



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF
ELECTION
COMMISSIONERS

12 JAN 19 PM 12:35

REVERE, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/22/11 Ending Date: 12/31/11

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

WILLIAM BELL
Candidate Full Name (if applicable)

REVERE CITY COUNCILOR AT LARGE
Office Sought and District

420 REVERE BEACH BLVD #620 REVERE MA 01915
Residential Address

Telephone Number (optional):

BELL COMMITTEE
Committee Name

LORRAINE McDEVITT
Name of Committee Treasurer

420 REVERE BEACH BLVD #620 REVERE MA 01915
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$ 1919.21</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1975.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>3894.21</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>3241.43</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 652.78</u>
Line 6: Total in-kind contributions this period (page 6)	<u>\$ 149.85</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>NONE</u>
Line 8: Name of bank(s) used:	<u>EAST BOSTON SAVINGS BANK</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: Lorraine A. McDevitt (Treasurer's signature) Date: 1/2/12

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: William Bell (Candidate's signature) Date: 1-2-12

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)
11-3-11	GENNARO ANGIULO 9 VEAHON ST MAHANT MA 01908	\$ 250	OWNER G + S TOWING
11-3-11	DONALD COREY 330 BEACON ST BOSTON MA	\$ 200	SELF EMPLOYED
11-3-11	GERRY DAMBASI 14 PROCTOR AVE REVERE MA	\$ 100	SELF EMPLOYED ATTY
10/27/11	VIN GIARRUSSO 27 EDWARDS POND PLACE HABLEHEAD MA	\$ 100	OWNER NORTH SHORE SHUTTLE
11-9-11	SIMA STSKIN 77 E BLUFF RD ASHLAND MA	\$ 300	HOUSEWIFE
11-9-11	DANIEL LOBEATO 34 GOLDCLIFF RD MALDEN MA	\$ 100	OWNER LOBEATO BAKERY
10-26-11	ROBERT KELLET 264 OCEAN AVE REVERE MA	\$ 75	SELF EMPLOYED
11-3-11	PAUL PALMER 29 PIEDMONT AVE SAUGUS MA	\$ 300	HOUSEWIFE
10-26-11	JOE PRIZIO 3 ROSEBANK LANE WOBURN MA	\$ 100	GAS STATION OWNER
10-26-11	SARAH TECH 16 PRESTON COURT SOUTH SCOTT MA	\$ 100	SELF EMPLOYED RESTAURANT OWNER

Line 9: Total Receipts over \$50 (or listed above) 1625

Line 10: Total Receipts \$50 and under* (not listed above) 350

Line 11: TOTAL RECEIPTS IN THE PERIOD 1975

← 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.

