

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

17 OCT 31 PM 2: 32
File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:	1.17 Ending Date: 10.17
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
CAROL A. TYE Candidate Full Name (if applicable) REVERE SCHOOL COMMITTEE Office Sought and District 51 ENDICOTT AVENUE REVERE, MA 02151 Residential Address E-mail: Carolatye @ 201, com Phone # (optional): 781-484-6666	CMTE. TOREGLECT C. TY6 TO SCHOOL COMMITTEE Committee Name ROBERT M. CASSIDY Name of Committee Treasurer 97 MARSHALL STREET, REVERE, MA Committee Mailing Address E-mail: Phone # (optional): 339-226-2306
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	-0-
Line 2: Total receipts this period (page 3, line 11)	2698.60
Line 3: Subtotal (line 1 plus line 2)	2698.60
Line 4: Total expenditures this period (page 5, line	2698.60
Line 5: Ending Balance (line 3 minus line 4)	<u> </u>
Line 6: Total in-kind contributions this period (pag	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	-0-
Line 8: Name of bank(s) used: CITIZENS BAI	NK + SANTANDER BANK
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the penalties of perjury:	ntributions and liabilities for this reporting period and represents the campaign
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 b activity, of all persons acting under the authority or on behalf of this committee in accoincurred any liabilities nor made any expenditures on my behalf during this reporting p	rdance with the requirements of M.G.L.c. 55. I have not received any contributions
Candidate without Committee OR Candidate with independent activity filing separate I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority or on behalf of this company.	est of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury: Larol A. Sye	(Candidate's signature) Date: 16-30-2017

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)
01/02/2017	Cord A. Tye JI Endicott Avence, Rever	2698,60	Loan to Committee
		<u> </u>	
			,
		:	
ne 9: Total Receipt	ts over \$50 (or listed above)	2698. 60	
ne 10: Total Receip	ots \$50 and under* (not listed above)		
no 11, TOTAL DE	CEIPTS IN THE PERIOD	2698.60	← 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)
			7
Line 9: Total Recei	pts over \$50 (or listed above)		
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.

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
5/9/17	ADVOCATE NEWS PAPERS	P.O. BOX 490407 EUERETT, MA 02149- 0006	ADVERTISING	50.
5/ _{22/17}	ADVOCATA	h	u	50.
6/19/17	ADVOCATE	41	•	100.
8/28/17	ADVOCATE	li .	1,	100.
9/15/17	ADVOCATE		**	1001
10/13/17	ADVOCATE		К	50.
°/ _{13/17}	INDEPENDENT NGWSPAPERS	P.O. BOX 380 385 BROADWAY REVERE, MA 02151	ADVERTISING	90.
2/21/17	INDEPENDENT	,,	of	75.
5/9/17	independent	и	"	40.
5/12/17	Independent	41	#	60.
6/7/17	INDEPENDE NT	,,	<i>''</i>	60.
7/9/17	INDEPENDENT	N	**	75.
		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	
8/28/17	INDEPENDENT	.,	ч	80.	
8/30/17	INDEPENDENT		u	60.	
9/5/17	INDEPENDENT	,	•	50.	
9/25/17	INDEPENDENT	Į4	•	40.	
10/13/17	INDEPENDENT	le .	N	50.	
10/10/17	MADISON GROUP BROADWAY REVERE, MA OBISI	Broadway Revere, Ma ozisi	CITY-WIDE MAILER	1095.	
07/07/17	PRO-AD SPEC, INC.	1228 West Main Street Box 173 Sun prairie, we 53590	900 BiC pens "Gros Tye School Committee	473. **	
				·	
	Line 12: Expenditures over \$50 (or listed above)			2698.60	
	Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 2698, 60			

^{*} 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
,				
	•			- 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		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 $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	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.

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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
	Enter on page 1, line $7 \rightarrow $	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	Page 7

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