

Form CPF M 102: Campaign Finance Report Municipal Form BOARD OF ELECTION

Office of Campaign and Political Finance OMMISSIONERS

COMMISSIONERS

Ending Date: EVERE, 314, 2023 10-21-2023 Beginning Date: Fill in Reporting Period dates: Type of Report: (Check one) dissolution year-end report 30 day after election 8th day preceding election 8th day preceding preliminary COMMITTEE TO RE-ELECT

Committee Name

ROBERT M. CASSIDY

Name of Committee Treasurer CAROL A, TYE

Candidate Full Name (if applicable) REVERE SCHOOL COMMITTEE
Office Sought and District 97 MARSHALL ST., REVERE MA 02151
Committee Mailing Address 51 ENDICOTT AVENUE, REVERE MA 02151
Residential Address E-mail: <u>Carolatye @ 201.com</u>

Phone # (optional): 781-484-6666 Phone # (optional): SUMMARY BALANCE INFORMATION: 222.32 Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) 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: SANTANDER 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: Date: 01-29-2023 FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) 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 committee in a 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. 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. Date: 01-29-2023 Signed under the penalties of perjury:

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.)

Name and Residential Address Occupation & Employer							
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)				
0/09/2023	CARGE A. TYE 51 ENDICOTT AVENUE	*/200.°°	Retired				
	REVERE MA 02151						
		,					
	pts over \$50 (or listed above)						
	ipts \$50 and under* (not listed above)						
	RECEIPTS IN THE PERIOD	← Enter on page 1, line 2 d include only those receipts not itemized above.					

^{*} 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)
Line 9: Total Rece	sipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	0. 1: 10 -1	Enter on page 1, line 2 Id include only those receipts not itemized above.

^{*} 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

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this reperty eport all expenditures. Please include your committee name and a page number on each page.)					
To Whom Paid	Address	Purpose of Expenditure	Amount		
ADVOCATE NEWSPAPERS	P.O. BOX 490407 EVERETT, MA 02149-0006	ADVERTISING	\$150.°°		
"	n .	//	#50.		
"	и	a	*50·		
4	"	И	⁸ 50.		
4	"	u	°50,		
1	//	"	⁸ 50.		
"	//	11	*50.		
q	u	"	⁸ 50.		
	А) (\$50.		
Line 12: Total Expenditures over \$50 (or listed above) **550.**					
	Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD **IS any have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized					
	To Whom Paid (alphabetical listing) ADVOCATE NEWS PAPERS	ditures. Please include your committee name and a page number of To Whom Paid (alphabetical listing) Address Ros. Box. 490407 Everett, MA O2149-0006 """"""""""""""""""""""""""""""""	To Whom Paid (alphabetical listing) Address Purpose of Expenditure ADVECTE NEWSPAPERS N		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

SCHEDULE B: EXPENDITURES (continued)

	SCHEDULE B: EXPENDITURES (continued)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
O1/23/23	INDEPENDENT NEWSPAPER GROUP	P.O. BOX 380 385 BROADWAY REVERE, MA 02151	ADVERTISING	65.00		
03/13/23	"	"	"	40.00		
04/11/23	4	"	10	65.00		
05/2/23	"	· · ·	И	40.00		
05/18/23	"	ц	"	70.00		
06/15/23	п	μ	"	70.∞		
07/14/23	"	· · · · · · · · · · · · · · · · · · ·	//	110.00		
08/25/23	1	<i>p</i>	"	70.00		
09/03/23	"	u	<i>y</i>	40.00		
10/30/23	11	n n	"	40.00		
12/30/23	Just a Little Help Burial Fund	39 Trevalley Road Revere, MA 02151	Donation to Charity	262,32		
		Line 12: Expenditures over \$	50 (or listed above)	87232		
	Line 13: Expenditures \$50 and under* (not listed above)					
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 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						

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 5 above.