



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 10:59
REVERE, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

8/27/2011

Ending Date:

10/21/2011

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 02151

Residential Address

02151

Telephone Number (optional):

781 246 6696

BELL COMMITTEE

Committee Name

LORRAINE McDEVITT

Name of Committee Treasurer

420 REVERE BEACH BLVD #620 REVERE, MA 02151

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

NONE

Line 2: Total receipts this period (page 3, line 11)

\$5,525.00

Line 3: Subtotal (line 1 plus line 2)

\$5,525.00

Line 4: Total expenditures this period (page 5, line 14)

\$3605.79

Line 5: Ending Balance (line 3 minus line 4)

\$1919.21

Line 6: Total in-kind contributions this period (page 6)

\$99.90

Line 7: Total (all) outstanding liabilities (page 7)

NONE

Line 8: Name of bank(s) used:

EAST BOSTON SAVINGS BANK

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:

Oct. 31, 2011

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:

Oct. 31, 2011

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)
10/4/11	Ed Ardeco 53 NORTH AVE REVERE, MA	\$200	RETIRED
10/21/11	ROSARIO BALLIRO 64 BURBANK ST REVERE, MA	\$100	RETIRED
10/21/11	ROBERT BENNETT 1488 WEDGEFIELD DR DELAN BEACH, FL	\$100	RETIRED
9/27/11	RALPH CARCHEL 510 REVERE BEACH DR REVERE MA 02151	\$200	RETIRED MASS STATE TROOPER
9/27/11	ARCHIE CERULLO 765 DUTY REVERE, MA	\$100	SELF EMPLOYED ENTREPRENEUR
9/27/11	JOE CIAMPA 42 JEFF RD REVERE, MA	\$100	SELF EMPLOYED REAL ESTATE OWNER
10/13/11	COMMITTEE 62 MISCOE RD WORCESTER MA	\$100	POLITICAL COMMITTEE
9/24/11	JAMES DALTON 33 KINMAN AVE REVERE MA	\$100	RETIRED
10/12/11	DAN DILLON 395 RB BLVD REVERE MA 02151	\$75	RETIRED
10/7/11	Ed FABEL 484 WEDGE ST HERKAND, FL	\$100	RETIRED
9/23/11	JOHN FESTA 360 HALDEN ST REVERE MA	\$100	REAL ESTATE OWNER
10/14/11	JOHN FORD 3500 WINDSOR RD WINDSOR MA	\$100	CAN CO OWNER SELF EMPLOYED
Line 9: Total Receipts over \$50 (or listed above)		\$1375	SEE PAGES 2+3 \$1500 + \$500 TOTAL \$5,525.00
Line 10: Total Receipts \$50 and under* (not listed above)		\$2150	
Line 11: TOTAL RECEIPTS IN THE PERIOD		5525.00	

* 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)
10/4/11	REIKO GAGNON 24 JOSEPH RD REVERE MA 02151	\$100	RETIRED
9/29/11	ALAN GINESKI 29 BELLET ST REVERE MA 02151	\$200	SELF EMPLOYED OFFICE SUPPLY COMPANY
10/12/11	FRANK GRILLO ACADEMY CIRCLE REVERE	\$100	MEAT CUTTER MCKINNON MARKET
10/6/11	CHARLES LIGHTBOLT 55 N MARSHALL ST REVERE MA	\$200	SELF EMPLOYED CAR'S AUTO BODY
10/11/11	MARY GULANZI 20 DELOVAN WAY MIDDLETON MASS	\$100	
10/5/11	KEN LAFAUCI 44 TIMBER LN TOPSFIELD MA	\$100	
9/17/11	JOE MCKINNEY 23 BAY WATER ST EASTON MA	\$100	
10/7/11	MARK NOLAN 53 SHERMAN AVE METHUEN MA	\$100	
10/7/11	LENN PAGLIARO 35 OAK ISLAND ST REVERE MA	\$100	
10/5/11	FRANK PROCCIO 11 LAUREL ST WOBURN MA	\$100	
9/7/11	FRANK DESPINO 593 RD BLVD REVERE MA	\$100	
9/30/11	DAMIE RUSSO 715 SUMNER ST LYNNFIELD	\$200	SELF EMPLOYED REAL ESTATE
Line 9: Total Receipts over \$50 (or listed above)		1500	SEE PAGE 3
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		5525.00	← 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)
1/9/11	LES ULISS 420 REVERE BAY BLVD REVERE MA	\$100	
9/27/11	STEVE WILLIAMS 10 PURITAN LANE S W HAMPSCOTT MA	\$150	
9/22/11	CHRIS YOUNG 56 REVERENT ST WILMINGTON MA	\$150	
9/23/11	JOE YOUNG 456 WASHINGTON AVE REVERE MA	\$100	
Line 9: Total Receipts over \$50 (or listed above)		500	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		5525.00	← Enter on page 1, line 2

BOARD OF
ELECTION
COMMISSIONERS
11 OCT 31 AM 11:01
REVERE, MA

* 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
10/21/11	WILLIAM BELL	420 REVERE RD REVERE MA 02151	REIMBURSEMENT SEE CPFR FORM	\$663.60
9/22/11	MADISON GROUP	8 PLEASANT ST REVERE MA 02151	BUMPER STICKERS	\$239.06
10/19/11	WEATHER SPILLING	919 WILTHAMPTON AVE REVERE MA 02151	PRINTING	\$38.13
9/22/11	REVERE ADVOCATE	513 BROADWAY EVERETT, MA 02149	Ad	\$375.00
9/29/11	//			\$375.00
10/6/11	//			\$375.00
10/13/11	//		Ads	\$525.00
10/20/11	//			\$525.00
9/30/11	US POSTAL SERVICE	REVERE BRANCH VFW PARK REVERE MA 02151	POSTAGE	\$220.00
Line 12: Total Expenditures over \$50 (or listed above)				\$3605.79
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$3605.79

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
10/11/11 10/18/11	RICHARD REYON	115 DAVIS ST REVERE MA 02151	10/11/11 Ad 10/18/11 Ad	\$49.95 \$49.95
Line 15: In-Kind Contributions over \$50 (or listed above)				\$99.90
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				\$99.90

* 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.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

LOPE



Commonwealth
of Massachusetts

Form CPF R 1 : Itemization of Reimbursements

Office of Campaign and Political Finance

File with: Director
Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed:

WILLIAM BELL

Committee Name:

BELL COMMITTEE CPF ID #:

Amount of Reimbursement:

\$663.60

Date of Reimbursement:

10/21/2011

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
9/27/11	ANTONIAIS 492 REVERE BEACH BLVD MA	CAMPAIGN COM MEETING	\$80	00
10/16/11	NIGHTMARE RESTAURANT 171 VFW PKWY REVERE MA 02151	CAMPAIGN COM MEETING	\$90	50
9/15/11	STAPLES 1399 US HWY 1 REVERE MA	COMPUTER INK + SUPPLIES	\$52	36
9/27/11	US POST OFFICE REVERE MA BEACH BRANCH	POSTAGE	\$88	00
		Expenditures in excess of \$50 (listed above)	310	86
		Expenditures \$50 and under (not listed above)	352	74
		TOTAL AMOUNT REIMBURSED	663	60

Signed under the penalties of perjury:

Kenneth A. McDermott October 31, 2011
Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.