



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ELECTION COMMISSIONERS

11 SEP -1 AM 11:58

File with: REVERE, MA City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-1-11 Ending Date: 8-26-11

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

IRA NOVOSELSKY
Candidate Full Name (if applicable)
COUNCILLOR, WARD TWO, REVERE
Office Sought and District
53 DEHON STREET, REVERE, MA 02151
Residential Address
Telephone Number (optional): 781-289-7031

COMMITTEE FOR IRA NOVOSELSKY
Committee Name
NANCY M. GOLDSTEIN
Name of Committee Treasurer
51 DEHON STREET, REVERE, MA 02151
Committee Mailing Address
Telephone Number (optional): 781-284-4097

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	\$ 5,840.74
Line 2: Total receipts this period (page 3, line 11)	\$ 8,717.30
Line 3: Subtotal (line 1 plus line 2)	\$ 14,558.04
Line 4: Total expenditures this period (page 5, line 14)	\$ 3,153.50
Line 5: Ending Balance (line 3 minus line 4)	\$ 11,404.54
Line 6: Total in-kind contributions this period (page 6)	Ø
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used:	<u>ST. JEAN'S CREDIT UNION, 184 SHIRLEY AVE, REVERE, MA</u>

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: Nancy M. Goldstein (Treasurer's signature) Date: 9-1-11

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: Ira Novoselsky (Candidate's signature) Date: 9-1-11

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)
6-17-11	BOLOGNESE, ROBERT 8 GATEWAY LANE BEVERLY, MA 01915	\$ 100.00	
6-16-11	BOSCHETTI, MICHAEL J. 1 EMERALD DRIVE READING, MA 01867	\$ 150.00	
6-24-11	BRENNAN, JAMES T. 124 MT. WASHINGTON ST. EVERETT, MA 02149	\$ 100.00	
7-21-11	BRIDGE & STRUCTURAL IRON WORKERS LOCAL NO. 7 195 OLD COLONY AVENUE SOUTH BOSTON, MA 02127	\$ 250.00	UNION
7-21-11	CATALDO, DENNIS 3 BALDWIN LANE LYNNFIELD, MA 01940	\$ 100.00	
3-18-11	CAVARETTA, VINCENT F. 11 FERNCROFT WAY MALDEN, MA 02148	\$ 100.00	
7-8-11	CHILES, KEVIN J. 83 PEMBERTON STREET REVERE, MA 02151	\$ 100.00	
6-18-11	CINTOLO, WILLIAM J. 333 PROSPECT AVENUE REVERE, MA 02151	\$ 100.00	
7-30-11	COOK, HOWARD A. 1 SUMMIT VIEW DRIVE SWAMPSCOTT, MA 01907	\$ 75.00	
7-30-11	COUTO, JOSE S. 169 MAIN STREET STONEHAM, MA 02180	\$ 250.00	SELF-EMPLOYED COUTO MANAGEMENT GROUP
6-16-11	CROCE, ARTHUR 11 MONTFERN AVENUE REVERE, MA 02151	\$ 150.00	
6-30-11	D'AMBROSIO, GERRY D. 42 LAW DALE ROAD STONEHAM, MA 02180	\$ 200.00	SELF-EMPLOYED ATTORNEY
Line 9: Total Receipts over \$50 (or listed above)		CONTINUED NEXT SHEET	
Line 10: Total Receipts \$50 and under* (not listed above)		CONTINUED NEXT SHEET	
Line 11: TOTAL RECEIPTS IN THE PERIOD		CONTINUED NEXT SHEET	← 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

