



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

RECEIVED

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: 2015 JAN 20 A 8:53 Beginning Date: 1/1/2014 Ending Date: 12/31/2014

Type of Report: (Check one)
 8th day preceding election 8th day preceding election 30 day after election year-end report dissolution
*CITY CLERK'S OFFICE
MALDEN, MASS.*

PIETRO CICOLINI
Candidate Full Name (if applicable)
MALDEN SCHOOL COMMITTEE-WARD 1
Office Sought and District
89 CROSS ST., MALDEN, MA 02148
Residential Address
Telephone Number (optional):

COMMITTEE TO ELECT PIETRO CICOLINI
Committee Name
ROBERTA CICOLINI
Name of Committee Treasurer
85 CROSS ST., MALDEN, MA 02148
Committee Mailing Address
Telephone Number (optional): ATBNA

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>632.31</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>632.31</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>560.40</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 71.91</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>68.55</u>
Line 8: Name of bank(s) used:	<u>CENTURY BANK</u>

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: [Signature] (Treasurer's signature) Date: 19 JAN 2015

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: [Signature] (Candidate's signature) Date: 19 JAN 2015

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)
N/A	_____	N/A	_____
Line 9: Total Receipts over \$50 (or listed above)		- 0 -	
Line 10: Total Receipts \$50 and under* (not listed above)		- 0 -	
Line 11: TOTAL RECEIPTS IN THE PERIOD		- 0 -	← 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	

Line 9: Total Receipts over \$50 (or listed above) -0-

Line 10: Total Receipts \$50 and under* (not listed above) -0-

Line 11: TOTAL RECEIPTS IN THE PERIOD -0-

← 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
4/30/14	PIETRO CICOLINI	89 CROSS ST, ^{and} FL MARDEN, MA 02647	Reimbursement of \$500 LOAN	\$500.-

Line 12: Total Expenditures over \$50 (or listed above)	500.-
Line 13: Total Expenditures \$50 and under* (not listed above)	60.40
Line 14: TOTAL EXPENDITURES IN THE PERIOD	560.40

Enter on page 1, line 4 →

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
<i>N/A</i>	_____	<i>N/A</i>	_____	<i>N/A</i>

Line 12: Expenditures over \$50 (or listed above)

Line 13: Expenditures \$50 and under* (not listed above)

Line 14: **TOTAL EXPENDITURES IN THE PERIOD**

Enter on page 1, line 4 →

(Circular stamp with illegible text and initials)

* 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
Line 15: In-Kind Contributions over \$50 (or listed above)			- 0 -	
Line 16: In-Kind Contributions \$50 & under (not listed above)			- 0 -	
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			- 0 -	

* 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
10/26/2023	(LOAN) PIETRO CUCUINI	89 CROSS ST, 2nd FL MALDEN, MA 02148	LOAN to comm. for coffee & PIZZA refreshments to stand-out Volunteers	68.55
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	68.55



Commonwealth of Massachusetts

Form CPF R 1 : Itemization of Reimbursements

Office of Campaign and Political Finance

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: \$ 500.00

Date of Reimbursement: 4/30/2014 (CHK # 107)

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
8/21/13	Pietro Cicolini 89 CROSS ST MALDEN, MA 02148	Loan to Committee for general expenses	500	00
 				
 				
 				
 				
 				
 				
 				
 				
Expenditures in excess of \$50 (listed above)			500	—
Expenditures \$50 and under (not listed above)			—	00
TOTAL AMOUNT REIMBURSED			500	—

Signed under the penalties of perjury:

Signature of Candidate/Treasurer

19 JAN 2015
Date

Please use a separate sheet for each reimbursement check issued.