



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF PEABODY

2017 OCT 26 A 11: 08

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 03/18/2017 Ending Date: 10/25/2017

Type of Report: (Check one)

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

Stephen F. Collins III
Candidate Full Name (if applicable)

Councilor - At - Large (City Wide)
Office Sought and District

21 Coolidge Ave Peabody, MA 01960
Residential Address

Telephone Number (optional):

C.T.E. Stephen F. Collins III
Committee Name

Sarah Tammaro
Name of Committee Treasurer

P.O. Box 168 Peabody, MA 01960
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

| | |
|--|-----------------------------------|
| Line 1: Ending Balance from previous report | <u>0</u> |
| Line 2: Total receipts this period (page 3, line 11) | <u>\$ 8,875.00</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>\$ 8,875.00</u> |
| Line 4: Total expenditures this period (page 5, line 14) | <u>\$ 8,678.55</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>\$ 196.45</u> |
| Line 6: Total in-kind contributions this period (page 6) | <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 7) | <u>0</u> |
| Line 8: Name of bank(s) used: | <u>Luso American Credit Union</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: Sarah Tammaro (Treasurer's signature) Date: 10-25-2017

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: Stephen F. Collins III (Candidate's signature) Date: 10/25/2017

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) |
|--|---|---------|---|
| 6-19-17 | MR & MRS Joseph Amico 7 James St | 40.00 | |
| 6-17- | ARTHUR Buckley 5 Cedar Grove- | 100.00 | |
| 6-12-17 | MR & MRS. Chaiter Burnett 12 MARGARET ST | 200.00 | RETIREE |
| 6-12-17 | DAVID BURNETT 12 MARGARET ST | 100.00 | |
| 6-12-17 | MATTHEW BURNETT 12 MARGARET ST. | 250.00 | ENGINEER - BUH INTEGRATED Ser. |
| 6-12-17 | NANCY Ed CHAREST 7 COLUMBUS RD. | 60.00 | |
| 3-18-17 | STEPHEN F COLLINS 21 COOLIDGE AVE | 500.00 | LOAN TO CLAIMS COMMITTEE Adjustor |
| 7-15-17 | STEPHEN F COLLINS 21 COOLIDGE AVE. | 300.00 | LOAN TO CLAIMS COMMITTEE. Adjustor |
| 6-15-17 | JONATHAN CONTRADA 208 Federal ST Wilming | 50.00 | ATTORNEY |
| 6-12-17 | VALENTINO D. C. POBIAWCO 53 PROSPECT Rd. | 125.00 | |
| 6-19-17 | S. I. DAMBROSIO 185 DEVENSHIRE ST 10TH | 200.00 | ATTORNEY - SELF EMPLOYED |
| 6-12-17 | RYAN DELUSA 700 SANDY PLAINS Rd N.Y | 40.00 | |
| Line 9: Total Receipts over \$50 (or listed above) | | 1835.00 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | 130.00 | |
| 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) |
|--|---|-----------------|---|
| 6-12-17 | M.R. & MRS. John D. Paolo 166 Lynnfield ST. | 40.00 | |
| 6-12-17 | John G. Dullen 67 Winoma ST. | 30.00 | |
| 6-12-17 | M.R. & MRS James DUMAS 20 ST. ANNES AVE | 100.00 | |
| 6-12-17 | BEVERLY ANNE GRIFFIN DUNNE 10 COLFAX ST. | 30.00 | |
| 6-6-17 | DAVID EHRlich (ACT Blue) 48 EAST 91 st New York, NY | 100.00 | |
| 6-12-17 | MR & MRS Dino FABRIZIO 2 Cider Rd | 200.00 | SELF Employed |
| 5-13-17 | MR & MRS. Ken. FOSTER 26 Dinwe Rd. | 200. | SALEM FIVE V.P. BANK. |
| 6-7-17 | THOMAS P. SLYNN 3 N. Dale ST | 125.00 | |
| 6-7-17 | ZACHARY Goldberg (ACT Blue) 354E 66TH ST. #5A N.Y., N.Y. | 25.00 | |
| 6-9-17 | JEREMIAH GOODMAN 250 BROADWAY REV. | 50.00 | |
| 8-17-17 | ANDREW GREIF (ACT Blue) 5 Pine Rd SOUTH ROSLYN, N.Y. | 50.00 | |
| 7-15-17 | BORIS GRESLEY (ACT Blue) 411 52 nd ST. WEST N.Y., N.J. | 100.00 | |
| 6-7-17 | Jarrod M. Hochman 52 ELSWORTH RD | 30.00 | |
| Line 9: Total Receipts over \$50 (or listed above) | | 825.00 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | 230.00 | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 8,875.00 | 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 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) |
|--|---|--------|---|
| 6-1-17 | JASON HURWITZ (ACT 110-2) 185 E 9TH ST. #49 N.Y. N.Y. | 50.00 | |
| 6-12-17 | Richard A. Jarvis 85 Gardner ST | 50.00 | |
| 6-2-17 | MRS TRACY JOSLIN 121 WESTFIELD DR Holliston | 300.00 | House wife |
| 6-7-17 | MRS BERNICE Kehoe 151 WASHINGTON ST ^{Not Recd} | 500.00 | House wife |
| 6-12-17 | John Kennington 281 BROADWAY, REV | 50.00 | |
| 6-9-17 | Keith Kenyon 426 E 65T Bos | 500.00 | ATTORNEY - Sealli, MURPHY, LAW P.C. |
| 6-12-17 | Michael KERRINS SEAPORT LANDINGS LYNNWAY UNIT 1F LYNN | 60.00 | |
| 6-13-17 | MR + MRS JOHN LAFRATTA 18 Whitney DR. | 50.00 | |
| 6-12-17 | MR & MRS Donald Ligh 24 BENEVENTO CIR | 100.00 | |
| 5-25-17 | Gil Maher (ACT Blue) 7154 Pacific ST. #1A N.Y., N.Y. | 15.00 | |
| 6-12-17 | William M. Mandell 59th HARBOR RD #413 WINTHROP | 500.00 | SELF EMPLOYED C.P.A |
| 5-8-17 | DEAN MARCO TULLIO 584 Howell ST. | 100.00 | |
| Line 9: Total Receipts over \$50 (or listed above) | | 2,060. | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | 215.00 | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | | ← Enter on page 1, line 2 |

