



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

2015 APR - 3 A 11: 06

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

CITY CLERK'S OFFICE
MALDEN, MASS.

Type of Report: (MALDEN, MASS.)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Jadeane Sica
Candidate Full Name (if applicable)

Ward 8 Councillor
Office Sought and District

12 Cleveland Street, Malden, MA 02148
Residential Address

Telephone Number (optional):

Committee to Elect Jadeane Sica
Committee Name

Camille Nappa
Name of Committee Treasurer

12 Cleveland Street, Malden, MA 02148
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="25.00"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="3840"/> 3290.
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="3865"/> 3315.
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="3270.00"/> 3270.
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="595"/> 355.
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="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="Eastern 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: Camille Nappa (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: Jadeane Sica (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)
11/01/13	Amendolare, Nicholas & Kristina 42 Stevens Street Revere, MA 02151 (donation)	60.	not applicable
11/01/13	Beechin, Scott J. 23 Brook Street Malden, MA 02151 (donation)	100.	not applicable
11/01/13	Caruso, Paul A. 12 Crownenshield Street, #613 Peabody, MA 01960 (donation)	100.	not applicable
11/01/13	City Line Brokers, LTD 495 Broadway, Route 99 Malden, MA 02148 (donation)	300.	495 Broadway, Route 99 Malden, MA 02148
11/01/13	DeAvilla, Amy Cronin, Thomas (donation) 42 Wicklow Street, Malden, MA 02148	60.	not applicable
11/01/13	Defeo-Bocchino, Evelyn M. 201 Falcon Street E. Boston, MA 02148 (donation)	60.	not applicable
11/01/13	Grossi, Maureen 34B Aborn Stree Peabody, MA 01960 (donation)	75.	not applicable
11/01/13	Luke, Ronald & Darlene 39 Delta Terrace Malden, MA 02148 (donation)	60.	not applicable
11/01/13	Paul's Home Service 7 Strout Avenue Lynnfield, MA 01960 (donation)	100.	not applicable
11/01/13	Paul E. Tesone, DDS, Inc. 563 Broadway, Suite 4 Everett, MA 02149 (donation)	120.	not applicable
11/01/13	Romano, Carmine 9660 Old Redwood Windsor, CA 95492 (donation)	120.	not applicable
10/20/13	Jadeane Sica 12 Cleveland Street Malden, MA 02148 (loan)	900.00	Dental Assistant Middlesex Oral Surgery Malden, MA 02148
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)		1,235.00	
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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
11/01/13	Toscano, Almee & Frank 19 Maynard Street Malden, MA 02148 (donation)	60.	not applicable
11/01/13	Walcott, Darci (donation) c/o City of Malden Credit Union 200 Pleasant Street, Malden, MA 02148	60.	not applicable
10/20/13	Jadeane Sica 12 Cleveland Street Malden, MA 02148 (loan)	430 410.	Dental Assistant Middlesex Oral Surgery Malden, MA 02148

Line 9: Total Receipts over \$50 (or listed above)	2,105 ⁰⁰ 2035.
Line 10: Total Receipts \$50 and under* (not listed above)	1235.
Line 11: TOTAL RECEIPTS IN THE PERIOD	3,840 ⁰⁰ 3,290. ← 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
11/01/13	Henry's Catering	562 Broadway Malden, MA 02148	Hall and Food for Fundraiser	1650.
11/02/13	Jadeane Sica	12 Cleveland Street Malden, MA 02148	reimbursement of loan of \$410.00 and \$760.00 430	1190 1310
10/20	all Set Press		Signs + Literature	430
Line 12: Total Expenditures over \$50 (or listed above)				2960.
Line 13: Total 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			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 →

* 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
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				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
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	



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: <input style="width: 90%;" type="text" value="various dates"/>
Name of Individual Being Reimbursed:	<input style="width: 90%;" type="text" value="Jadeane Sica"/>
Committee Name:	<input style="width: 90%;" type="text" value="Committee to Elect Jadeane Sica"/>
CPF ID Number (if applicable):	<input style="width: 20%;" type="text"/> Telephone Number (optional): <input style="width: 70%;" type="text" value="7813241675"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/02/13	Chamber of Commerce	200 Pleasant Street Malden, MA 02148	Annual Breakfast	25.
11/02/13	Party City	Route One Saugus, MA 01906	Balloons for Fundraiser	25.
11/02/13	Restaurant Depot	Chelsea, MA	dessert for fundraiser	40.
11/02/13	All Set Press	121 Madison Street Malden, MA 02148	Campaign signs	760.
11/02/13	All Set Press	121 Madison Street Malden, MA 02148	Campaign signs	430.

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text" value="1310."/>
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 90%;" type="text" value="1310."/>

Signed under the penalties of perjury:

 Signature of Candidate / Treasurer	 Date: <input style="width: 80%;" type="text"/>
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Please prepare a separate report for each reimbursement check issued by the committee.

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
09/03/13	City of Malden	200 Pleasant Street Malden, MA 02148	Extracts	20.
10/04/13	City of Malden	200 Pleasant Street Malden, MA 02148	Extracts	10.
Page 2 Total (add to Line 1 on Page 1):				30.