



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

AMENDED

RECEIVED

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

01 SEP 2013

Ending Date:

2014 JAN 21 - 2013 OCT 20

Type of Report: (Check one)

8th day preceding preliminary

8th day preceding election

30 day after election

year-end report

dissolution

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):

COMM. TO ELECT PIETRO CICOLINI

Committee Name

ROBERTA CICOLINI

Name of Committee Treasurer

85 CROSS ST., MALDEN, MA 02148

Committee Mailing Address

Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

1421.94

Line 2: Total receipts this period (page 3, line 11)

1218.09

Line 3: Subtotal (line 1 plus line 2)

2640.03

Line 4: Total expenditures this period (page 5, line 14)

1278.29

Line 5: Ending Balance (line 3 minus line 4)

1361.74

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

650.73

Line 8: Name of bank(s) used: 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:

1-20-14

#### 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:

1/20/2014

## 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)
9/28/2013	ANTONIO CICOLINI, 470 MEDFORD ST, APT. 1, SOMERVILLE, MA 02145	150.00	
9/7/2013	JOHN ALLEN, 47 CEDAR ST, MALDEN, MA 02148	100.00	
9/7/2013	PIETRO CICOLINI (LOAN), 89 CROSS STREET, 2ND FLOOR, MALDEN, MA 02148	75.73	
9/8/2013	PIETRO CICOLINI (LOAN)	66.63	
9/14/2013	PIETRO CICOLINI (LOAN)	75.73	
9/16/2013	FLORINDO DICARLO, 11 ARLINGTON ST, WINCHESTER, MA 01890	100.00	
9/17/2013	DAVE SENATILAKA, 32 PERKINS AVE., MALDEN, MA 02148	150.00	
10/4/2013	PIETRO CICOLINI (LOAN)	75.00	
Line 9: Total Receipts over \$50 (or listed above)		793.09	
Line 10: Total Receipts \$50 and under* (not listed above)		425.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1218.09</b>	← 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

<b>Line 9:</b> Total Receipts over \$50 (or listed above)	--
<b>Line 10:</b> Total Receipts \$50 and under* (not listed above)	--
<b>Line 11:</b> 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
9/6/2013	ALL SET PRESS	121 MADISON ST, MALDEN MA 02148	LAWN SIGNS, RACK CARDS, CAMPAIGN STICKERS	821.81
9/6/2013	HOME DEPOT	3 MYSTIC VIEW RD. EVERETT, MA 02149	STANDOUT SIGN STAKES, DUCT TAPE	21.03
9/7/2013	NANA'S PIZZA	416 MAIN STREET, MALDEN, MA 02148	PIZZA FOR STANDOUT VOLUNTEERS	59.69
9/7/2013	STOP N' SHOP	99 CHARLES ST, MALDEN, MA 02148	CUPS, SCOOPERS, CONDIMENTS, TABLE CLOTHES FOR ICE CREAM SOCIAL	48.06
9/8/2013	STOP N' SHOP	99 CHARLES ST, MALDEN, MA 02148	ICE CREAM, CONES FOR ICE CREAM SOCIAL AT 59 GREEN ST	18.57
9/14/2013	NANA'S PIZZA	416 MAIN STREET, EVERETT, MA 02149	PIZZA FOR STANDOUT VOLUNTEERS	59.69
10/4/2013	ALL SEASONS TABLE	64 PLEASANT STREET, MALDEN, MA 02148	GIFT CERTIFICATE DONATION TO 59 GREEN ST FLEA MARKET RAFFLE	75.00
9/8/2013	PIETRO CICOLINI	89 CROSS STREET, MALDEN. MA 02148	REIMBURSEMENT (SEE ATTACHED)	142.36
Line 12: Total Expenditures over \$50 (or listed above)				1246.21
Line 13: Total Expenditures \$50 and under* (not listed above)				32.08
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				1278.29

\* 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)**

<b>Date Paid</b>	<b>To Whom Paid (alphabetical listing)</b>	<b>Address</b>	<b>Purpose of Expenditure</b>	<b>Amount</b>
N/A	N/A	N/A	N/A	N/A
			<b>Line 12: Expenditures over \$50 (or listed above)</b>	--
			<b>Line 13: Expenditures \$50 and under* (not listed above)</b>	--
	Enter on page 1, line 4 →		<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	--

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

\* 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
9/14/2013	PIETRO CICOLINI (LOAN)	89 CROSS STREET, 2ND FLOOR, MALDEN, MA 02148	LOAN TO COMM. FOR COFFEE AND PIZZA REFRESHMENT TO STANDOUT VOLUNTEERS	75.73
10/4/2013	PIETRO CICOLINI (LOAN)	89 CROSS STREET, 2ND FLOOR, MALDEN, MA 02148	LOAN TO COMMITTEE TO BUY GIFT CERTIFICATE DONATION TO THE FLEA MARKET RAFFLE	75.00
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	650.73



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 CICOUINI  
Committee Name: Committee to Elect Pietro Cicouini CPF ID #: \_\_\_\_\_  
Amount of Reimbursement: \$ 142.36 (CHK #104)  
Date of Reimbursement: 9/8/13

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
9/7/13	NANAS PIZZA - 416 MAIN ST EVERETT, MA 02149	pizza lunch for volunteers at stand out	59	69
9/7/13	Dunkin Donuts - 57 Eastern Ave Malden, MA 02148	coffee for volunteers at stand out	16	04
9/7/13	STOP n Shop - 99 Charles St Malden, MA 02148	cups, bowls, misc. supplies for ice cream social	48	06
9/8/13	Stop n Shop - 99 Charles St Malden, MA 02148	Ice cream & cones for ice cream social	18	57
Expenditures in excess of \$50 (listed above)			142	36
Expenditures \$50 and under (not listed above)			—	—
<b>TOTAL AMOUNT REIMBURSED</b>			<b>142</b>	<b>36</b>

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.