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| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|--|---|---------|---|
| 6-23-17 | PETER, JENNIFER MCG, MD 8 PARK ST | 25.00 | |
| 6-1-17 | AUSTIN MILLER (ACT BLUE) 919 NO. LINCOLN ST. #365 ARLINGTON, VA | 100.00 | |
| 6-12-17 | MELISSA NAZZARO 31 COOLIDGE AVE | 50.00 | |
| 6-15-17 | ROBERT O'BRIEN (ACT BLUE) 1 WEST ST. # 3209 N.Y N.Y | 25.00 | |
| 9-25-17 | KATHLEEN A O'LEARY 34 COOLIDGE AVE | 25.00 | |
| 6-3-17 | BOB PARKS (ACT BLUE) 95 PINE HILL RD LYNNFIELD | 500.00 | SELF-EMPLOYED (OWNER) VICTOR MICROWAVE INC. |
| 6-7-17 | DAVID & NOEL PATCH 20 PARKER ST MELROSE. | 100.00 | |
| 6-7-17 | CHARLES & LORRAINE PATCH JR 44 JOHNNY RD REV. | 200.00 | REVERE CITY COUNCILOR - CITY OF REVERE |
| 6-23-17 | TEREMY PHILIPSON (ACT BLUE) 9 ROLLING WOOD DR. NEW HARTFORD, N.Y. | 100.00 | |
| 6-6-17 | STEVEN PINCUS (ACT BLUE) 6116 ELLENVIEW AVE WOODLAND HILLS, CA. | 25.00 | |
| 5-25-17 | JOSEPH QUINN 26 NOIFORK AVE | 125.00 | |
| 6-12-17 | MARK S. QUINN 26 NOIFORK AVE | 60.00 | |
| Line 9: Total Receipts over \$50 (or listed above) | | 1185.00 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | 150 | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | | ← Enter on page 1, line 2 |

