



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

16 OCT 17 PM 4:13

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 7/1/2016 Ending Date: REVERE, MA 10/15/2016

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: _____

E-mail: _____

Phone # (optional): _____

Revere Jobs and Education

Committee Name: _____

Eugne McCain

Name of Committee Treasurer: _____

353 Broadway, Revere MA

Committee Mailing Address: _____

E-mail: rjcc2016@gmail.com

Phone # (optional): 857-999-1475

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	317,797.74
Line 3: Subtotal (line 1 plus line 2)	317,797.74
Line 4: Total expenditures this period (page 5, line 14)	307,145
Line 5: Ending Balance (line 3 minus line 4)	10,652
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Bank of America

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: [Signature] (Treasurer's signature) Date: 10-17-16

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)
07/21/2016	Eugene McCain 64 Bateman Rd Revere MA	100	
07/22/2016	Capital Productions LLC Wilmington, DE	51,541	
8/26/2016	Capital Productions LLC Wilmington, DE	26,650	
08/31/2016	Capital Productions LLC Wilmington, DE	48,873	
9/01/2016	Capital Productions LLC Wilmington, DE	1,630	
9/9/2016	Capital Productions LLC Wilmington, DE	830	
9/19/2016	Capital Productions LLC Wilmington, DE	61,141	
9/22/2016	Capital Productions LLC Wilmington, DE	1,260	
9/22/2016	Capital Productions LLC Wilmington, DE	16,250	
9/28/2016	Capital Productions LLC Wilmington, DE	4,458	
9/29/2016	Capital Productions LLC Wilmington, DE	23,937	
9/30/2016	Capital Productions LLC Wilmington, DE	12,640	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		25,140	← 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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/04/2016	Capital Productions LLC Wilmington, DE	2,150	
10/07/2016	Capital Productions LLC Wilmington, DE	890	
10/07/2016	Capital Productions LLC Wilmington, DE	62,132	
10/11/2016	Capital Productions LLC Wilmington, DE	2,486	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		67,658	← 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.

