

# Form CPF M 102: Campaign Finance Report Municipal Form COMMISSIONERS

Office of Campaign and Political Finance

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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					
Councillor Ward 3  Candidate Full Name (if applicable)  Councillor Ward 3  Councillor Ward 3  Councillor Ward 3					
Office Sought and District  2 Martin St.  Residential Address  Telephone Number (optional): 781-284-3339  Telephone Number (optional): Telephone Number (optional):					
SUMMARY BALANCE INFORMATION:					
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:    13, 170. 25     13, 170. 25     13, 170. 25     13, 170. 25     13, 170. 25     13, 170. 25     13, 170. 25     13, 170. 25     13, 170. 25     13, 170. 25     13, 170. 25     13, 170. 25     14, 870, 25     2,000.00     2,000.00     2,000.00     2,000.00     3, 170. 25     4, 870, 25     4, 870, 25     5, 870, 870, 870, 870, 870, 870, 870, 870					
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, 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 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:  Output  Output  Output  Output  Detail 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.					

## 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)
Mary Mary Mary			
		MENTAL	
ine 9: Total Recei	pts over \$50 (or listed above)		
in 10. Tetal Descints \$50 and and ant (not listed above)			
ine 10: Total Receipts \$50 and under* (not listed above)			
ne 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2
III IOIIIDI			Linter on page 1, time 2

<sup>\*</sup> 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.)

eport 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
	4 0			
S. HAR. VALLE	5	e Attac Schedule	hed	
		Schedule	N	
				Fig. 1
		Line 12: Total Expenditures over \$50 (or listed above)		12011
				1294
L		Line 13: Total Expenditures \$50 and under* (not listed above)		6
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD / 300.0				1,300.01

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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		SCHEDULE B: EXPENDIT	URES	
Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount
12/1/2011	Advocate Newspapers Inc	573 Broadway Everett, MA 02149	Ads	322.00
12/2/2011	Christmas Tree Shop	28 Broadway Saugus, MA 01940	Friendly Garden Gifts	93.00
11/1/2011		385 Broadway Revere, MA 02151	Ad 10/5/11	50.00
11/14/2011		385 Broadway Revere, MA 02151	Ad 11/2/11	50.00
12/15/2011		385 Broadway Revere, MA 02151	Ad 11/9/11	50.00
11/14/2011	The Home For Little Wanderers	160 Lantern Rd. Revere, MA 02151	Donation	25.00
12/1/2011	Paul Revere School PTO	395 Revere St. Revere, MA 02151	Donation	25.00
THE CONTRACTOR OF THE PARTY OF	Revere Beautification Comm.	P.O. Box 166 Revere, MA 02151	Barrel Ad	200.00
11/1/2011		19 Orchard St. Revere, MA 02151	Donation	25.00
		154 Winthrop Ave. Revere, MA 0215	VENETING	25.00
11/1/2011	RHS Girls Volleyball	112 Larkin St. Revere, MA 02151	Donation	50.00
11/2/2011	RHS Girls Field Hockey	101 School St. Revere, MA 02151	Ad Yearbook	160.00
	RHS Yearbook RSCHP	108 Beach St. Revere, MA 02151	Donation	50.00
11/7/2011	SeaCoast High School	15 Everard St. Revere, MA 02151	Donation	25.00
11/1/2011			4 Gift Certificates	100.00
12/6/2011	Stop & Shop	Revere, MA 02151	Stamps	44.00
12/16/2011	USPS	Revere, MA 02151	Stamps	44.00
(1)		Expenditures over \$50		1,294.00
		Expenditures \$50 and under		6.00
	Line 14:	TOTAL EXPENDITURES		1,300.00

## 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
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

<sup>\*</sup> 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.

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# 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
10/14/63	Athor F. Guinassa	2 Martin St. Rever	Loan	2,000
-				
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				