



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

REGISTRAR OF VOTERS

2015 OCT 26 A 9:02

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

CITY OF MEDFORD

Fill in dates:

Reporting Period Beginning ^{Month} AUGUST ^{Date} 16 ^{Year} 2015 Ending ^{Month} OCTOBER ^{Date} 16 ^{Year} 2015

Type of report: (Check one)

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

Full Name of Candidate (if applicable)

RICHARD F. CARAVIELLO

Office Sought and District

CITY COUNCIL

Residential Address

74 PRESOTT STREET

Tel. No. (optional)

Committee Name

COMMITTEE TO ELECT RICHARD F. CARAVIELLO

Name of Committee Treasurer

CHARLES JI CIAMPAGLIA

Committee Mailing Address

74 PRESOTT STREET

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 14,971.96
Line 2: Total receipts this period (page 2, line 11)	\$ 350.00
Line 3: Subtotal (line 1 plus line 2)	\$ 15,321.96
Line 4: Total expenditures this period (page 3, line 14)	\$ 6,668.97
Line 5: Ending balance (line 3 minus line 4)	\$ 8,652.99
Line 6: Total in-kind contributions this period (page 4)	\$ 0
Line 7: Total (all) outstanding liabilities (page 4)	\$ 0
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 (in ink)

OCTOBER 26, 2015

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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 signature (in ink)

OCTOBER 26, 2015

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.

This page may be copied 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)
8/25/2015	ALPHONSE R. FREZZA 19 WILKIS AVE. MEDFORD, MA 02155	200	00	RETIRED
9/4/2015	STEVEN GARFINKEL 465 GLEN ROAD WESTON, MA 02493	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		300	00	
Line 10: Total receipts \$50 and under* (not listed above)		50	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		350	00	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.

This page may be copied 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
8/27/2015	AMICI ASSOCIATION	17 REARDON ROAD MEDFORD, MA. 02155	ADD BOOK	100 00
9/20/2015	CARAVIELLO, RICHARD	74 PRESOTT STREET MEDFORD, MA. 02155	REFUND FOR COMMUNITY DAY ICE CREAM	231 00
9/24/2015	CONNOLLY PRINTING	178 GILL STREET WOBURN, MA. 01801	PRINTING SERVICES	4,318 27
10/16/2015	CONNOLLY PRINTING	178 GILL STREET WOBURN, MA. 01801	PRINTING SERVICES	360 00
8/27/2015	FRIENDS OF MFN	489 WINTHROP ST. MEDFORD, MA. 02155	DONATION	100 00
9/9/2015	MARKS, MICHAEL	37 WELLINGTON RD. MEDFORD, MA. 02155	CAMPAIGN DONATION	75 00
8/16/2015	MEDFORD CELEBRATION COMMITTEE	CITY HALL MEDFORD, MA. 02155	PARADE DONATION	400 00
9/9/2015	MEDFORD F.F. COMMITTEE	340 SALEM ST. MEDFORD, MA. 02155	DONATION	125 00
8/16/2015	MEDFORD KIWANIS	P.O. Box 478 MEDFORD, MA. 02155	JAIL DAY	200 00
8/16/2015	MEDFORD ROTARY CLUB	64 SALEM ST. MEDFORD, MA. 02155	ADD BOOK	100 00
8/16/2015	MHS VARSITY FOOTBALL	489 WINTHROP ST. MEDFORD, MA. 02155	ADD BOOK	110 00
8/16/2015	PENTA COMMITTEE	ZERO SUMMIT RD. MEDFORD, MA. 02155	CAMPAIGN DONATION	100 00
10/16/2015	RASO'S GRILLE	209 MYSTIC ST. MEDFORD, MA. 02155		224 70
8/27/2015	ST. JOSEPH'S PARISH	118 HIGH ST. MEDFORD, MA. 02155	DONATION	100 00
			Line 12: Expenditures over \$50	6,543 97
			Line 13: Expenditures \$50 and under*	125 00
			Line 14: TOTAL EXPENDITURES	6,668 97

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	0
			Line 16: In-kind \$50 and under	0
			Line 17: Total In-kind	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: OUTSTANDING LIABILITIES (ALL)	0