

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or To	wn Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1-1-27 Ending Date: DE	C.31-27
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end re	eport dissolution
Candidate Full Name (if applicable) EVENET CITY COUNCIL - WARD ONE Office Sought and District Residential Address Telephone Number (optional): 617 - 389 - 5106 The Committee Committee Committee Value Committee Name Committee Name MARION ANTONIO Name of Committee Tree 86 Lewis ST. Committee Mailing Address Telephone Number (optional): 617 - 37	MATEWSKY casurer EVERETT Idress
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: Line 8: Name of ba	
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 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 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 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 finance activity, including contributions, loans, receipts, expenditures, disbursens, in-kind contributions and liabilities for this reporting	ve not received any contributions, e statement of all campaign

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)
8-15-22	MARION ANTONUCCI	200.00	RETIRED - HOUSEWIFE
	86 Lewis ST. EVE-MA		
8-2-27	SAL BARRESI	150.00	OWNER SALS Cleaners
0 - 55	21 HERTAGE Lane	\parallel . \Box	
	ZI HERTAGE Lane SAUGUS - MA		
12-5-22	LABORERSUNION	500,00	CPF/#80479
	7 LABORERS WAY 01748		Union
	Hopington MA 01170		UNION
1			
ine 9: Total Rece	ripts over \$50 (or listed above)	850,00	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	0	
ine 11: TOTAL	RECEIPTS IN THE PERIOD	850.00	← 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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
_			
,			
		2	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
* If you have itemized	receipts of \$50 and under, include them in lin	e 9. Line 10 shou	ld include only those receipts not itemized above.

Page 3

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.)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
2-1 4	ADVOCATE NEWS	Broadway EVERETT	Various Public Service Ads.	42500	
2-1 to 12-31-22	LEADER HERALD News	Church ST. EVELET	Various Poblic Service Ads	200.00	
9-4-22	HUB FOODS	Poll WORKERS Food Baskets	Chelsea-UA-	140.00	
	la l				
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	765.00	
Line 13: Total Expenditures \$50 and under* (not listed above)			0		
* If you have iter	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 765,9 * If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
*				
		[]	=	
				}
		Line 12: Expenditures over		
			and under* (not listed above) DITURES 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
		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 →	e 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS		

^{*} 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
2013	Wayne Matewsky	86 Lewis ST EXERETT MA	State Rep CAMpaigns	12265.73
3				