



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF  
ELECTION  
COMMISSIONERS

18 FEB -8 PM 2:36

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:  Ending Date:  REVERE, MA

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="5,745.14"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="1,128.9"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="6,874.04"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="5,328.56"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="1,545.48"/>
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="16,107.36"/>
Line 8: Name of bank(s) used:	<input type="text" value="Santander 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:  (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)
10/26/2017	Joseph R Mario 52 Waldemar Ave East Boston, MA 02128	200	Realtor-self Employed
10/26/2017	Lisa Garcia 13 Winslow Dr Atkinson, NH	100	N/A
11/3/2017	Randy M Shuman 385 Broadway Revere, MA 02151	50	N/A
11/2/2017	Shawn D Vetere 11 Emanuel Street Revere, MA 02151	200	Auto Sales-self employed
Line 9: Total Receipts over \$50 (or listed above)		550	
Line 10: Total Receipts \$50 and under* (not listed above)		578.9	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1,128.9</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)**

<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>
<b>Line 9: Total Receipts over \$50 (or listed above)</b>			
<b>Line 10: Total Receipts \$50 and under*</b> (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</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 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
11/29/2017	Advocate News Group	573 Broadway Everett MA	Newspaper Advertising	72
11/29/2017	Advocate News Group	573 Broadway Everett MA	Newspaper Advertising	120
12/5/2017	Elite Embroidery	319 Shirley Street Winthrop, MA	T-Shirts and Polo Shirts	186
10/27/	Just Little HelpFund	437 Revere Street Revere, MA 02151	Donation	50
12/1/2017	John Lepore	15 Geneva Street Revere, MA 02151	DJ Services	300
10/26/2017	Northrup Printing	919 Winthrop Ave Revere, MA 02151	Printing	625
10/30/2017	Northrup Printing	919 Winthrop Ave Revere, MA 02151	Postage for Printing	825
11/15/2017	Northrup Printing	919 Winthrop Ave Revere, MA 02151	Final Payment on Printing and Lawn Signs	2,310
10/30/2017	Revere Journal	385 Broadway Revere, MA 02151	News Paper Ad	60
10/30/2017	Revere Journal	385 Broadway Revere, MA 02151	News Paper Ad	250
10/30/2017	Revere Journal	385 Broadway Revere, MA 02151	News Paper Ad	405
10/24/2017	Revere Parks And Recreation	150 Beach Street Revere, MA 02151	Donation for Safe Saturdays	125
Line 12: Total Expenditures over \$50 (or listed above)				5,328.56
Line 13: Total Expenditures \$50 and under* (not listed above)				0
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>5,328.56</b>

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 B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				

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)	
Enter on page 1, line 6 →			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	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 of the contributor.

### 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
2015 to Date	Gerry Visconti	29 Case Drive Revere, MA 02151	Loan to Committee	16,107.36
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	16,107.36