

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	15/25 Ending Date: 10-18-25
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Toseph F. Graffe Candidate Full Name (if applicable) Court Office Sought and District II Kingsman St. F Veict 02149 Residential Address E-mail: Coachlaw 66 @ Comcast.net Phone # (optional):	Committee to Elect Joseph E. Galiza Committee Name Robert Noc Name of Committee Treasurer 11 Kingsman ST- Fuert Odiya Committee Mailing Address E-mail: MIVOR & VRLIZONINET Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	6 255
Line 2: Total receipts this period (page 3, line 11)	8545.00
Line 3: Subtotal (line 1 plus line 2)	8545.00
Line 4: Total expenditures this period (page 5, line	(14) コラトクタ ニ きま
Line 5: Ending Balance (line 3 minus line 4)	5823.21 W
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Everett	Book
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best cactivity, including all contributions, loans, receipts, expenditures, disbursements, in-load committee in committee in the surface of the the surfa	ontributions and liabilities for this reporting period and represents the campaign decordance with the requirements of M.G.L. c, 55. (Treasurer's signature) Date: 10-27-27
FOR CANDIDATE FILINGS ONLY: Affidation Candidate: (check 1 box	only)
Candidate with Committee and no activity independent of the committee certify that I have examined this report including attached schedules and it is, to the bactivity, of all persons acting under the authority or on behalf of this committee in accommendation incurred any liabilities nor made any expenditures on my behalf during this reporting processing the committee of the committee in accommendation of the committee in accommendation.	ordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the transfer activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting ander the authority or on behalf of this	pest of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 10-27-3

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
,	Ralph SALPAMINE			
10-9-25	13 WILL FINE CT. FUERTT Odlyg	100		
	Rocco Longo			
10-9-20	16 Ridge Pol Resert Odisi	250		
	SAL + Eileen BArresi		President	
10.9-25	23 Heritage LN. Saugus 01406	500	Sals Cleaners	
	STEVEN DUNN			
10-9-25	152 Backnow & Dairy	100		
	Les PIZZANOJA.			
10-9-2-	164 Linder & Event 02148	200	Petried	
	July+ Jeanne CRISTIANS			
10-9-0-	53 ASS. H A. FUELT ODING	130		
	Andrew Philbin		Fire Fishten	
10-9-0-	17 Jun Des DA SAUSA 1986	300	City of Ever. 17, M2 02149	
	John MAZZIE STUSHIE		DI Exty or	
10-9-2-	15 ALAWAR DE 01906	100	Police OFFice - EverTIMA	
	ROB + BAISMA Bontongs			
10-4-25	Middletin, Ma 01949	200	Retird Police CID.	
	Chr. Osvilson			
10-9-25	43 Lesing Tins Freet Odies	100		
12625	(lee Man I I al		Police OFFICE	
10-4-06	110 Pleasant 5- Water tun od	200	City Fue. My 02149	
	DON MOSHILL			
10-9-0-	24 Cong & Event 02149	100		
	Tom + Desin PARIST			
10-4-2-	Tom + Dedin PARIS, - 15 Sawaili May 01833	100		
Line 9: Total Rece	ipts over \$50 (or listed above)	6805.00		
Line 10: Total Rece	cipts \$50 and under* (not listed above)	192000		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	8546.0	← Enter on page 1, line 2	
* T6 h (**	I receipts of \$50 and under include them in line	0 7: 10 1	January on page 1, mile 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

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.)

