	Peter Staats	49 Marshall St N #1, Revere MA 02151	Loan Repayment to Peter Staats (Loaned money for 7 \$15 GoPhone Refills on 1/14/2014)	105
Line 12: Total Expenditures over \$50 (or listed above)				956.87
Line 13: Total Expenditures \$50 and under* (not listed above)				570.1
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,526.97

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over \$50 (or listed above)	956.87
Line 13: Expenditures \$50 and under* (not listed above)	570.1
Line 14: TOTAL EXPENDITURES IN THE PERIOD	1,526.97

Enter on page 1, line 4 →

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

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 16 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)			0	
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			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.

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
Enter on page 1, line 7 →		Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)		0



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

BOARD OF
ELECTION
COMMISSIONERS

14 SEP 17 AM 9:12
REVERE, MA

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <input style="width: 80%;" type="text" value="3/22/2014"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text" value="Joe Catricala"/>
Committee Name:	<input style="width: 95%;" type="text" value="Don't Gamble on Revere"/>
CPF ID Number (if applicable):	<input style="width: 20%;" type="text"/> Telephone Number (optional): <input style="width: 20%;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/23/2014	Market Basket	170 Everett Ave, Chelsea MA 02150	Food for after March/Rally	\$108.41
2/6/2014	Staples	1399 Northshore Road, Revere MA 02151	Toner for Printer	\$157.23
2/25/2014	Papa Gino's	125 Squire Rd, Revere, MA 02151	Pizza for Volunteers	\$50.86
2/25/2014	Papa Gino's	125 Squire Rd, Revere, MA 02151	Pizza for Volunteers	\$53.78
2/24/2014	Lowes	1500 Broadway, Saugus MA 01906	Sign Mounting Materials	\$112.95

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text" value="483.23"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text" value="387.13"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 90%;" type="text" value="870.36"/>

Signed under the penalties of perjury:	
 _____ Signature of Candidate / Treasurer	Date: <input style="width: 80%;" type="text" value="9/16/2014"/>

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

BOARD OF
ELECTION
COMMISSIONERS

14 SEP 17 AM 9:12

REVERE, MA

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		3/22/2014
Name of Individual Being Reimbursed:	Meagan Catricala	
Committee Name:	Don't Gamble on Revere	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	0
	Line 2: Expenditures \$50 or under (not itemized):	63.02
	Line 3: TOTAL AMOUNT REIMBURSED:	63.02

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 9/16/2014

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

BOARD OF
ELECTION
COMMISSIONERS
14 SEP 17 AM 9:12
REVERE, MA

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <input type="text" value="8/25/2014"/>
Name of Individual Being Reimbursed:	<input type="text" value="Peter Staats"/>
Committee Name:	<input type="text" value="Don't Gamble on Revere"/>
CPF ID Number (if applicable):	<input type="text"/>
Telephone Number (optional):	<input type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
1/14/2014	AT&T	1201 Broadway S121, Rt 1 S Main St, Saugus MA 01906	7 \$15 GoPhone Refills for Phone Banking	\$105.00

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input type="text" value="105"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input type="text" value="0"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input type="text" value="105"/>

Signed under the penalties of perjury:

 Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.

Don't Gamble on Revere
49 Marshall St N #1
Revere MA 02151
September 16, 2014

BOARD OF
ELECTION
COMMISSIONERS
14 SEP 17 AM 9:12
REVERE, MA

Diane R. Colella
281 Broadway
Revere MA 02151

Dear Ms. Colella,

As we discussed on the phone today, I am enclosing a copy of the letter and check I filed at Revere City Hall on September 5th, 2014 in order to dispose of the remaining funds of our municipal ballot question committee, Don't Gamble on Revere, as required by campaign finance law. I am filing the dissolution report for Don't Gamble on Revere today in anticipation this check being deposited rather than delay our report until the check has cleared.

Thank you for working with us throughout this process.

Sincerely,



Peter Staats
Treasurer, Don't Gamble on Revere

Don't Gamble on Revere

47 Marshall St N#1

Revere MA 02151

September 5, 2014

City of Revere

281 Broadway

Revere MA 02151

To Whom It May Concern:

Our municipal ballot question committee, Don't Gamble on Revere, is contributing the remaining balance of our campaign funds to the City of Revere as required by Massachusetts campaign finance requirements (M.G.L. c. 55 § 16). Please find enclosed a check from Don't Gamble on Revere made out to the City of Revere in the amount of \$106.91.

Sincerely,



Peter Staats

Treasurer, Don't Gamble on Revere

DONT GAMBLE ON REVERE
147 POMONA ST.
REVERE, MA 02751-4480

6-7017/2 '10

1018

DATE 9/14/14

PAY TO THE ORDER OF City of Revere \$ 106.41
one hundred six and 41/100 DOLLARS

Citizens Bank

Contribution to General Fund
MEMO: Please use for tornado relief

Peter Stacey NP

⑆ 21 1070 175⑆ 1325515016⑆ 1018