



Commonwealth of Massachusetts

CITY CLERK
GLOUCESTER, MA

2020 JAN 21 PM 4:02

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: Oct 19, 2019 Ending Date: Dec 31, 2019

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

Melissa Cox
Candidate Full Name (if applicable)

Councilor at large
Office Sought and District

45 Warner St, Gloucester, MA 01930
Residential Address

E-mail: melissacox4council@gmail.com

Phone # (optional): _____

Campaign to Elect Melissa Cox
Committee Name

Jessica Biker
Name of Committee Treasurer

45 Warner St, Gloucester, MA 01930
Committee Mailing Address

E-mail: melissacox4council@gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	1,263.75
Line 2: Total receipts this period (page 3, line 11)	1,449.03
Line 3: Subtotal (line 1 plus line 2)	2,712.78
Line 4: Total expenditures this period (page 5, line 14)	1,446.78
Line 5: Ending Balance (line 3 minus line 4)	1,266
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Cape Ann Savings

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 of or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Jessica Biker (Treasurer's signature) Date: 1/17/2020

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Melissa Cox (Candidate's signature) Date: 1/17/2020

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)
Oct 30, 2019	Francis Aliberte 10 Cedar Lane Gloucester	25	
Dec 9, 2019	Mac Bell 33 Dollivers Lane Gloucester	133	
Nov 2, 2019	Melissa Cos (reimbursement) 45 Warner St Gloucester	50.26	
Nov 2, 2019	Peg Dillon 10 Wells Street Gloucester	100	
Nov 18, 2019	Robert Gillis Jr 31 Sayward St Gloucester	100	
Nov 2, 2019	Carl Gustin Curlew Crt 9B Gloucester	100	
Oct 21, 2019	Ruth Pino 83 Wheeler St Gloucester	100	
Oct 31, 2019	Geoff Richon 15 Woodbury Gloucester	100	
Nov 14, 2019	Greg Verga Committee 381 Essex Ave Gloucester	100	
Oct 26, 2019	Barry Weiner Curlew Crt 3A Gloucester	100	
Oct 22, 2019	Richard Wilson 12 Village Rd Gloucester	250	Retired
Line 9: Total Receipts over \$50 (or listed above)		1,158.26	
Line 10: Total Receipts \$50 and under* (not listed above)		290.77	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,449.03	← 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)
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 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
Oct 25, 2019	Boyd's Direct	1008 Maple St Stoneham, MA 02180	Campaign Mailings	910.29
Nov 11, 2019	Melissa Cox (reimbursement)	45 Warner St Gloucester	Reimbursement, campaign supplies	50.26
Nov 1, 2019	Gloucester Rotary Club	PO Box 1228 Gloucester	Donation	100
Oct 23, 2019	K & D Signs	PO Box 211 Rockport, MA 01960	Campaign materials	211.28
Dec 17, 2019	US Post Office	Dale Ave Gloucester	Stamps for mailings	77
Line 12: Total Expenditures over \$50 (or listed above)				1,348.83
Line 13: Total Expenditures \$50 and under* (not listed above)				97.95
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,446.78

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.



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

2020 JAN 21 PM 4:02
CITY CLERK
WINDHAM, MA

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 type="text" value="Nov 11, 2019"/>
Name of Individual Being Reimbursed:	<input type="text" value="Melissa Cox"/>
Committee Name:	<input type="text" value="Campaign to elect Melissa Cox"/>
CPF ID Number (if applicable):	<input type="text"/>
Telephone Number (optional):	<input type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input type="text"/>
Line 2: Expenditures \$50 or under (not itemized):	<input type="text" value="50.26"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input type="text" value="50.26"/>

Signed under the penalties of perjury:

Melissa Cox *[Signature]*

Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.