

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance COMMISSIONERS

17 OCT 30 PM 1:02

File with: City or Town Clerk or Election Commiss
Fill in Reporting Period dates: Beginning Date: Fill in Reporting Period dates: Beginning Date: Fill in Reporting Period dates: Beginning Date:
Type of Report: (Check one)
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Patrick Keefe JR. Committee to Elect Patrick K
Candidate Full Name (if applicable) Committee Name
Ward four City Counciller Jennifer Keefe
Office Sought and District Name of Committee Treasurer
Residential Address Residential Address Residential Address
Divine Calling Address
70.
Phone # (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14) 5,662.06
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: East Boston Savings Bonk
Affidavit of Committee Treasurer:
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
ectivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign inance activity of all persons acting under the althority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penaltics of perjury: \(\text{OM} \) \(\text{M} \) \(\text{(Treasurer's signature)} \) Date: \(\text{D} \) \(\text{30} \) \(\text{13} \)
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.

(Candidate's signature)

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.)

report all receipts.	Please include your committee name and a p	age number on o	each page.)
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/11/17	Ralph Wayne Sevinor 424 ESSEX St. Lynn MAOR	100.77	
S/18/17	Stacey L. Sevinor 7 Sevinor Rd. Lynnfield MA	299.17	Wayne alarn
5/18/17	nicole medeiros Ronan 47 preason + 84. Sougus MA	100.00	
5/18/17	Corey Abrams 252 Frankka St. Reading MA	100.00	
5/18/17	Rosette Cataldo Is ocean Pier Aue Envere MA	100.00	
5/18/17	marc Silvestri 356 Reservoir AVe Devere	100.00	
5/15/17	Edward Deveau 101 wordsworth St. East Boston MA	100.00	
8/18/17	michael morgan SAGNEWS AVE REVERE MA	100.40	
5/18/17	uayore Benjamin P.O. Box 22424 Portsmouth HH	100.00	
5/24/17	Derek Brodin 115 Plummer Ave Whatarop NA	250.00	Real estate Agent Self employed
5/21/17	David Callahan I Tanjiewood pr. Sougus MA	100.00	
5/25/17	Domenic Bocchino 106 Squire Rd. Reverse	250.00	Self employeed
Line 9: Total Receip	pts over \$50 (or listed above)	1429.94	
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS 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.

CTE Partrick heere Pg. 1

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.)

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Date Received Name and Residential Address (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)		
5/18/17	Raymond Mickerson 26 venditto R.E. Revere ma	100.00			
5/18/17	Lamie Russo Pobox 365 Revere ma	SO(). 00			
5/18/17	Daylas Goodwin 241 sargentst.	2S0.99	Revere Public Schools		
5/19/17	Hossa-ene wondin u 300 mountain Ave Revere MA	(00.00			
5/18/17	AKlog naga Limeneh 18 Belie 15 le Ave #1 Revere not	200.00	900 GOOD SOLAY		
S/18/17	Jones hercurio 193 crescent Ave Loveres MA	100:00			
S/18/17	mawwall Aboujalala 9 Pearl Aul Lewere MA	200. ²⁰	Self employeed		
S/22/17	Joseph Internicola 14.5. Honcock St. Revere	200.	Police Officer City of Lewere		
S/18/17	Stephanie herkert 10 Herrick Rd. Peabody MA	75.00			
5/18/17	Fronk Piappi 4 ciift Aud wordenrep MA	100.00			
S/18/17	Kevin Chites 83 Pkm kerton St. Revere MA	Soo. ooo	Printer / Self Employed		
S/18/19 Richard Picardi JR. 89 Revere St. Nevere MA		100.00			
Line 9: Total Receip	pts over \$50 (or listed above)	2425.50			
Line 10: Total Recei	pts \$50 and under* (not listed above)				
	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2		
If you have itamized					

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

CTE Patnick herete Pgz

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.)

