



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

2023 SEP 11 AM 11:37

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2023 Ending Date: 09/01/2023

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Edward Joseph Almeida
Candidate Full Name (if applicable)
City Councilor At Large
Office Sought and District
40 Arcadia St, Revere, MA 02151
Residential Address
E-mail: almeida4revere@gmail.com
Phone # (optional): 508-971-9445

Committee Name
Name of Committee Treasurer
Committee Mailing Address
E-mail:
Phone # (optional):

SUMMARY BALANCE INFORMATION:

| | |
|--|--------|
| Line 1: Ending Balance from previous report | 0.00 |
| Line 2: Total receipts this period (page 3, line 11) | 662.50 |
| Line 3: Subtotal (line 1 plus line 2) | 662.50 |
| Line 4: Total expenditures this period (page 5, line 14) | 662.50 |
| Line 5: Ending Balance (line 3 minus line 4) | 0.00 |
| Line 6: Total in-kind contributions this period (page 6) | |
| Line 7: Total (all) outstanding liabilities (page 7) | 662.50 |
| Line 8: Name of bank(s) used: <u>Bank of America</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: _____ (Treasurer's signature) Date: _____

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Edward J Almeida (Candidate's signature) Date: 09/10/2023

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) |
|--|---|---------------|---|
| 05/18/2023 | Edward J. Almeida 40 Arcadia St Revere MA 02151 | 70.00 | Nurse Massachusetts General Hospital |
| 06/15/2023 | Edward J. Almeida 40 Arcadia St Revere MA 20151 | 70.00 | Nurse Massachusetts General Hospital |
| 07/07/2023 | Edward J. Almeida 40 Arcadia St Revere MA 02151 | 522.50 | Nurse Massachusetts General Hospital |
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| Line 9: Total Receipts over \$50 (or listed above) | | 662.50 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | 0.00 | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 662.50 | ← 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 |
|--|--|--|-------------------------------------|---------------|
| 05/18/2023 | Independent Newspaper Group, LLC | PO Box 380 385 Broadway Revere, MA 02151 | Advertising / Memorial Day Greeting | 70.00 |
| 06/15/2023 | Independent Newspaper Group, LLC | PO Box 385 Broadway Revere, MA 02151 | Advertising / Graduation Greeting | 70.00 |
| 07/07/2023 | Cuckoo Signs | 72 Chelsea St Everett MA 02149 | Lawn Signs, Banner and Shirts | 522.50 |
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| Line 12: Total Expenditures over \$50 (or listed above) | | | | 662.50 |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | 0.00 |
| Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | 662.50 |

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 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 |
|---------------------------|-------------------|-----------------------------------|---|--------|
| 05/18/2023 | Edward J. Almeida | 40 Arcadia St Revere, MA 02151 | Loan | 70.00 |
| 06/15/2023 | Edward J. Almeida | 40 Arcadia St Revere, MA 02151 | Loan | 70.00 |
| 07/07/2023 | Edward J. Almeida | 40 Arcadia St Revere, MA 02151 | Loan | 522.50 |
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| Enter on page 1, line 7 → | | | Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | 662.50 |