



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

CITY OF PEABODY

File with:
City or Town Clerk or Election Commission

2010 JAN 20 P 3: 25

Please print or type all information, except signatures.

CITY CLERK

Fill in dates:

Reporting Period Beginning October 23, 2009 Ending December 31, 2009

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)

Edward A. Bettencourt Jr.

Office Sought and District

City of Peabody, Councilor-at-Large

Residential Address

1 America Drive, Peabody, MA 01960

Tel. No. (optional)

Committee Name

Committee to Elect Ted Bettencourt

Name of Committee Treasurer

Denise J. Licata

Committee Mailing Address

1 America Drive, Peabody, MA 01960

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 12,385.12

Line 2: Total receipts this period (page 2, line 11) \$ 1,420.00

Line 3: Subtotal (line 1 plus line 2) \$ 13,805.12

Line 4: Total expenditures this period (page 3, line 14) \$ 2,039.66

Line 5: Ending balance (line 3 minus line 4) \$ 11,765.46

Line 6: Total in-kind contributions this period (page 4) \$ _____

Line 7: Total (all) outstanding liabilities (page 4) \$ _____

Line 8: Name of bank(s) used TD BANK, N.A.

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:

Denise Licata

Treasurer's signature (in ink)

1/20/10

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:

Edward A. Bettencourt Jr.

Candidate signature (in ink)

1-20-10

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)
10/16/09	Joaquim B.R. Cunha 3 Franklin Pierce Dr., Peabody, MA.	100	00	
11/1/09	Sean O'Neill 114 Birch St., Peabody, MA.	500	00	Tradesman, Self-employed
11/1/09	John Zirpolo 111 Birch St., Peabody, MA.	500	00	Tradesman, Self-employed
Line 9: Total receipts in excess of \$50 (or listed above)		1,100	00	
Line 10: Total receipts \$50 and under* (not listed above)		320	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,420	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	
11/6/09	Edward A. Bettencourt	7 Sylvia Rd Peabody, MA. 01960	Reimbursement (See R1)	315	07
11/6/09	Edward A. Bettencourt Jr.	1 America Dr. Peabody, MA. 01960	Reimbursement (See R1)	229	59
10/27/09	Peabody Post Office	Peabody, MA. 01960	Stamps	1,400	00
Line 12: Expenditures over \$50				1,944	66
Line 13: Expenditures \$50 and under*				95	00
Line 14: TOTAL EXPENDITURES				2,039	66

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	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

* 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)	



Form CPF R 1 : Itemization of Reimbursements Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

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.

Name of Individual Being Reimbursed: Edward A. Bettencourt

Committee Name: Committee to Elect Ted Bettencourt CPF ID #: _____

Amount of Reimbursement: \$315.07

Date of Reimbursement: 11/6/09

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
10/2/09	Market Basket 139 Endicott St., Danvers, MA 01923	Food for Campaign Event	67	65
10/2/09	Costco Wholesale Newbury St. (Rte 1) Danvers, MA 01923	Food for Campaign Event	105	47
11/2/09	Costco Wholesale Newbury St. (Rte 1) Danvers, MA 01923	Food for Election Day	124	96
11/3/09	Dunkin Donuts 527 Lowell St., Peabody, MA 01960	Coffee for Election Day	16	99
Expenditures in excess of \$50 (listed above)			315	07
Expenditures \$50 and under (not listed above)			-	-
TOTAL AMOUNT REIMBURSED			315	07

Signed under the penalties of perjury:

Alexis Liata 11/20/10
Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.



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Please print or type all information, except signatures.

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.

Name of Individual Being Reimbursed: Edward A. Bettencourt Jr.

Committee Name: Committee to Elect Ted Bettencourt CPF ID #: _____

Amount of Reimbursement: \$ 229.59

Date of Reimbursement: 11 / 6 / 09

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
10/3/09	Hannaford 637 Lowell St., Peabody, MA.	Food, Supplies For Campaign Event	62	66
10/14/09	Post office Cummings Center, Beverly, MA	Stamps	132	00
Expenditures in excess of \$50 (listed above)			194	66
Expenditures \$50 and under (not listed above)			34	93
TOTAL AMOUNT REIMBURSED			229	59

Signed under the penalties of perjury:

11/20/10

 Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.