



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERK
GLOUCESTER, MA

15 OCT 26 2015

File with: City or Town Clerk or Election Commission

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

Type of Report: (Check one)

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="471.35"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="2,505"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="2,976.35"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="836.17"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="2,190.38"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="16.17"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="1,320.51"/>
Line 8: Name of bank(s) used:	<input type="text" value="Institution for Savings, 93 State St., Newburyport, MA 01950"/>

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:

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:

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)
Sep 11, 2015	Ackerman, Carol & Jerry 353 Western Av. Gloucester, MA 01930	25	
Sep 27, 2015	Baker, Patricia J. 50 Preston Point Rd. Gloucester, MA 01930	100	
Aug 19, 2015	Bell, Mac P.O. Box 1637 Gloucester, MA 01931	100	
Sep 20, 2015	Blank, Dale P.O. Box 1311 Gloucester, MA 01930	50	
Sep 26, 2015	Burke, David 8 Old Salem Rd. Gloucester, MA 01930	200	Retired
Oct 1, 2015	Coolidge, Linzee 19 Mussel Point Way Gloucester, MA 01930	100	
Oct 4, 2015	Eastland, Alice & Christopher 7 Whale Rocks Rd. Gloucester, MA 01930	100	
Sep 20, 2015	Gallagher, Karen 34 Atlantic St. Gloucester, MA 01930	50	
Oct 3, 2015	Hoglander, Judith & Harry 5A Curlew Ct. Gloucester, MA 01930	50	
Sep 20, 2015	Holgren, Jennifer 385 Magnolia Av. Gloucester, MA 01930	50	
Oct 13, 2015	Khambaty, Lynne M. 6 Flume Rd. Gloucester, MA 01930	100	
Sep 11, 2015	Lawrence, Jonathan B. 21 Fernwood Lake Av. Gloucester, MA 01930	500	Owner, Sonolite Plastics, 10 Fernwood Lake Av., Gloucester, MA 01930
Line 9: Total Receipts over \$50 (or listed above)		1,525	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,525	← 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)
Oct 3, 2015	Lieberman, Sarah & Martin 27 Watertown St. Lexington, MA 02421	50	
Sep 20, 2015	MacNeill, Maureen & Terrence 7 Gregory Ln. Wayland, MA 01778	100	
Oct 3, 2015	Martin, Robert 18 Two Penny Ln. Gloucester, MA 01930	25	
Oct 8, 2015	Matz, Eileen & Robert 70 Atlantic St. Gloucester, MA 01930	100	
Oct 9, 2015	McGurk, Dennis 283 Concord St. Gloucester, MA 01930	50	
Sep 21, 2015	Nogelo, Sinikka & Joseph 608 Western Av. Gloucester, MA 01930	100	
Sep 30, 2015	Riber, Minna & Michael 1355 Kelglen Ln. Vista, CA 92084	50	
Oct 3, 2015	Roach, Patricia A. 18 Two Penny Ln. Gloucester, MA 01930	25	
Sep 29, 2015	Ronan, Sandra & John 5 Magnolia Av. Gloucester, MA 01930	50	
Sep 25, 2015	Stempel, Jane & Jay P.O. Box 660 Gloucester, MA 01931	200	Retired
Sep 13, 2015	Weiner, Barry 3A Curlew Ct. Gloucester, MA 01930	200	Partner, Ruberto, Israel & Weiner, P.C. 255 State Street, 7th Floor Boston, MA 02109
Sep 20, 2015	Williams, Michelle 53 Concord St. Gloucester, MA 01930	5	
Sep 27, 2015	Wise, Enid & David 5 Brooks Rd. Rockport, MA 01966	25	
Line 9: Total Receipts over \$50 (or listed above)		980	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,505	← 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
Sep 15, 2015	Amazon	online purchase	printer ink cartridge	56.41
Sep 15, 2015	Gloucester, City of	9 Dale Av. Gloucester, MA 01930	voter list & reverse directory	50
Sep 13, 2015	Gloucester, Democratic City Committee	P.O. Box 111 Gloucester, MA 01930	wine & cheese party	125
Oct 16, 2015	Pirya	online purchase	transaction fees for online contributions	50.2
Oct 16, 2015	Seaside Graphics	One Stop Business Center 33 Railroad Ave Gloucester, MA 01930	printed campaign materials	400.38
Line 12: Total Expenditures over \$50 (or listed above)				681.99
Line 13: Total Expenditures \$50 and under* (not listed above)				154.18
Line 14: TOTAL EXPENDITURES IN THE PERIOD				836.17

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
Sep 22, 2015	Maryann F. Hargrove	26 Lawndale Circle Gloucester, MA 01930	postage for thank you notes	16.17
Line 15: In-Kind Contributions over \$50 (or listed above)				16.17
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				16.17

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. Page 6