report an receipts. Please include your committee name and a page number on each page.)				
Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
5/18/17	Bionea honson Bles Broadway Neverend	100.99		
5/18/17	Alex Betanton	150.00		
5/18/17	Kerri Abrams 2004 Symnes Cir Arlington MA	200.99	florist/ self employeed	
5/18/14	Gregory Antonelli 140 Tremontst. Everett MA	250.50	Attorney	
5/18/17	Berny Pagliaro 180 (Onnercial St.#3)	250.00	electrición Payliaro electric	
S/18/17	Michael Faccaria 123 cush man Ave Revere	250.99	Self employeed	
5/8/17	michael nercurio of Franklin Aue#2 newere ma	100.00		
4/28/17	Bridge of Structural Iron workers 195 old Colony Ave S. Boston	250. 60	Union Local 7 Iron wonews	
5/9/17	Laren Alba 389 Fennost.	(00,00		
4/21/17	Richard Settipone 209 Broad Way RULLE	150 00	Insurance Agent Severaplayed	
4/121/17	Gerry Dambrosio 185 Devenshive st. Boston MA	250.œ	Altorny Ser employed	
4/20/17	mark white 302 Highland Ave W. Newton MA	2.50.50		
Line 9: Total Recei	pts over \$50 (or listed above)	2300 ^{.60}		
Line 10: Total Rece	ipts \$50 and under* (not listed above)			
	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2	
If you have itemized	receipte of \$50 and under include them in line	0 T :- 10 3 - 13		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

CTE Patrick keefe Pg3

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.)

report an receipts. Please include your committee nai	me and a page number on (each page.)		
Name and Residential Ad Date Received (alphabetical listing requ	dress	Occupation & Employer (for contributions of \$200 or more)		
4/18/17 Ryle war wick 17 Paige St.	250.00			
5/4/17 Robert hello 727 levere Beach Levere ma	Plmy 250.00	electrical contractor Self employeed		
SIS/17 Lisa Coppora 337 Sharpairs Pond 1. Andower MA	250.00	Office manager Barn car wash		
4/24/17 Janes Cipoletta 885 Brondway Revere	200.5	Attorey/Self employed		
4/20/17 Mark Robinson Ste Yale St Winchester M	250.00			
4/20/17 St monument Ave	250.00			
4/15/17 Paul Cizzo 19 Fellsneve Ave wakefreld MA	250.€	Self employeed		
4/15/17 William Settipm 3ª Cummings Aue Revere MA	100.00			
S/12/17 John Feston St. Revere M	100.00			
6/15/17 Stanley Denarting	500.00			
(e/20/17 William Gruber 75 Hopestill Brown Sudbury MA	Rd. Soo.co			
6/15/17 Stephen Caruso 3000 ika ct.	500.00	Selfemployed		
Line 9: Total Receipts over \$50 (or listed above)	3400.00			
Line 10: Total Receipts \$50 and under* (not listed above	/e)			
If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.				

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

CTE Patrick beste 194

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 Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
6/2/17	Committee for Botter	250.00	better Government	
	GOVERNMENT POBOX 6293			
5/22/17	Lawrence Sincone 148 centerst.	S00.25	Attorey / Self Employed	
MANA MANA	MANA AND THE STATE OF THE STATE			
10/12/17	Priscilla Akteuson 26 venditto fo	20.00		
	moawuad Abougalaka Pleari Aue Revere MA	100.00		
10/12/17	Richard homanus Ty Sagamore St.	75.99		
1012/17	George Anzuoni 141 Fenley St Revere	100.00		
10/12/17	Janie fusso Po Box 765 Revere NA	500	Self employeed	
10/7/17	John Festa 360 maiden St. Peuere MA	100-		
10/17/17	Edward Deveau 191 words worth St.	100-		
10/17/17	Revere tiretighters ASSOC. 400 Broodway Revere	Z00-	Union 926	
9/29/17	Bridge + Iron workers 195 OIL COLONY Ave 5. BOSTON MA	250-	local 7 Union	
Line 9: Total Recei	pts over \$50 (or listed above)	2275.9		
Line 10: Total Rece	ipts \$50 and under* (not listed above)			
Line 11: TOTAL R	ECEIPTS 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.

