



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF  
ELECTION  
COMMISSIONERS

14 FEB 18 AM 9:10  
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:

<b>Line 1:</b> Ending Balance from previous report	<input type="text" value="2,266.87"/>
<b>Line 2:</b> Total receipts this period (page 3, line 11)	<input type="text" value="9,218"/>
<b>Line 3:</b> Subtotal (line 1 plus line 2)	<input type="text" value="11,484.87"/>
<b>Line 4:</b> Total expenditures this period (page 5, line 14)	<input type="text" value="3,344.22"/>
<b>Line 5:</b> Ending Balance (line 3 minus line 4)	<input type="text" value="8,140.65"/>
<b>Line 6:</b> Total in-kind contributions this period (page 6)	<input type="text" value="70.21"/>
<b>Line 7:</b> Total (all) outstanding liabilities (page 7)	<input type="text" value="105"/>
<b>Line 8:</b> 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)
1/28/2014	"Lisa Alberghini 79 Quincy Ave, Winthrop MA 02152"	200	"President, Planning Office for Urban Affairs, Inc."
2/2/2014	"Matt Balzarini 96 bennington st apt. 3, east boston, ma US 02128"	100	
1/7/2014	"Krista Bogertman 40 Winthrop Ave, Revere MA 02151"	150	"Director of Career Services, Eastern Nazarene College"
1/20/2014	"Krista Bogertman 40 Winthrop Ave, Revere MA 02151"	100	"Director of Career Services, Eastern Nazarene College"
1/25/2014	"Kenneth Bogertman 17 Dater Street, North Haledon NJ 07508"	100	
1/25/2014	"Mark Bogertman 86 E. 28th St., Holland, MI USA 49423"	100	
1/24/2014	"John Boyle 157 Mills Ave, Revere MA 02151"	100	
2/4/2014	"Lisa Bray 470 Winthrop St, Winthrop, MA USA 02152"	100	
2/2/2014	"Meagan Catricala 141 Pomona Street, Revere MA 02151"	250	"Social Worker, Bayridge Hospital"
1/15/2014	Committee to Elect Sue Tucker 6 Farrwood Drive, Andover MA 01810"	175	
1/14/2014	"Ellen Decaneas 295 Endicott Ave, Revere MA 02151-4121"	250	"Executive Administrator, Quest Diagnostics"
1/21/2014	"Antony Decaneas 295 Endicott Ave, Revere MA 02151-4121"	250	Letter Sent
Line 9: Total Receipts over \$50 (or listed above)		8,349	
Line 10: Total Receipts \$50 and under* (not listed above)		869	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>9,218</b>	← 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)
1/16/2014	"Michael Dempsey 33 Uptack Rd, Groveland, MA USA 01834"	100	
1/27/2014	"Felice Denici 114 B Brandywyne Dr, East Boston MA 02128"	100	
2/5/2014	"Jennifer Droll 110 Fayweed Ave, East Boston MA 02128"	140	
1/23/2014	"Heather Engman 208 Grovers Ave, Winthrop MA 02152-1537"	500	"Attorney, Massachusetts Department of Public Health"
1/2/2014	"Carol Facella 3 Seal Harbor RD PH36, Winthrop MA 02152"	500	"College Professor, Salem State University"
1/28/2014	"David Fernandes 151 Brooks St., East Boston, MA 02128"	100	
1/24/2014	"JoHanna Flacks-Dunning 28 Austin Street, Milton, MA 02186"	54	
1/22/2014	"Nicholas Granitsas 68 Eustis Street, Revere MA 02151"	100	
2/6/2014	"Selene Hunter 43 Fowler Ave, Revere MA 02151"	750	"Retired, Retired"
1/23/2014	"William Kenney 22R Woodland Ave, Beverly MA 01915"	100	
1/25/2014	"David Kubiak 5 Cleveland Place, #3, Boston MA 02113"	100	
1/9/2014	"Thomas Larkin 49 Concord Ct, Bedford MA 01730-2905"	100	"Psychologist, Retired"
1/17/2014	"Thomas Larkin 49 Concord Ct, Bedford MA 01730-2905"	100	"Psychologist, Retired"
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		8,349	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>		869	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		9,218	← 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
1/7/2014	Tim Bogertman	40 Winthrop Ave, Revere MA 02151	Voter History Files for Past 6 Elections	120
1/4/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	Office Supplies	64.97
1/4/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	3'x6' Printed Vinyl Banner	50.83
1/4/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	Custom Signs and Wire Stakes	1,129.18
1/26/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	DGOR Information Postcard Printing	85.08
1/26/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	Toner, Paper, and Copies of handouts for volunteer meeting	212.83
2/5/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	Informational Postcard Printing	226.31
2/5/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	Stickers Printing	193.76
2/5/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	Newspaper Advertisement	130
2/5/2014	Joe Catricala	141 Pomona Street, Revere MA 02151	Informational Postcard Printing	541.87
1/21/2014	LeLievre Information Services	21 Wellesley Park, Boston MA 02124	Voter Database	400
Line 12: Total Expenditures over \$50 (or listed above)				3,154.83
Line 13: Total Expenditures \$50 and under* (not listed above)				189.39
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				3,344.22

\* 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
1/17/2014	Mike Dempsey	33 Uptack Road, Groveland MA 01834	Boards for signs	70.21
Line 15: In-Kind Contributions over \$50 (or listed above)				70.21
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Enter on page 1, line 6 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				70.21

\* 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 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.*

<b>Date Received</b>	<b>Name and Residential Address (alphabetical listing required)</b>	<b>Amount</b>	<b>Occupation &amp; Employer (for contributions of \$200 or more)</b>
1/28/2014	"Thomas Larkin 49 Concord Ct, Bedford MA 01730-2905"	\$100.00	"Psychologist, Retired"
1/25/2014	"Marcos Luna 143 Saratoga Street, East Boston MA 02128"	\$200.00	"Associate Professor, Salem State"
2/6/2014	"Seth McCormick 2463 Browns Gap Tpke, Charlottesville VA 22901"	\$100.00	
1/18/2014	"John Miller 782 Butcher Ct, York, PA USA 17404"	\$300.00	"Director of Customer Experience, EZShield Fraud Protection"
1/28/2014	"Gail Miller 232 Orient Ave, East Boston MA 02128"	\$100.00	
1/25/2014	"Baljinder Nijjar 137 Saratoga Street, East Boston MA 02128"	\$150.00	
1/22/2014	"James Pasquariello 99 Gove Street, Unit 13, East Boston, MA 02128"	\$100.00	
1/25/2014	"Joseph Peppe 150 Orleans Street Unit #305, East Boston MA 02128"	\$150.00	
1/23/2014	"Alfred Pucillo 18 Ashley St, East Boston MA 02128-2621"	\$150.00	
1/26/2014	"Jesse Purvis 551 Sumner St Apt 2, Boston MA 02128-2258"	\$75.00	
1/30/2014	"Juliet Pyles 494 Sumner Street Apt 1, Boston MA 02128-2220"	\$150.00	
1/21/2014	"Troy Quimby 150 Orleans Street, East Boston, MA 02128"	\$150.00	
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		\$8,349.00	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>		\$869.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		\$9,218.00	← 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.



