



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/13 Ending Date: 10/28/13

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

CATHERINE BORDONARO  
Candidate Full Name (if applicable)

SCHOOL COMMITTEE WARD 7  
Office Sought and District

20 WYETH ST. MALDEN MA 02148  
Residential Address

Telephone Number (optional): \_\_\_\_\_

COMMITTEE OF CATHERINE BORDONARO  
Committee Name

ROBERT BORDONARO  
Name of Committee Treasurer

17 EARLEY RD. PEABODY MA 02148  
Committee Mailing Address

Telephone Number (optional): 617-839-2969

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>2,125.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2,125.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1,266.78</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>858.30</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>CENTURY BANK</u>

RECEIVED  
CITY CLERK'S OFFICE  
MIDDLEBOROUGH, MASS.  
2013 NOV - 5  
A 11:42

**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: 10 28 13

**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: 10.28.13

## 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
10/9	ANTHONY'S FUNCTION HALL	107 CANAL ST MALDEN MA 02148	HALL RENTAL	600.00
8/23	FLYERS UNLIMITED	271 SALEM ST. UNIT 5 ROBURN MA 01801	PISTOLS	108.38
10/16	HOME DEPOT	3 MYSTIC VIEW RD. EVERETT MA 02149	WOOD STAIRS	24.44
9/18	HOME DEPOT	3 MYSTIC VIEW RD. EVERETT MA 02149	CABLE TIES	10.56
10/23	OFFICE MAX	11 MYSTIC VIEW EVERETT MA 02149	LTR 35 (PHOTOCOPIES)	13.28
8/29	PISA PIZZA	PEARL ST. MALDEN MA 02148	PIZZA (SUFFOLK MARR.)	96.70
10/19	PISA PIZZA	PEARL ST. MALDEN MA 02148	PIZZA (LUNCH/SEEN HOLDERS)	57.07
8/21	POST OFFICE (MALDEN) USPS	WASHINGTON MALDEN MA 02148	STAMPS	46.00
10/22	POST OFFICE (MALDEN) USPS	WASHINGTON MALDEN MA 02148	STAMPS	46.00
9/19	POST OFFICE (MALDEN) USPS.	WASHINGTON MALDEN MA 02148	STAMPS	18.40
8/26	STAPLES	444 BROADWAY SAUGUS MA 01906	BW LTR STD	12.43
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total 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 B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
8/29	STOP N SHOP #262	MALDEN MA 02148	PLATES/ HAPPENS	6.01
8/29	SUFFOLK MANOR	312 BAYANT ST. MALDEN MA 02148	HALL RENTAL	75.00
10/24	WALGREEN'S	317 FEARY ST. EVERETT MA 02149	BLUE FLORAL PLATTER	12.73
10/16	VISTA PRINT	95 HAYDEN AVE LEXINGTON MA	POST CARDS	139.20

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

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

Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD** 1,266.70

\* 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 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)
10/9	CARROLLS, JEFFERY 77 SUFFOLK ST. MALDEN MA 02148	100. <sup>00</sup>	
10/9	DALLARD, DAVEN 65 CHELSEA ST. CHARLSTOWN MA 02129	70. <sup>00</sup>	
10/9	BENNETT, SEBAST 85 HAMMERSMITH DR. SAUGUS MA 01906	100. <sup>00</sup>	
10/9	BROWN, DANA 171 CHERRY ST. MALDEN MA 02148	70. <sup>00</sup>	
10/9	BORDONARO, ROBERT 17 EARLEY RD. SEABOARD MA 01960	100. <sup>00</sup>	
10/9	BORDONARO, SALVATORE 284 WASHINGTON MALDEN MA 02148	100. <sup>00</sup>	
10/9	CICCOLINI, PIETRO 89 CAUSS ST. MALDEN MA 02148	30. <sup>00</sup>	
10/9	DARBY, PAUL 30 SIMWOOD AVE SAUGUS MA 01906	70. <sup>00</sup>	
10/9	DE DOMENICO, GEORGE 8 ADELARDO AVE SAUGUS MA 01906	50. <sup>00</sup>	
10/9	FEDERICO, ANNE MARIE 7 FULLER BOND RD. MIDDLETON MA 01949	50. <sup>00</sup>	
10/9	JOYCE, PAUL 317 GILBERT ST. MALDEN MA 02148	50. <sup>00</sup>	
10/9	LACIASSA, JAMES 504 PENNINGTON ST. E. BOSTON MA 02128	50. <sup>00</sup>	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
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)
10/9	LAVINE, JOSEPH 395 CHARLES ST. MALDEN MA 02148	70. <sup>00</sup>	
10/9	MANIFF, NATHAN 135 LINCOLN ST. REVERE MA 02151	50. <sup>00</sup>	
10/9	MANIFF, SARAH 135 LINCOLN ST. REVERE MA 02151	35. <sup>00</sup>	
10/9	MORTON, ELIZABETH 3 HENRY ST. MALDEN MA 02148	70. <sup>00</sup>	
10/9	PANNILLO, CONSTANTINO 8 CONRY ST. EVERETT MA 02149	35. <sup>00</sup>	
10/9	PEARL, LAURA 109 HIGH ST. MALDEN MA 02148	50. <sup>00</sup>	
10/9	PEOPRE, FRANK 4 CLIFF AVE WINTHROP MA 02152	200. <sup>00</sup>	SELF EMPLOYED
10/9	QUIBLY, THOMAS 15 SPARLEY RD. PEABODY MA	70. <sup>00</sup>	
10/9	QUIBLY, JOSEPH 3 UNDER AVE. WINTHROP MA 02152	70. <sup>00</sup>	
10/9	REARDON, STEPHANIE 3 OVERLOOK RD. WARFIELD MA 01880	50. <sup>00</sup>	
10/9	REVERA BLANK'S 123 BRUNSON ST. MALDEN MA 02148	35. <sup>00</sup>	
10/9	ROJATONÉ, FRANCESCO 18 ELLIS ST. MALDEN MA 02148	40. <sup>00</sup>	
10/9	SEAR O'LEA, RICHARD 10 HOWE ST. SOMERVILLE MA 02145	350. <sup>00</sup>	SELF CONTRACT
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
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)
10/9	SULLIVAN, DAVID 1201 S OCEAN BL. HOLLYWOOD FL. 33019	100. <sup>00</sup>	
10/9	TALBOT, BENJAMIN 23 ABERDEEN AVE. PEABODY MA 01960	35. <sup>00</sup>	
10/9	WELBAT, ADAM 90 HILL MALDEN MA 02148	25. <sup>00</sup>	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>2,125.<sup>00</sup></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 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
10/19	MADISON GROUP	300 BROADWAY JUSTICE PO BOX 231 REVERE MA 02151	SIGNAGE/ WIRE STAKES	2,383.00
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				2,383.00

## 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)				
<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				

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.