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)
8-8-11	DEMARTINIS, STANLEY C. 11 WYMON WAY LYNNFIELD, MA 01940	\$ 150.00	
6-21-11	DIGANGI, JOSEPH R. 1 CAREY CIRCLE REVERE, MA 02151	\$ 200.00	R. E. DEVELOPER EUROVEST DEVELOPMENT, INC.
7-30-11	ESCHAVARRIA, RAFAEL 1087 A BROADWAY REVERE, MA 02151	\$ 100.00	
6-3-11	FANEUIL, EDWARD J. 56 GATEWOOD DRIVE NEEDHAM, MA 02492	\$ 200.00	EXECUTIVE VICE PRESIDENT GLOBAL COMPANIES, LLC
6-25-11	FESTA, JOHN V. 360 MALDEN STREET REVERE, MA 02151	\$ 100.00	
6-25-11	FESTA, JOSEPH A. 360 MALDEN STREET REVERE, MA 02151	\$ 100.00	
6-25-11	FINELLI, DOMENIC 520 PURITAN ROAD SWAMPSCOTT, MA 01907	\$ 75.00	
7-2-11	GATEMAN, JACK 3 TIP TOP ROAD SWAMPSCOTT, MA 01907	\$ 100.00	
6-29-11	GIARRUSSO, VINCENT F. 2 TEDESCO POND PLACE MARBLEHEAD, MA 01945	\$ 100.00	
7-29-11	GOLDSTEIN, KENNETH L. 11 EDYTHE LANE PEABODY, MA 01960	\$ 200.00	CONTROLLER HARBOR FOOD SERVICE EQUIP. CO.
7-6-11	GOLDSTEIN, NANCY 51 DEHON STREET REVERE, MA 02151	\$ 300.00	RETIRED
8-24-11	GONZALES, MIGUEL 1420 NORTH SHORE ROAD REVERE, MA 02151	\$ 100.00	
Line 9: Total Receipts over \$50 (or listed above)		CONTINUED NEXT SHEET	
Line 10: Total Receipts \$50 and under* (not listed above)		CONTINUED NEXT SHEET	
Line 11: TOTAL RECEIPTS IN THE PERIOD		CONTINUED NEXT SHEET	← 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

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)
6-18-11	INTERNATIONAL UNION OF PAINTERS & ALLIED TRADES # 35 25 COLGATE ROAD, SUITE 304 ROSLINDALE, MA 02131	\$ 100.00	
8-19-11	KERRINS, MICHAEL P. 184 SHIRLEY AVENUE REVERE, MA 02151	\$ 100.00	
6-29-11	LA ROSA, NICHOLAS 1 SEAL HARBOR ROAD WINTHROP, MA 02152	\$ 75.00	
6-24-11	MASIELLO, WILLIAM 333 BROADWAY REVERE, MA 02151	\$ 75.00	
6-7-11	MELITO, LINDA M. 15 KIMBALL AVENUE REVERE, MA 02151	\$ 100.00	
6-8-11	MENDELSON, JULIE B. 39 ARLINGTON AVENUE REVERE, MA 02151	\$ 100.00	
7-21-11	MERCURIO, MICHAEL 89 FRANKLIN AVENUE #2 REVERE, MA 02151	\$ 100.00	
3-31-11	ME RULLO, MICHAEL J. 370 CHESTNUT STREET LYNNFIELD, MA 01940	\$ 500.00	OWNER CAPITOL WASTE COMPANY
6-18-11	MICHAUD, KENNETH W. 81 KENSINGTON LANE SWAMPSCOTT, MA 01907	\$ 250.00	OWNER BOURBANK AUTO SALES
7-21-11	MOFFA, AURELIO 1647 NO. SHORE ROAD REVERE, MA 02151	\$ 150.00	
7-29-11	NOVOSELSKY, SETH L. 53 DEHON STREET, #2 REVERE, MA 02151	\$ 300.00	ASSISTANT TO TRANSPORTATION DIRECTOR CITY OF REVERE - SCHOOL DEPT.
6-17-11	PADOVA, LOUIS J. 3 SEAL HARBOR ROAD, #544 WINTHROP, MA 02152	\$ 200.00	SELF-EMPLOYED SHIPWRECK LOUNGE
Line 9: Total Receipts over \$50 (or listed above)		CONTINUED NEXT SHEET	
Line 10: Total Receipts \$50 and under* (not listed above)		CONTINUED NEXT SHEET	
Line 11: TOTAL RECEIPTS IN THE PERIOD		CONTINUED NEXT SHEET	← 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

