

Form CPF 102 WTC: Campaign Finance Report Ward, Town and City Committees

Office of Campaign and Political Finance

REGISTRARS OF VOTERS

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Office of Campaign and Political Finance One Ashburton Place, Room 411

Telephone Number (optional):

CPF ID#:

Boston, MA 02108 (617) 979-8300 www.OCPF.us 10-20-23 Fill in Reporting Period dates: Beginning Date: **Ending Date:** Type of Report: (Check one) 8th day preceding primary X 8th day preceding election year-end report dissolution 30 days after special election **IMPORTANT** At large Committee Name Ward, Town and City Committees must file a campaign finance report if receipts, De Seredictis expenditures or incurred debts are more than Name of Committee Treasurer \$100 in a reporting period. 504 elrose 02176 Please see the instruction sheet, or call Committee Mailing Address

OCPF for further details.

	SUMMARY BALANCE INFORMATION:				
	Line 1: Ending Balance from previous report	3			
	Line 2: Total receipts this period (page 3, line 11)	2475,00			
	Line 3: Subtotal (line 1 plus line 2)	2475,00			
	Line 4: Total expenditures this period (page 5, line 14)	1726.14			
	Line 5: Ending Balance (line 3 minus line 4)	7 48.86			
	Line 6: Total in-kind contributions this period (page 6)	0			
Line 7: Total (all) outstanding liabilities (page 7)		650,00			
	Line 8: Name of bank(s) used: Rockland Tr	rust			

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:

(Treasurer's signature)

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.)

	cport an receipts. Thease include your committee name and a page number on each page.)						
Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)				
10-6-23	Arthur le Benedictis 77 Wheeler Ave me 10te MA 02176	250	Certified Public Acot Self employed				
8-15-23	Julie Delillo 13 Circuit St 00176	200	Attorney				
9-19-23	Joseph Flaherty 23 Wildwood Rd Donvers MA 01923	100					
10-8-23	Eileen Kelley 16 Willow St. Melrose Mr 00176	10,0					
9-7-25	Alison Macatti 9A Warren St me lose 00176	100					
10-5-23	Sam Putnam S9 Garfield Pd metrose ma 00176	100					
8-3-23	Kathleen Rotondi 67 Orchard Lare Metrose MA 02176	500	potived				
9-11-23	Charles Shay 53 Baldwin Rd 6.11erica MA 01821	100	5\$ B				
1-27-23	Farle Solano, 3 Bay State Rd Melrose MA 02176	120					
[i-20-23]	Joseph Stanton 152 First MA 00176	320	Certified Public Acet Self-employed				
8-31-23	Jane Thompson 1688 McGregor Fort Myers F1 33901	150					
8.77.23	Robert Varney 153 Lindwood And Me lose 00 176	200	Retired				
Line 9: Total Recei	pts over \$50 (or listed above)	2400					
Line 10: Total Rece	ipts \$50 and under* (not listed above)	75	502				
	RECEIPTS IN THE PERIOD	2475	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)
10-8-23	Taile Venuti	200	Contraction self complayed
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)	75	
Line 11: TOTAL F	RECEIPTS IN THE PERIOD		← 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 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.)

report all expenditures. Please include your committee name and a page number on each page.)				
	To Whom Paid		Purpose of Expenditure	
Date Paid	(alphabetical listing)	Address	(include CPF ID# if a contribution	Amount
	Minuteman Press	98 Easten Are Malden 117 02148	lush cards	568 49
10-2-23	Thrifto Print	86 Pulaski St Rabody MA	Signs	1157 70
	22		N	9
	5	Line 12: Total Expenditures over	er \$50 (or listed above)	1726.14
		Line 13: Total Expenditures \$50	and under* (not listed above)	
Enter on page 1, line 4 → 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 above.				

SCHEDULE B: EXPENDITURES (continued)

Purpose of Expenditure					
	To Whom Paid		(include CPF ID# if a contribution		
Date Paid	(alphabetical listing)	Address	to another committee)	Amount	
	- Lunghidanian				
William					
	Let - the second	T: 10 F 12			
Line 12: Expenditures over \$50 (or listed above)					
Line 13: Expenditures \$50 and under* (not listed above)					
Enter on page 1, line 4 → 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 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
And the control of th				
	·			
		Line 15: In-Kind Contributions	over \$50 (or listed chara)	
		Line 16: In-Kind Contributions S		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} 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.

Page 6

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
9-21-23	Paul Shille	504 Lebanon St Me more 02176	Loar to buy Signs	6500
				Rather Market State Control of the C
				65000