



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF
ELECTION
COMMISSIONERS

11 JAN 19 PM 2:26

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="41.37"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="390.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="394.37"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="3021.54"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="919.83"/>
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="772.86"/>
Line 8: Name of bank(s) used:	<input type="text" value="Citizens Bank + East Boston Saving 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)
	<i>see attached</i>		

Line 9: Total Receipts over \$50 (or listed above) *3550.00*

Line 10: Total Receipts \$50 and under* (not listed above) *350.00*

Line 11: TOTAL RECEIPTS IN THE PERIOD *3900.00* ← 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.

contributions over \$50.00 2010

BIRITTERI	SEBASTION	85 Hammersmith Drive	Saugus	MA		\$100.00
Bocchino	Dominic	760B Broadway	Revere	MA	02151	\$125.00
Ciarlone	Louis	410 Park Ave	Revere	MA	02151	\$100.00
Cipoletta	James	385 Broadway	Revere	MA	02151	\$100.00
Collins	Joseph	221 Essex St. Suite 31	Salem	MA	01970	\$75.00
CRONIN	ROBERT	9 King Edward Court	Boxford	MA	01921-175	\$100.00
DeMartinis	Stanley	11 Wymon Way	Lynnfield	MA	1940	\$500.00
Digangi	Joseph	233 Lewis Wharf	Boston	MA	02110-392	\$200.00
Duffy	George	7 Essex Green Driv Suite 5	Peabody	MA	01960	\$100.00
Finelli	Dominic	199 Revere St.	Revere	MA	02151	\$125.00
GUIDO	JAMES	18 Warren Ave	Chelsea	MA	02150	\$100.00
IBEW-1505	C.O.P.E.CMTT	2 Rainin Rd.	Woburn	MA	1801	\$200.00
Laughlin	John S.	25 Colgate Road	Roslindale	MA	02131	\$100.00
Lightbody	Charles	55 North Marshall St.	Revere	MA	02151	\$250.00
Lombardi	Joe	7 Maple St.	Burlington	MA	1830	\$200.00
Mcnemy	Joe	23 BAYSWATER ST	EAST BOSTON			\$100.00
O'Hare	William	20 New Derby St. Suite 1	Salem	MA	01970	\$100.00
Pini	Anthony	7 Laborers way	Hopkinton	MA	1748	\$100.00
Reardon	Terrance	46 Ledge Rl.	Lynnfield	MA	1940	\$100.00
Reardon	Stephen	347 Vane Street	Revere	MA	2151	\$200.00
Serra	Gus	17A Ocean Pier Ave.	Revere	MA	02151	\$200.00
SIRICUSE	DEB JOHN	293 Proctor Ave	Revere	MA	02151	\$ 100.00
TUTTLE	CHIP	114 Federal St.	Salem	MA		\$200.00
Yourawski	Tom	456 Washington Ave.	Revere	MA	02151	\$75.00
					TOTAL	\$3,550.00

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
	see attached			

Line 12: Total Expenditures over \$50 (or listed above)	2744.54
Line 13: Total Expenditures \$50 and under* (not listed above)	277.00
Line 14: TOTAL EXPENDITURES IN THE PERIOD	3021.54

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.

10/07/11	CASTLES FOR KIDS	61 LUCIA AVE. REVERE MA	\$ ✓ 70.00	DONATION
06/15/10	CREST PRINTING	EASTERN AVE CHELSEA	\$ ✓ 265.63	FUNDRAISER
6/14/2010	DEMAINO'S RESTAURANT	5 MALDEN ST. REVERE	\$ ✓ 936.97	FUNDRAISER
3/2/2010	IMMACULATE CONCEPTION	WINTHROP AVE REVERE MA	\$ ✓ 200.00	DONATION
06/25/10	REARDON, DARALYN	347 VANE ST REVERE	\$ ✓ 500.00	REPAY LOAN
12/14/10	REARDON, STEPHEN	347 VANE ST REVERE	\$ ✓ 83.94	XMAS CARDS
06/25/10	REARDON, STEPHEN	347 VANE ST REVERE	\$ ✓ 500.00	REPAY LOAN
08/05/10	RHS BASKETBALL	101 SCHOOL ST. REVERE MA	\$ ✓ 100.00	DONATION
12/14/10	US POSTAL SERV	BROADWAY REVERE	\$ ✓ 88.00	POSTAGE
			\$ 2,744.54	

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
Line 17: TOTAL IN-KIND CONTRIBUTIONS				0

Enter on page 1, line 6 →

* 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
11/4/09	Stephen F. Beardon	747 Vane St Queere MA 02151	loan to company	772.86
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	772.86