



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

2014 JAN 21 A 9:20

Office of Campaign and Political Finance

CITY CLERK'S OFFICE
MALDEN, MASS.

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

Type of Report: (Check one)
 8th day preceding preliminary
 8th day preceding election
 30 day after election
 year-end report
 dissolution

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="1361.74"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="168.55"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="1530.29"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="897.98"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="632.31"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="568.55"/>
Line 8: Name of bank(s) used:	<input type="text" value="CENTURY BANK"/>

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: (Treasurer's signature) Date:

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 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.

Candidate without Committee OR Candidate with independent activity filing separate report
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 committee in accordance with the requirements of M.G.L. c. 55.

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)
10/26/2013	PIETRO CICOLINI (LOAN), 89 CROSS STREET, MALDEN, MA 02148	68.55	
Line 9: Total Receipts over \$50 (or listed above)		68.55	
Line 10: Total Receipts \$50 and under* (not listed above)		100.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		168.55	← 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)
N/A	N/A	N/A	N/A
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 to 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
10/25/2013	ALL SET PRESS	121 MADISON ST, MALDEN MA 02148	MAILERS, POSTAGE FEE, DESIGN FEE	588.75
10/25/2013	PIETRO CICOLINI	89 CROSS STREET, MALDEN, MA 02148	REIMBURSEMENT (SEE ATTACHED)	240.68
10/26/2013	NANA'S PIZZA	416 MAIN STREET, MALDEN, MA 02148	PIZZA FOR STANDOUT VOLUNTEERS	53.56
10/26/2013	DUNKIN DONUTS	57 EASTERN AVE., MALDEN, MA 02148	COFFEE FOR STANDOUT VOLUNTEERS	14.99
Line 12: Total Expenditures over \$50 (or listed above)				897.98
Line 13: Total Expenditures \$50 and under* (not listed above)				0.00
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				897.98

* 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
N/A	N/A	N/A	N/A	N/A
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
N/A	N/A	N/A	N/A	N/A
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 address 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 well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
8/21/2013	PIETRO CICOLINI (LOAN)	89 CROSS STREET, 2ND FLOOR, MALDEN, MA 02148	LOAN TO COMMITTEE FOR EXPENSES	500.00
10/26/2013	PIETRO CICOLINI (LOAN)	89 CROSS STREET, 2ND FLOOR, MALDEN, MA 02148	LOAN TO COMM. FOR COFFEE AND PIZZA REFRESHMENT TO STANDOUT VOLUNTEERS	68.55
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	568.55



Form CPF R 1 : Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: PIETRO CICOLINI
 Committee Name: Committee to Elect Pietro Cicolini CPF ID #: _____
 Amount of Reimbursement: \$240.68
 Date of Reimbursement: 10/25/2013 (CHK#106)

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
9/14/13	Dunkin Donuts - 57 EASTERN AVE. MALDEN, MA 02148	COFFEE FOR STANDOUT VOLUNTEERS	16	04
9/14/13	NANA'S PIZZA - 416 MAIN ST EVERETT, MA 02149	PIZZA FOR STANDOUT VOLUNTEERS	59	69
10/4/13	ALL SEASONS TABLE 64 PLEASANT ST - MALDEN MA	\$75 Gift Certificate donation to flea market raffle	75	—
10/19/13	DUNKIN DONUTS 57 EASTERN AVE, MALDEN-MA	COFFEE FOR STANDOUT VOLUNTEERS	14	99
10/19/13	NANA'S PIZZA - 416 MAIN ST - EVERETT - MA 02149	PIZZA FOR STANDOUT VOLUNTEERS	74	96
Expenditures in excess of \$50 (listed above)			240	68
Expenditures \$50 and under (not listed above)			—	—
TOTAL AMOUNT REIMBURSED			240	68

Signed under the penalties of perjury:

[Signature]
Signature of Candidate/Treasurer

1-20-2014
Date

Please use a separate sheet for each reimbursement check issued.