report an receipts.	riease include your committee name and a pa	ige number on ei	ach page.)	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)]
	FRANC + Jedy Mostnocala	72MOUNT		า
6.25.25	medfur par O21	200	Property Developer medfore, ma	*
	Robert Noe		President - Universel Screening	ίl
7-31-25	20 Rowell Love Middle Tin	200	The second	
	Mike SASSO EVERTI, MA		It Joch.	il
8.28.25	59 HANGLEST ODING	250	Self-employee	*
	Everett Superin Officers			1
10-6-25	45 FLAST EVERIT 02149	500	UNION	284
	William HA.T		Superintentleat of Schools	1
10-9.25	12 Albionst Everett 02149	100		
1	TRACY HORNSBY			1.
10-9.25	12 Acre Rd Billines 01921	100		×
	Rens Defilippii			
10-9-25	O School House Rd Eventivary	100		R
	Neil Buke		Police OFfice	1
10-9-25	274 Swan ST. EVERT 02148	250	C. 7 of Fre- MA 02149	294
	AddioNA Fodrisano		Panking Clenk	
10.4.9.	2 School House Evereti osing	200		ak
	BNKA IN CRISANO			
10-925	7 School House Everett O2149	100		X
	C Had Luingo			
104.25	Y boudsle Tens Pensing 61960	100		×
	KATHIELD & JAMES Mc CUI MOULE			
10-4-25	64 Albin ST EVERTT ODING	250	Returned	SX.
Line 9: Total Rece	ipts over \$50 (or listed above)			•
Line 10: Total Rece	eipts \$50 and under* (not listed above)			
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	
± 10				

^{*} 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)

	SCHEDULE A. R		muded)	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
	PAUL R. HUWICK.			
13-9-25	28 Breakmate Cue Odlson	100		
	Rivare Hugher "			
10-9-05	54 Underwer Storeham &	100		
	Romain + Him SAUNCO			
10-9-21	b Elmwant & Frents 02145	100		
	Ros + Michelle Hall		Della Deve	
10-9-0-	9 Pop lor Hill Merrimac 01860	250	Police OFiles	
	Rose + Kein 1tugger			
10-9-25	III Maiden SE Frent Colte	100		
	Jones Hinler Bal84			
12-9-20	1273 Phase E. Wesmoral	100		
	Jeff + VOLANIE Melase			
10-9-20	2. CAST OF EVERT DOING	AZ		
	Paiph Fus		Carr C.	
10-4-25	5. Files No. Everitt 00147	500	Self-Employed	
	John + Patty Foid			
10-9-25	82 Bradford Eventt Oding	100		
	Christ Afril OBENSK.			
10-9-20	61 Traminist EvenTT Odins	150		
	DUNISE + JA Kelleton			
12-9-25	22 Richardson Wakefield 01860	100		
	Colin Kelly DIGHA			
10-15-26	33 Esson ST Middle Tin	100		
	Pat + Koica JANCOY			
10-11-25	15 Brows Marshehear, 01945	250.00	Return	
Line 9: Total Recei	pts over \$50 (or listed above)			
Line 10: Total Rece	ipts \$50 and under* (not listed above)			
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		Futer on page ! line?	
* If you have itemized	receipts of \$50 and under, include them in line	Q Line 10 chayl	page 1, into 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.)

_	To Whom Paid	Tamo and a hage namber on	Pagay	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
10-9-20		8 Normore ST	Fundiniser	
MANOR	8/12 Bort Galle	EvereTT, MA 03149	Food	406.60
10.326	10 / 1 / 1/	PO Box 49.4.7	CAMPAISN	
10.578	Advocate News	Everoll MA 02189	AL	135.00
		11.3 6111 57	C1.1.	
8-11.20	CONNELLY PRINT.]	CAMPAISA	849.47
	Calendary Alman	WOSUN MA 01801	Signige	0 (7-9)
		17B 614 ST	Compaign	
13-1695	CONNOTING PRINT	Woburn MA O18.1	515118	849.47
1/2 // 3	r. n.l.	Po Dox 4904.7	Campaisa	250.00
10-10.00	Eve. Advocate	Everett, MA 02149	Ad	
		175 Ferry 5	CAMPAISN	
7-15-20	Universal Screening	Everett MA 62145	T-shi-15	900,00
[1
<u> </u>				
		11 Non 400016 55	a Ctau	
10-16-20	Usps	Everet MA Odlus	Stops	3125
		Decreta 144 0315		
		Line 12: Total Expenditures over	er \$50 (or listed above)	2721.79
	Time 12. The Line of the state			
Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	2721.71
# TC 1 16		include them in line 12. I inc 13 ch		

^{*} 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