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SCHEDULE A: RECEIPTS

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(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) |
|--|---|---------|---|
| 5-2-17 | MARK S. QUINN 26 NORFOLK AVE. | 100.00 | |
| 5-2-17 | John P. QUINN 28 PLEASANT VALLEY RD CLINTON | 50.00 | |
| 6-12-17 | ARTHUR & LINDA ROBBINS 5 ANZO CIR | 100.00 | |
| 6-13-17 | KATHLEEN M. RYAN 18 WALNUT ST #308 | 30.00 | |
| 6-9-17 | William JETT, JR 39 CUMMINGS AVE REV. | 125.00 | |
| 6-12-17 | ERIC D. SALACH 11 NORTH ST LAURENCE | 100.00 | |
| 6-12-17 | BARRY SIDEWITTE 62 CATHERINE | 25.00 | |
| 6-12-17 | ANDREW THOMAS SUCHAREWICZ 35 LINDEN RD. | 50.00 | |
| 5-19-17 | ANNETTE TAMMARO 121 WEST FIELD DR HULLISTON | 300.00 | RETIRED |
| 5-19-17 | MRS & MRS C TAMMARO 165 OLD BARNSTABLE RD MASH. PEE | 200.00 | RETIRED STATE POLICEMAN |
| 5-2-17 | Michael TAMMARO 4581 E EL LIBERTY LA FL. | 300.00 | RETIRED POLICEMAN |
| 6-2-17 | Phillip TAMMARO 10 ROBBINS FARM RD DUNNSTABLE, MA | 300.00 | Billerica, FIRE MAN |
| Line 9: Total Receipts over \$50 (or listed above) | | 1525.00 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | 155 | |
| 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

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| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|--|---|--------|---|
| 6-23-17 | Eugene Thomeczek 27 Coolidge Ave. | 250.00 | SELF employed MACHINIST |
| 6-12-17 | MARGALET TIERNEY 6 SCOTT DR. | 20.00 | |
| 6-12-17 | JOHN G. TURCO 161 Lynnfield ST | 100.00 | |
| 6-13-17 | MR & MRS SAI VITALE 18 Eisenhower Rd | 50.00 | |
| 6-12-17 | Sherril Walsh 8 Coolidge Ave | 60.00 | |
| 6-12-17 | Thomas P. Walsh 170 Lynnfield ST. | 25.00 | |
| | CASH | 60.00 | |
| | | | |
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| | | | |
| | | | |
| Line 9: Total Receipts over \$50 (or listed above) | | 470.00 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | 95.00 | |
| 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. Page 2

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 |
|--|--|---------------------------------|--|----------|
| 6-15-17 | AVON WALK FOR BREAST CANCER | | Donation | 25.00 |
| 6-4-17 | Bullion Boston | | CAMPAIGN KICK-OFF | 53.13 |
| 6-16-17 | Joseph CARAZZO | | ART Design (PAIM CARD) | 200.00 |
| 6-9-17 | CHINESE DRAGON | 380 Chelsea ST E. BOSTON | CAMPAIGN KICK OFF | 1,244.10 |
| 3-29-17 | CONNOLLY PRINTING | 17 B GILL ST WOBURN, | PINS | 239.06 |
| 6-28-17 | FEARGAL OTOOLE | 97 R FRAUNKLIN ST SOMERVILLE | WEBSITE | 2,000.00 |
| 4-26-17 | GALA | CITY HALL | CELEBRATION TICKET | 100.00 |
| 4-28-17 | HALL | A.O.H 58 LOWELL ST | CAMPAIGN KICK OFF | 150.00 |
| 6-9-17 | LUBERTO | 208 BROADWAY REVERE | CAMPAIGN KICK OFF | 204.00 |
| 6-23-17 | MASS DEC PARTY | 11 BEACON ST BOSTON | DATA BASE | 800.00 |
| 7-25-17 | NEWS PAPER AVO. | | ADVERTISEMENT | 120.00 |
| 6-26-17 | Pen. Police + FIRE | P.O BOX 2064 | GOLF TOURNAMENT MEMORIAL SPONSORSHIP | 100.00 |
| Line 12: Total Expenditures over \$50 (or listed above) | | | | 5,210.29 |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | 25.00 |
| Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | |

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.

