



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: RECEIVED Beginning Date: 1/1/2017 Ending Date: 12/31/2017

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

PIETRO CICALINI
Candidate Full Name (if applicable)
NONE
Office Sought and District
436 Ash Swamp Rd. - Glastonbury - CT 06033
Residential Address
E-mail: _____
Phone # (optional): _____

Committee to Elect Pietro Cicalini
Committee Name
Roberta Cicalini
Name of Committee Treasurer
85 CROSS ST - MALDEN - MA 02148
Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>62.91</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0.</u>
Line 3: Subtotal (line 1 plus line 2)	<u>62.91</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>62.91</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0.</u>
Line 6: Total in-kind contributions this period (page 6)	<u>\$ 11.64</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>N/A</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: 15 JAN 2018

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: 15 JAN 2018

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
11/15/2017	Century Bank		Service / Maintenance Fee	3. ⁰⁰
12/15/2017	Century Bank		Service / Maintenance Fee	3. ⁰⁰
8/5/2017	PIETRO CUCOLINI	430 ASH SWAMP RD Glastonbury CT 06033	Reimbursement of loan	56.91
 				
 				
 				
 				
 				
 				
 				
 				
 				
 				
 				
 				

Line 12: Total Expenditures over \$50 (or listed above)	56.91
Line 13: Total Expenditures \$50 and under* (not listed above)	6.00
Line 14: TOTAL EXPENDITURES IN THE PERIOD	62.91

Enter on page 1, line 4 g

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

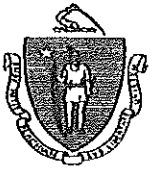
SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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
 	See attached letter	 	 	
 	 	 	 	
 	 	 	 	
 	 	 	 	
 	 	N/A	 	
 	 	 	 	
 	 	 	 	
 	 	 	 	
 	 	 	 	
 	 	 	 	
 	 	 	 	
 	 	 	 	
 	 	 	 	
 	 	 	 	
Line 15: In-Kind Contributions over \$50 (or listed above)				0
Line 16: In-Kind Contributions \$50 & under (not listed above)				11.64
Line 17: TOTAL IN-KIND CONTRIBUTIONS				11.64

Enter on page 1, line 6 →

* 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.



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, Room 411
Boston, MA 02108
(617) 979-8300

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.

	Date of Reimbursement: <u>5/5/2017</u>
Name of Individual Being Reimbursed:	<u>PIETRO CICOLINI</u>
Committee Name:	<u>COMMITTEE TO ELECT PIETRO CICOLINI</u>
CPF ID Number (if applicable):	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
<u>5/5/17</u>	<u>Pietro Cicolini</u>	<u>436 ASH SWAMP RD CLASTONBURY CT 06033</u>	<u>Partial repayment of loan</u>	<u>56.91</u>
 	 	 	 	
 	 	 	 	
 	 	 	 	
 	 	 	 	

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<u>56.91</u>
	Line 2: Expenditures \$50 or under (not itemized):	<u>0</u>
	Line 3: TOTAL AMOUNT REIMBURSED:	<u>56.91</u>

Signed under the penalties of perjury:

Signature of Candidate (Treasurer)

Date: 15 JAN 2018

Please prepare a separate report for each reimbursement check issued by the committee.

Forgiveness of Loan

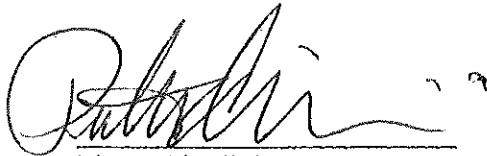
To: Committee to Elect Pietro Cicolini
85 Cross Street
Malden, MA 02148

From: Pietro Cicolini
Date: May 5, 2017

The Committee to Elect Pietro Cicolini ("CEPC") had an outstanding liability of a loan owed to the candidate, Pietro Cicolini. The amount of the loan was \$68.55.

I, Pietro Cicolini, accepted a partial repayment of that loan owed to me. CEPC repaid me \$56.91, which represented the final balance in CEPC's account at Century Bank. The account at Century Bank was closed thereafter.

I, Pietro Cicolini, forgive CEPC of the remaining \$11.64 of the original loan. CEPC no longer has any outstanding liability owed to me.



Pietro Cicolini
436 Ash Swamp Rd
Glastonbury, CT 06033

5 MAY 2017
Date