



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF PEABODY

2015 OCT 26 A 10:08

CITY CLERK

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="6211.90"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="8855.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="15066.90"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="2852.95"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="12,213.12"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="500.00"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="5386.37"/>
Line 8: Name of bank(s) used:	<input type="text" value="Santander"/>

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)
4/26/15	Janet Vincze 1 Eisenhower Ln North Reading, MA 01864	200.00	Retired
"	Jacques D. Jean 26 Regis Rd. Mattapan, MA 02126	150.00	
"	M. Ellen Fitzgerald 46 Dexter St. Peabody, MA 01960	100.00	
"	Sean Fitzgerald 6 Elaine Ave Peabody, MA 01960	100.00	
"	Regla Gonzalez 91 Annafran St. Roslindale, MA 02131	100.00	
"	Enold Benjamin 18 Bowdoin St. #5 Malden, MA 02148	100.00	
"	Paul Prevey 26 Tremont St. Salem, MA 01970	100.00	
"	Pamela Valentine 21 Gunnison Rd. Boxford, MA 01921	100.00	
"	Devon Manchester 17 Wheeler Ave Melrose, MA 02176	100.00	
"	Ryan Allen 297 Lynnfield St. Peabody, MA 01960	100.00	
"	Hannah Kane 32 Main Circle Shrewsbury, MA 01545	100.00	
"	Mindy McKinzie Hebert 5 Woodchuck Hill Rd. Shrewsbury, MA 01545	100.00	
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)
10/19/15	Ann Marie D'Angelo 18 Hill Farm Rd. Pembroke, MA 02359	200.00	Nurse
10/19/15	David Modica 11 Elizabeth Rd. Marblehead, MA	250.00	Owner, Santarpio's Pizza
10/19/15	The Blodgett Committee	100.00	
10/19/15	Van Tsoulos 30 Coleman St. Peabody, MA 01960	100.00	
10/19/15	George Soteropoulos 7 Quail Rd. Peabody, MA 01960	100.00	
10/6/15	Todd Buckley 379 Lowell St. Peabody, MA 01960	100.00	
9/15/15	Judy Buckley 1 Cedar Grove Peabody, MA	100.00	
4/26/15	George Soteropoulos 7 Quail Rd. Peabody, MA 01960	50.00	
10/19/15	Jo-Ann Mitchell 6 Sasha Circle Peabody, MA 01960	100.00	
10/19/15	David Gravel 20 Tara Rd. Peabody, MA 01960	100.00	
10/19/15	Paul Noonan 170 Essex St. Peabody, MA 01960	100.00	
4/26/15	Charles Cole 369 Lynnfield St Peabody, MA 01960	100.00	
9/15/15	Robert Wood 298 Farm Ave Peabody, MA 01960	200.00	Owner, Wood Trucking
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)
4/26/15	Sandra Tassinari 10 Wildwood Dr. Peabody, MA 01960	50.00	
10/19/15	Sandra Tassinari 10 Wildwood Dr. Peabody, MA 01960	35.00	
4/26/15	John Webster 3 Samos Circle Peabody, MA 01960	50.00	
10/19/15	John Webster 3 Samos Circle Peabody, MA 01960	40.00	
4/26/15	The Manning Committee PO BOX 4444 Salem, MA 01970	100.00	
10/19/15	Mary-Ellen Manning 80 Lowell St. Peabody, MA 01960	100.00	
4/26/15	Robert Manning 218 North St. North REading, MA 01864	50.00	
10/19/15	Robert Manning 218 North St. North Reading, MA 01864	50.00	
5/18/15	Jaclyn Corriveay 56 Lynn St. #2 Peabody, MA 01960	300.00	Accounts Receivable American Renal Associates 500 Cummings Center, Beverly MA01915
4/26/15	John F. McCarthy Jr 1 Pierce Rd. Peabody, MA 01960	100.00	
10/19/15	John F. McCarthy Jr. 1 Pierce Rd. Peabody, MA 01960	50.00	
5/18/15	Julie Cheimets 12 Proctor Circle Peabody, MA 01960	100.00	
5/18/15	Kenneth Colby 21 A North Central St. Peabody, MA 01960	100.00	
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)
4/26/15	Tom Lyons 35 Glen Dr. Peabody, MA 01960	75.00	
4/26/15	Ron Bogan 19 Seaview Ave Danvers, MA 01923	75.00	
4/26/15	Edna Etienne 64 Elm St. Canton, MA 02021	100.00	
4/26/15	John Manning 2 Kingdon Terr Peabody, MA 01960	50.00	
10/19/15	John Manning 2 Kingdom Terr Peabody, MA 01960	100.00	
4/26/15	Deb Karamas 14 Sandra Rd. Peabody, MA 01960	100.00	
4/26/15	Mike Bonfanti 7 Dana Rd. Peabody, MA 01960	50.00	
10/19/15	Mike Bonfanti 7 Dana Rd. Peabody, MA 01960	50.00	
4/26/15	Harold Pettipas 44 Dexter St. Peabody, MA 01960	50.00	
10/19/15	Harold Pettipas 44 Dexter St. Peabody, MA 01960	50.00	
4/26/15	Mary Cole 369 Lynnfield St. Peabody, MA 01960	100.00	
4/26/16	Kate Fabrizio 23 Margaret Rd Peabody, MA 01960	200.00	Realtor, REMAX
10/19/15	Kate Fabrizio 23 Margaret Rd. Peabody, MA 01960	100.00	Realtor, REMAX
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)
4/26/15	John Martin 37 Dexter St. Peabody, MA 01960	200.00	Engineer, MBTA
10/19/15	Jaclyn Corriveau 56 Lynn St. #2 Peabody, MA 01960	50.00	Accounts Receivable American Renal Associates 500 Cummings Center, Beverly MA 01915
10/19/15	Nick Decoulos 7 Felton Terr Peabody, MA 01960	100.00	
10/19/15	Sharyn Chamberlain 35 Dexter St. Peabody, MA 01960	100.00	
10/19/15	Maureen Lynch 44 Ellsworth Rd. Peabody, MA 01960	100.00	
Line 9: Total Receipts over \$50 (or listed above)		5725.00	
Line 10: Total Receipts \$50 and under* (not listed above)		3130.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		8855.00	← 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.

(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
3/23/15	US POST OFFICE	4 Essex Center Dr. Peabody, MA 01960	Postage	98.00
4/20/15	Wardhurst Restaurant	31 Lynnfield St. Peabody, MA 01960	Meals for Volunteers	57.44
5/21/15	Santander Bank		Fee	8.40
7/14/15	Graphic Island Inc	8061 186th St. Trinley Park, IL 60487	Bumper Stickers	119.95
8/10/15	Discount Mugs	DiscountMugs.com	Recycled Campaign Bags	368.00
9/11/15	Serigraphics	108 Newburyport Turnpike Rowley, MA 01969	T-Shirts	194.00
9/27/15	Staples	230 Independence Way Danvers, MA 01923	Postage	68.52
10/6/15	Promo Printing	5133 West Cypress St. Tampa, FL 33607	Campaign Literature	434.00
10/9/15	Promo Printing	5133 West Cypress St. Tampa, FL 33607	Campaign Literature	420.72
10/19/15	Santarpio's	71 Newbury St. Peabody, MA 01960	Pizza Fundraiser	207.23
10/20/15	Promo Printing	5133 West Cypress St. Tampa, FL 33607	Campaign Mailer	801.69
10/25/15	Facebook		Advertisement	75.00
Line 12: Total Expenditures over \$50 (or listed above)				2852.95
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

