

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Massachus		
Fill in Re	eporting Period dates: Beginning Date: 1125 Ending Date: 10/18/25	HHSS
	Report: (Check one)  y preceding preliminary 8th day preceding election 30 day after election year-end report dissolution	on
Mat C 241 E-mail: M Phone #:	Committee to Elect Matt Coste  Candidate Full Name (if applicable)  Committee to Elect Matt Coste  Committee Name  Residential Address  Committee Treasurer  24 Miller St. Everett MA 02149  Residential Address  Committee Mailing Address  Committee Mailing Address  E-mail: Cachelle Costello @ ymail.Ca  Phone #: 339-203-0177	49
	SUMMARY BALANCE INFORMATION:	
	Line 1: Ending Balance from previous report	
	Line 2: Total receipts this period (page 3, line 12)	
	Line 3: Subtotal (line 1 plus line 2)	
	Line 4: Total expenditures this period (page 5, line 15)	
	Line 5: Ending Balance (line 3 minus line 4)	
	Line 6: Total in-kind contributions this period (page 6, line 18)	
	Line 7: Total (all) outstanding liabilities (page 7, line 19)	
	Line 8: Total out-of-pocket expenses this period (page 8, line 22)	
	Line 9: Name of bank(s) used: Bank of America U 35	
I certify that I activity, inclu- finance activity	Committee Treasurer:  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 financialing all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign ity of all persons acting under the authority or on behalf of this committee in special carries with the requirements of M.G.L. c. 55.  The penalties of perjury:    Committee Treasurer   Committee   C	ce
FOR CAN	IDIDATE FILINGS ONLY: Affidavit of Candidate: (oneck 1 box only)	
I certify t	ate with Committee 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 f 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 contribut any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.	inan tions,
I certify t	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 activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the in 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	r the penalties of perjury: (Candidate's signature)	5

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contribut \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts at ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contribution eccived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

\*\*Ittach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more	
8 5 25	Matthew Costello an Miller St, Everett, MAOQUA	\$ 100.00		
9/4/25	Ashishkumar Babukr Rtel 24 Ferry St, Art I, Everett, Maran	\$500.0	Owner Glendale Package	
8/14/25	Hardik R. Patel 126 Morris St, Levere, MAZKO	\$1000.00	Sargus Liquer	
9/9/25	Harsh J. Patel 7 Preserve Day, Sharon MALO	4500.00	Jimmy's Liquoz	
8/9/25	Nilamben R. Patel 126 Morris St, Revere, MA 02150	*/aw.~	Beth Isreal Hospital	
8/9/25	Rajendra Patel 126 Morris St, Hevere MARISO	#/000,00	Saugus Liquor	

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
. 4			
W. A. L.			
Line 10: Total Rece	ipts over \$50 (or listed above)	4,100.00	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Rece	ipts \$50 and under (not listed above)	6	should include only those receipts not itemized above.
Line 12: TOTAL F	RECEIPTS IN THE PERIOD	4,100.00	← Enter on page 1, line 2

#### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
8/29/25	Matthew Costello	A4 Miller St Exterett, MA 02149	Repayment of funds to open account.	#100.00
10/2/25	Lowe's	1500 Bloadway Saugus, MA 01906	sign supplies -	#114.62
9/12/25	Thriften Phinting	56 Pulaski 8t Heatedy, MH01960	Signs	\$612.21
9/19/25	Thriftco Printing	56 Pulaski St Peabody, MO1960	Banners	*474.94

## SCHEDULE B: EXPENDITURES (continued)

D 4 D 11	To Whom Paid	A.13	D	<b>A 1</b>
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		<u> </u>		
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	3.0			
* If you have	itemized expenditures of \$50 clude them in line 13. Line 14	Line 13: Expenditures over \$50 (or listed above)		1,301.77
should include	le only those expenditures not itemized above.	Line 14: Expenditures \$50 and under (not listed above)		(0)
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	1,301.77

### **SCHEDULE D: LIABILITIES**

\*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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				][
	5 W. C. St. 7			
	5255			
			][	
			-80	3

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