



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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CITY OF MALDEN OFFICE
MALDEN, MASS.

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/31/17 Ending Date: 1/31/18

Type of Report: (Check one)

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

Scott Thomas Ciccone
Candidate Full Name (if applicable)
Ward 7 City Councillor - Malden
Office Sought and District
97 Harvard St. Malden, MA 02148
Residential Address
E-mail: Sciccone10@gmail.com
Phone # (optional): _____

Committee to Elect Scott Ciccone
Committee Name
Ryan Graham
Name of Committee Treasurer
99 Harvard St. Malden, MA 02148
Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$ 3214.74
Line 2: Total receipts this period (page 3, line 11)	\$ 930
Line 3: Subtotal (line 1 plus line 2)	\$ 4144.74
Line 4: Total expenditures this period (page 5, line 14)	\$ 4143.23
Line 5: Ending Balance (line 3 minus line 4)	\$ 1.51
Line 6: Total in-kind contributions this period (page 6)	_____
Line 7: Total (all) outstanding liabilities (page 7)	\$ 1500
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: _____

(Treasurer's signature)

Date: 20 FEB 19

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: 2/26/19

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)
10/30/17	Cassidy, Nancy 11 Avon Street, #2 Somerville, MA 02143	\$100	
11/6/17	Ciccione, Scott 97 Harvard Street Malden, MA 02148	\$500	Program Coordinator Commonwealth of Massachusetts

Line 9: Total Receipts over \$50 (or listed above)	
Line 10: Total Receipts \$50 and under* (not listed above)	\$330
Line 11: TOTAL RECEIPTS IN THE PERIOD	\$930

← 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
11/11/17	Gorecki, Michael	48 Lowell Street Malden, MA 02148	Reimbursement	\$12.72
11/11/17	Lungo, John	209 Eastern Ave. Malden, MA 02148	Signage and Food reimbursement	\$419.51
11/2/17	MRP- State	85 Merrimac St., Str 400 Boston, MA 02114	Mailing reimbursement	\$3450
11/15/17	Political Marketing, Inc	P.O. Box 698 Marianna, FL 32447	Political marketing	\$150
11/1/17	Robinson, Paul	312 Bryant Street Malden, MA 02148	Suffolk Manor Dinner	\$75
1/31/18	Century Bank	140 Ferry street Malden, MA 02148	Bank fee	\$36
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$4143.23

* 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 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
11/6/17	Ciccone, Scott	97 Harvard St. Malden, MA 02148	Candidate loan	\$500
4/10/17	Ciccone, Scott	97 Harvard St. Malden, MA 02148	Candidate loan	\$1000
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$1500