

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance ELECTION COMMISSION EVERETT, MA

or Massachusetts	File with: City or Town Clerk or Flection Commission
Fill in Reporting Period dates: Beginning Date:	11/2025 Ending Date: 10/18/2025
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
	COMMITTEE TO FLEET PETELA NAPOLITANO
Candidate Full Name (if applicable)	Committee Name
	VIVIAN D. NAPOLITAND
Office Sought and District	Name of Committee Treasurer
	164 COTTAGE ST #3. EVERCIT, MIA ?
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional): 6/7.839-7499
SUMMARY BALANG	CE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11	19,208,00
Line 3: Subtotal (line 1 plus line 2)	075 CEC
Line 4: Total expenditures this period (page 5, lin	ne 14) 7708.00 5
Line 5: Ending Balance (line 3 minus line 4)	2500.00
Line 6: Total in-kind contributions this period (p	N O
Line 7: Total (all) outstanding liabilities (page 7)	7000, 00
Line 8: Name of bank(s) used: EVERETT	CO-FREENTIVE BANK
activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee OR Candidate with independent activity filing s	(Treasurer's signature) Date: 16 Date: 16 Date: 16 Date: 16 Date: 16 Date: 17 Date: 18 Date:
I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(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)
9/16	SAL BARRESI 23 HERITAGE LANE SONGUS, MA 01906	200.00	SELF EMPLOYED SAL'S RESTORATION
8/7	CONRAD CASAKJIAN 8 MALDEN ST EVERETT MA 02148	200,00	GOLD "N"OLDIES
9/25	STANCEY DAVITORIA 195 MPHINTOIN IN MALDEN, MA 02148	50°,00	CVEREN AND CENTER
1/21	LESTER MARDVITZ 2 SURREY ROAD WINCHESTER, MA 01890	200,00	MALDEN TRANSPORTATION
8/10	PETERNINPOLITANO 129 COTTAGE ST EVERETT MA 22149	3660,00	ASSIST CITY CLOSER
8/30	PETER NINTERITATION 169 CRETTAGE ST.	4000,00	ASSIST CITY CLORE CITY OF EVERETT
8/10	VIVIAN NACOLLITANO 169 COTTAGE ST. 413 EVERCTI, MIN 12118	500,00	TENTINDONLEGULSERV
	DAVID D'NEIL 391 BROAD DAT EVERST MA DOING	100,00	DINEIL + ASSOCIATES
Line 9: Total Rece	ipts over \$50 (or listed above)	8 700,20	
Line 10: Total Rece	ripts \$50 and under* (not listed above)	1508,00	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	10208	← 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	ditures. Please include your comn To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
6/20	ADVOCATE NEWSPAPERS	573 BROADWAY CVERETT, MA	8 WEEK S.383 AD	1208.00
8/14	ABVOCHTE NEWSTOPELS	573 BRODOWAY EVERETI MA	8 WEEKS 3 X 3 AD	1200.00
7/01	DRAGIN CHEP	SIL BROMD WAY CVER FOR MA	MEET HUDGECET WHITNEY LORER TOIL	139.10
7/16	BAR - GRILL	8-10 NELWOODST. EVERETT, MA	MECT AND GREET	243.96
7/11	(CD.6X	MEDBED, MA	corres	56.58
6/20	IN OFFENDENT	385 BRENELUHE	8 - 6 EKS - 3 Y3 AD	1080,00
8/14	TNOERNOENT NEWS PAPERS	BEVERE, MA	8 WEEKS . 3×3 AD	1080.00
6/17	NOTAL MY PRINTING	919 WINTHROP AVE REVEREY MAI	S PERIS	329.31
7/28	NORTHCHE IRM 7006	919 WINTERP ADE REVERE, MA	8-60 m 174 - 25:35	4,54,79
9/19	NORTHIPH 12 UTIVE	AIR WINTERN ADE	MAILERCS 2 9/14 + -113	1125.9
0/10	POLL PROFILES	WASHINGTON DC	CARMANION TOUSET	4,00,0
£/3	U5 7 5	11 (12 p w 27) 5 F.	POSTAGE STAMP	43.60
	Line 12: Total Expenditures over \$50 (or listed above)		7902.9	
Line 13: Total Expenditures \$50 and under* (not listed above)			315.56	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	7708.0

^{*} 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
				P.
7				
4				
		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 C	ONTRIBUTIONS	

^{*} 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
8/10	PETER NAPOLITANI	189 COTTAGE 5. C) EDET MA 02149		3000,00
8/30	PETER NAPA TAND	169 COTTAGE ST EVERET, MADD	CONTILETION TO SELF	4/000.00
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	7300,00