CTE Patrick Keefe Pg.S

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
9/25/17	33 SMIGNOTING TO THE	200-	local Union 218	
9/11/17	new england Regional Council of Carpotates 750 Darchester Ave Boston	500 -	NEW england Regional Council	
10/2/17	Painters Allied Trades escolgate Rd. Rostindate MA	5ω -	Painters Allied Thades DC #35	
10/12/17	Paul Bunfishio 245 Revere st Pevere MA	200-	Self employeed	
	Vincent DiCoSare 1605 north Sove Rd. Revere ma	500-	seit employeed	
	Piferitors local 537 35 travisti Allston MA	200-	Pirefitters onion	
8/28(17	Tow obrien Su north st. Lexengton MA	2w-	President HYM real estate investment	
Line 9: Total Receip	ots over \$50 (or listed above)	14,129.94		
Line 10: Total Recei	pts \$50 and under* (not listed above)	6165.00		
	ECEIPTS IN THE PERIOD receipts of \$50 and under, include them in line	20,291.94	← 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.

CTE Patrick Keefe Pgle

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.)

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
4/4/17	Joseph L. mattola Post/casa Lucia	le Lucra Ave Revere MA	hall for fundraiser	500 -
SIVIT	Joseph L mattora Post/casa Lucia	Cel Lucia Au e	Food for fundraiser	1420.75
5/18/17	Party City	Rt-1 Saugus	for fundraiser	65.94
	SBA PTO	newman st. Revere MA	Field Day 75hrt Slonsorship	100 -
7/10/17	Revere beach fartner Shir		Sponsorship for Sand castle fest.	150 -
7/3/17	Ratrick Leefe	44 Kilburn St.	Kick off event Donations Reinburse	165.3 7
7/28/17	Docthan Desilva		T-Shirts for Compaign	75.50
7/29/17	RMBGRC Rummny marsh Burial brown		Bocce Tournanent Donation	200 -
8/19/17	RHS bolf blub	Revere Highschoul	BOIL TOUTNEY Donation	125-
8/27/17	Advocate news	broadway	Campains Ads	30% -
9/12/17	City of Reverse Columbusday Rrade	Broodway	Parade Fee to march	100 -
9/25/17	Chip nestor	Saugus MA	Photograpuer	ISO -
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

^{*} 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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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
9/26/17		Squire Rd. Revere MA	Special olympic Tshirt Dorition	250 —
9/26/17	madison Printing	Broadway Levere MA	City wide mailer	1095.00
	Sofitech	Broadway Revere MA	Banners/Tshirts Signage	470.00
10/2/17	Easy Pie	squire Rd. Revere MA	fundral ser event	40.00
	Line 12: Expenditures over \$50 (or listed above) S387.06			
	Line 13: Expenditures \$50 and under* (not listed above)			
k T6	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD [5062.00] If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only these area discussed.			

^{*} 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
5/18/17	Kinship Floral	Revere street fevere MA	centerpieces for fundraiser	250-
		Line 15: In-Kind Contributions	over \$50 (or listed above)	2S0-
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 -> Line 17: TOTAL IN-KIND CONTRIBUTIONS [250 -]			

^{*} 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.

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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
5/18/17	Patrick Keete	44 Kilburnst. Fenere	Rick of fudraiser Supplies (care)	18.99
S/15/17	Pathick Wefe	44 Kilbum St. Fevere MA	Rice Off Fundacioer Supplies	72,38
5/16/19	Patrick heere	44 kilburn St Revene ma	Donaton \$0 SBA midlexholl	25.99
4131A	Patrick keefe	194 Kilbumst. Perure na	stomps for invitations	49.00
				-
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			