



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OFFICE OF
ELECTION
COMMISSIONERS

15 OCT 26 PM 3:28

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

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

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="14,169.11"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="14,169.11"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="12,201.83"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="1,967.28"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="8,654.11"/>
Line 8: Name of bank(s) used:	<input type="text" value="Santander 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: Danielle Visconti (Treasurer's signature) Date:

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: [Signature] (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)
9/17/2015	Stephen Babine 56 Sargent Street Winthrop, MA 02152	125	
9/17/2015	Lisa Bertolino Po BOX 975 Lynnfield, MA 01940	100	
8/1/2015	Thomas & Christina Brown 350 Revere Beach Blvd Unit 3-3p Revere, MA 02151	100	
8/26/2015	Joseph and Ann Ciampa 21 Wentworth Road Revere, MA 02151	100	
9/17/2015	Robert and Diane Cobb 65 Aurelia Sylvia Drive Revere, MA 02151	300	Autobody/Self Employed
9/17/2015	Elaine Dell Orfano 60 Cecilian Ave Revere, MA 02151	125	
9/12/2015	Joe DeSantis 27 Ann Road Revere, MA 02151	125	
9/17/2015	Maria Faretra 19 Poole Street Medford, MA 02155	100	
9/17/2015	Gina Fiandaca 86 St Andrew Road East Boston MA 02128	100	
9/15/2015	John J Ford 3 Seal Harbor #834 Winthrop MA 02152	80	
9/16/2015	Jarrold Hochman 52 EllisWorth Peabody, MA 01960	100	
8/31/2015	IBEW LOCAL 103	250	Union Hall
Line 9: Total Receipts over \$50 (or listed above)		13,279.11	
Line 10: Total Receipts \$50 and under* (not listed above)		890	
Line 11: TOTAL RECEIPTS IN THE PERIOD		14,169.11	← 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)
9/21/2015	New Laboers District Council NE Laborers Council 7 Laborers Way Hankington, MA 01748	500	Union Hall
9/17/2015	Barbara Lombard 9 Vernon Street Nahant MA 01908	250	Housewife/Retired
8/9/2015	Ardjan and Albina Lumaj 53 Atwood Street Revere, MA 02151	250	Restaurant/ Self Employed
9/17/2015	Peter and MARY MARTino 26 Tapley Street Revere, MA 02151	100	
9/17/2015	Michelle McCormack 298 Crescent Ave Revere, MA 02151	75	
9/17/2015	Darlene Minicleri 30 Pierce Street Revere, MA 02151	75	
9/17/2015	James Mosca, Jr 145 Horace Street East Boston, MA 02128	250	Bus Driver/ City Of Boston
9/17/2015	Michael, Ralph and Robert Paglucca 54 Liverpool Street East Boston MA 02128	190	
9/28/2015	Frank Pascucci 6Lawn Ave East Boston, MA 02128	125	
9/17/2015	Charles Pratt Jr 100 Ledgewood Dr 319 Stoneham MA 02180	200	Mortgage Broker/ North Atlantic Mortgage Company
9/17/2015	Rachel Raffaele 464 Bremen Street East Boston MA 02128	100	
9/17/2015	John A Roberto 243 Princeton Street East Boston, MA 02128	100	
9/17/2015	Steven Roussel 238 River Road Winthrop MA 02152	75	
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			← 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)
9/17/2015	Jamie Russo PO BOX 365 Revere, MA 02151	200	Developer/ self employed
9/14/2015	Ralph and JAnet Ruzzo 35 Essex Street REvere, MA 02151	80	
9/17/2015	John Silva 284 Crescent Ave Revere, MA 02151	100	
9/2/2015	George and MArrie Taglieri 282 Crescent AVE Revere, MA 02151	100	
9/20/2015	Salvatore Tassone 38 St Edward Road East Boston, MA 02128	250	
7/15/2015	Gerry Visconti	5,000	Loan from Gerry Visconti to CTE Gerry Visconti
9/4/2015	Gerry Visconti	1,489.49	Loan from Gerry Visconti to CTE Gerry Visconti
9/25/2015	Gerry Visconti	957.31	Loan from Gerry Visconti to CTE Gerry Visconti
10/6/2015	Gerry Visconti	250	Loan from Gerry Visconti to CTE Gerry Visconti
9/18/2015	Gerry Visconti	957.31	Loan from Gerry Visconti to CTE Gerry Visconti
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			← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/28/2015	Ad Power Advertising	46 Neponset Street Revere, MA 02151	Pens/Marketing/Advertisement	803.42
8/14/2015	Advocate Newspaper	570 Broadway Everett MA 02149	Candidate Advertisement	200
9/28/2015	Al Dente Restaurant	109 Salem Street Boston MA 02113	Catering Service for Fundraiser	2,268
9/28/2015	Boston Ballon Events	25 Drydock Ave Unit 25-2E Boston, MA 02210	Decoration for Fundraiser	650
10/10/2015	Balloon Boss	390 Main Street Medford MA 02155	Helium Tanks for Balloons	328.66
7/30/2015	Cambridge Offset Printing	56 Creighton Street Cambridge MA 02140	Banner	127.08
8/20/2015	Cambridge Offset Printing	56 Creighton Street Cambridge MA 02140	Palm Cards	831.01
9/4/2015	Cambridge Offset Printing	56 Creighton Street Cambridge MA 02140	Lawn Signs/TY Cards/	1,489.49
9/25/2015	Cambridge Offset Printing	56 Creighton Street Cambridge MA 02140	Lawn Signs	957.31
8/25/2015	Cambridge Offset Printing	56 Creighton Street Cambridge MA 02140	Invites	356.26
7/31/2015	Experteers	42 A Pleasant Street Stoneham MA 02180	CTE GV- Teeshirts	345
10/15/2015	Experteers	42 A Pleasant Street Stoneham MA 02180	CTE GV- Teeshirts	156
Line 12: Total Expenditures over \$50 (or listed above)				12,201.83
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				12,201.83

* 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 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
7/15/2015	Gerry Visconti	285 Crescent Ave Revere MA 02151	Loan from Gerry Visconti to CTE Gerry Visconti	5,000
9/4/2015	Gerry Visconti	285 Crescent Ave Revere MA 02151	Loan from Gerry Visconti to CTE Gerry Visconti	1,489.49
9/25/2015	Gerry Visconti	285 Crescent Ave Revere MA 02151	Loan from Gerry Visconti to CTE Gerry Visconti	957.31
10/6/2015	Gerry Visconti	285 Crescent Ave Revere MA 02151	Loan from Gerry Visconti to CTE Gerry Visconti	250
9/18/2015	Gerry Visconti	285 Crescent Ave Revere MA 02151	Loan from Gerry Visconti to CTE Gerry Visconti	957.31
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	8,654.11