Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 11-1-2023 Ending Date: 12-7-2023

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

MARIA RADISTA BUSSELL
Candidate Full Name (if applicable)
EVERETT CITY COUNCIL
Office Sought and District
8 FREEMAN AVE
Residential Address
E-mail: MARIA FOR EVERETT@GMAIL.COM
Phone # (optional): 617-224-2812

MARIA BUSSELL EVERETT CITY COUNCIL
Committee Name
SANDRA JULIANO
Name of Committee Treasurer
28 LINDOR RD No. READING MA 01864
Committee Mailing Address
E-mail: Sandyjule@comcast.net
Phone # (optional): 617-448-0854

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1200.00
Line 2: Total receipts this period (page 3, line 11)	1600.00
Line 3: Subtotal (line 1 plus line 2)	2800.00
Line 4: Total expenditures this period (page 5, line 14)	100.00
Line 5: Ending Balance (line 3 minus line 4)	2700.00
Line 6: Total in-kind contributions this period (page 6)	—
Line 7: Total (all) outstanding liabilities (page 7)	84.94
Line 8: Name of bank(s) used:	EVERETT BANK

ELECTION COMMISSION
2023 DEC -4 P 5:28
EVERETT, MA

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: Sandra Juliano (Treasurer's signature) Date: 12-4-23

FOR CANDIDATE FILINGS ONLY: **Affidavit of Candidate: (check 1 box only)**

Candidate with 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Maria Bussell (Candidate's signature) Date: 12/4/23

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)
10-31-23	BETTE ALEXANDER 5 MINTON LANE WEST BARNSTABLE MA 02668	200.00	RETIRED
11-2-23	CINDY + WM. ANDERSON 13 WOODLAND ST UNIT 8 EVERETT MA	200.00	RETIRED
11-4-23	ANDREA BARATTA 25 WOODVILLE ST EVERETT MA 02149	50.00	OFFICE MANAGER GENTLE DENTAL
11-2-23	JULIE A BARATTA 25 WOODVILLE ST EVERETT MA 02149	50.00	RETIRED
10-31-23	CHARLENE CLIFFORD 52 PLUME AVE 02648 MARSTON MILLS MA	200.00	RETIRED
11-2-23	JANIS D KIBBY 36 LEXINGTON ST EVERETT MA 02149	50.00	RETIRED
11-2-23	RUTH LISTON 16 WINDSOR ST EVERETT MA 02149	50.00	ADMINISTRATIVE ASST, CITY OF EVERETT
11-2-23	JOSEPH P MACLAUGHLIN 38 HOCTS POINT RD SANDOWN, NH 03873	50.00	RETIRED
11-2-23	JOHN + LESLIE MATTUCHIO 15 BIRCH HILL RD MELROSE MA 02176	200.00	RETIRED
11-2-23	MARK PULEO 105 BRADFORD ST EVERETT MA 02149	50.00	V.P. OF CLIENT SERVICES AT NGP VAN, INC
11-4-23	CHARLES RADOSTA 8 CHESTNUT PLACE EVERETT MA 02149	500.00	RETIRED

Line 9: Total Receipts over $50 (or listed above)	1600.00
Line 10: Total Receipts $50 and under* (not listed above)	—
Line 11: TOTAL RECEIPTS IN THE PERIOD	1600.00

← 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)

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 t 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
11-29-23	DORCHESTER PUBLICATIONS	28 CHURCH ST EVERETT, MA 02149	AD IN PAPER	100.00

Line 12: Total Expenditures over $50 (or listed above)	100.00
Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	100.00

* 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

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

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 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 addres 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 as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amoun
11-2-23	BJ'S WHOLESALE	278 MIDDLESEX AVE MEDFORD, MA 02155	PASTRY - FUND RAISER	84.94

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 84.94