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)
7-29-11	PALMER, PAULA 29 PIEDMONT AVENUE SAUGUS, MA 01906	\$100.00	
8-20-11	REVERE POLICE SUPERIOR OFFICERS' UNION 400 REVERE BEACH PARKWAY REVERE, MA 02151	\$100.00	
7-8-11	RUSSO, JAMIE P.O. BOX 365 REVERE, MA 02151	\$250.00	R.E. DEVELOPER EASTERN EQUITY PARTNERS LLC
6-3-11	SLIFKA, ALFRED A. 1 COMMONWEALTH AVE #3 BOSTON, MA 02116	\$200.00	CHAIRMAN OF THE BOARD GLOBAL COMPANIES, LLC
6-3-11	SLIFKA, RICHARD B. 776 BOYLSTON ST. UNIT E10E BOSTON, MA 02199	\$200.00	VICE CHAIRMAN OF THE BOARD GLOBAL COMPANIES, LLC
6-23-11	TECK, SARAH L. 16 PRESTON COURT SWAMPSCOTT, MA 01907	\$100.00	
8-10-11	UFCW LOCAL # 1445 30 STERGIS WAY DEDHAM, MA 02026	\$75.00	
6-17-11	UNG, HENG KIM 65 SHIRLEY AVENUE REVERE, MA 02151	\$100.00	
6-25-11	VITO, RALPH A. 29 RAVENNA AVENUE SALEM, MA 01970	\$75.00	
7-21-11	WILLIAMS, STEPHEN T. 10 PURITAN LANE SWAMPSCOTT, MA 01907	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)		\$6,750.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$1,967.30	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$8,717.30	← 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
6-15-11	AMSTERDAM PRINTING	P.O. Box 701 AMSTERDAM, NY 12010	political hand-outs. ball point pens with advertising	\$ 227.59
6-15-11 & 7-16-11	BJ's WHOLESALE	5 Ward Street Revere, MA 02151	Bottled water for: 1) Volunteers for Ward 2 clean-up 2) Garfield School Field Day	\$ 112.08
6-20-11	CELLA FAMILY FOUNDATION	P.O. Box 1074 LYNNFIELD, MA 01940	DONATION	\$ 100.00
4-6-11	COMMITTEE FOR BOB DELED	P.O. Box 520456 WINTHROP, MA 02152	CAMPAIGN CONTRIBUTION	\$ 150.00
8-15-11	HOME DEPOT	1100 REVERE BEACH PARKWAY CHELSEA, MA 02150	Paint for volunteers at COSTA PARK, Ward 2	\$ 52.48
1-13-11/ 3-10-11	INDEPENDENT NEWSPAPER GROUP	385 BROADWAY REVERE, MA 02151	political advertising	\$ 144.00
2-10-11/ 4-13-11	NORTHROP PRINTING Co.	919 WINTHROP AVE. REVERE, MA 02151	Business Cards & Fund-Raising printing	\$ 195.22
5-7-11	PETRUCELLI CHARITABLE FOUNDATION	P.O. Box 520-233 WINTHROP, MA 02152	DONATION	\$ 150.00
1-19-11	REVERE ADVOCATE NEWSPAPER	573 BROADWAY EVERETT, MA 02149	political advertising	\$ 180.00
6-15-11	REVERE BEACH PARTNERSHIP	40 Conventures, Inc. One Design Center Place BOSTON, MA 02210	DONATION SANDCASTLE SPONSOR	\$ 100.00
5-6-11	REVERE CHAMBER OF COMMERCE	270 BROADWAY REVERE, MA 02151	DONATION	\$ 125.00
7-14-11	REVERE HIGH SCHOOL BASKETBALL PARENTS CLUB	174 SUFFOLK AVENUE REVERE, MA 02151	DONATION	\$ 100.00
Line 12: Total Expenditures over \$50 (or listed above)				CONTINUED NEXT SHEET
Line 13: Total Expenditures \$50 and under* (not listed above)				CONTINUED NEXT SHEET
Line 14: TOTAL EXPENDITURES IN THE PERIOD				CONTINUED NEXT SHEET

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

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
4-13-11	REVERE LITTLE LEAGUE	P.O. Box 96 REVERE, MA 02151	SIGN at Mc Makin Field	\$ 150.00
8-26-11	SALAMONE MEMORIAL GOLF TOURNAMENT	87 FESTA ROAD REVERE, MA 02151	DONATION	\$ 125.00
6-8-11	SONS OF ITALY	8 REVERE STREET REVERE, MA 02151	DONATION	\$ 125.00
6-15-11 / 7-16-11	STAPLES	151 VFW Parkway REVERE, MA 02151	supplies for fund-raising letters	\$ 127.63
4-7-11	U.S.-ASIA MEDIA GROUP	438 LINDLEY AVENUE PHILADELPHIA, PA 19120	political advertising	\$ 95.00
6-15-11 / 7-16-11	U.S. Post Office	300 BROADWAY REVERE, MA 02151	postage for fund-raising letters & thank you notes	\$ 529.50
Line 12: Total Expenditures over \$50 (or listed above)				\$ 2,788.50
Line 13: Total Expenditures \$50 and under* (not listed above)				\$ 365.00
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$ 3,153.50

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)			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

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF
ELECTION
COMMISSIONERS

11 OCT 31 AM 9:49
REVERE, MA

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 8/27/2011 Ending Date: 10/31/2011

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

IRA NOVOSELSKY
Candidate Full Name (if applicable)

COUNCILLOR, WARD TWO, REVERE
Office Sought and District

53 DEHON STREET, REVERE, MA 02151
Residential Address

Telephone Number (optional): 781-289-7031

COMMITTEE FOR IRA NOVOSELSKY
Committee Name

NANCY M. GOLDSTEIN
Name of Committee Treasurer

51 DEHON STREET, REVERE, MA 02151
Committee Mailing Address

Telephone Number (optional): 781-284-4097

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>\$ 11,404.54</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 1,700.95</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 13,105.49</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 743.38</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 12,362.11</u>
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:	<u>ST. JEAN'S CREDIT UNION, 184 SHIRLEY AVENUE, REVERE</u>

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: Nancy M. Goldstein (Treasurer's signature) Date: 10-26-11

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: Ira Novoselsky (Candidate's signature) Date: 10-26-11

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)
9-28-11	ARONSON, DAVID 43 DANA STREET REVERE, MA 02151	\$ 150.00	
9-30-11	BOCCHINO, DOMENIC 106 SQUIRE ROAD REVERE, MA 02151	\$ 200.00	Self-employed Insurance Broker
10-5-11	DINANNO, JOSEPH R 507 ESSEX STREET LYNNFIELD, MA 01940	\$ 500.00	self-employed Real Estate Developer
10-7-11	GELLER, DAVID J. P.O. BOX 441290 SOMERVILLE, MA 02144	\$ 75.00	
10-5-11	LEMBARRA, WAFAA 145 WARD STREET, # 77 REVERE, MA 02151	\$ 250.00	self-employed CAR SERVICE
9-14-11	McNAMEE, JOSEPH P. 23 BAYSWATER STREET EAST BOSTON, MA 02128	\$ 100.00	
10-7-11	NOVOSELSKY, ROCHELLE J. 53 DEHON STREET, #1 REVERE, MA 02151	\$ 200.00	HOMEMAKER
9-24-11	YOURAWSKI, THOMAS P.O. BOX 69 REVERE, MA 02151	\$ 100.00	
Line 9: Total Receipts over \$50 (or listed above)		\$ 1,575.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$ 125.95	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$ 1,700.95	← 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
9-12-11	LEVY, LAURENCE	279 COOLEGE ST. REVERE, MA 02151	political website maintenance	\$ 85.00
9-12-11	REVERE FIRE FIGHTERS ASSN. LOCAL 926	BROADWAY REVERE, MA 02151	DONATION GOLF TOURNAMENT	\$ 100. ⁰⁰
9-2-11	REVERE FOOTBALL PARENTS CLUB	P.O. BOX 271 REVERE, MA 02151	2011 Ad Book	\$ 200. ⁰⁰
Line 12: Total Expenditures over \$50 (or listed above)				\$ 385.00
Line 13: Total Expenditures \$50 and under* (not listed above)				\$ 358.38
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$ 743.38

* 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)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				

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. Page 6

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 →	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			