



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF PEABODY

File with: City or Town Clerk or Election Commission Please print or type all information, except signatures.

2011 OCT 28 A 10: 51

CITY CLERK

Fill in dates: Reporting Period Beginning 9 1 2011 Ending 10 31 2011

Type of report: (Check one)

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

Thomas Lloyd Gould  
Full Name of Candidate (if applicable)  
Councilor AT-Large City of Peabody  
Office Sought and District  
9 Abington Ave Peabody  
Residential Address  
978 531 7374  
Tel. No. (optional)

Committee Elect Tom Gould  
Committee Name  
Sharon J Gould  
Name of Committee Treasurer  
9 Abington Ave Peabody  
Committee Mailing Address  
978 531 7374  
Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 20,183.31  
Line 2: Total receipts this period (page 2, line 11) \$ 24,30.00  
Line 3: Subtotal (line 1 plus line 2) \$ 22,613.31  
Line 4: Total expenditures this period (page 3, line 14) \$ 7,133.95  
Line 5: Ending balance (line 3 minus line 4) \$ 15,479.36  
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 Eastern Bank

#### 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.

Sharon J Gould Signed under the penalties of perjury: 10-28-11  
Treasurer's signature (in ink) 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.

Tom Gould Signed under the penalties of perjury: 10/28/11  
Candidate signature (in ink) 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)
	See attached Schedule A			
Line 9: Total receipts in excess of \$50 (or listed above)		1860	-	
Line 10: Total receipts \$50 and under* (not listed above)		570	-	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		2430	-	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.

Receipts											
Date Received	Last	First	Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)						
10/12/2011	Gordon	Audrey	17 Pine St Peabody	\$ 50.00							
10/17/2011	Bresnahan	Michael	23 Clement Ave Peabody	\$ 50.00							
10/17/2011	Grevelis	Kathleen	6 Lincoln Rd Peabody	\$ 50.00							
10/24/2011	Braz	Fernando	4 Kings Hill Rd Peabody	\$ 50.00							
9/1/2011	Keller	Nancy	14 N Central St Peabody	\$ 60.00							
9/15/2011	Richard	Patricia	24 Eisenhower Rd Peabody	\$ 100.00							
9/8/2011	Gallo,Esq	Charles	650 Boston St Lynn MA 01905	\$ 100.00							
9/14/2011	Hiou	Linda	5 Tracy St Peabody	\$ 100.00							
9/11/2011	McHugh	John	1001 BenFranklin Dr Un 403 Sarasota Fl 34236	\$ 100.00							
9/16/2011	Gill	Kevin	29R Felton St Peabody	\$ 100.00							
9/3/2011	Reilly III	William	479 Main St Norwell MA 02061	\$ 100.00							
7/30/2011	Zolotas	Michael S	5 Abbey Ellen Ln Peabody	\$ 100.00							
9/23/2011	Wallace	Leo	9 Ledgewood Way Apt 21 Peabody	\$ 100.00							
9/22/2011	LaBrie	Stephen	55 Hancock St Salem MA 01970	\$ 100.00							
9/27/2011	Lowe	Laurence	22 King St Lynn MA 01902	\$ 100.00							
8/12/2011	Leonard	Maureen	45 Garden St W Newbury MA 01985	\$ 100.00							
8/15/2011	Cahill	Daniel	20 Belleaire Ave Lynn MA 01904	\$ 100.00							
8/25/2011	Gatti	Mark	9 Emerson St Peabody	\$ 100.00							
8/12/2011	Clucas	Vincent	4 Benevento Cir Peabody MA	\$ 100.00							
8/26/2011	Reilly	Kathleen	325 Ocean Ave Marblehead MA 01945	\$ 200.00	Retired						

**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	
			<i>SEE ATTACHED</i>		
			Line 12: Expenditures over \$50		
			Line 13: Expenditures \$50 and under*		
			<b>Line 14: TOTAL EXPENDITURES</b>	<i>7,133</i>	<i>95</i>

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.

Expenditures					
Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount	
9/9/2011	Thrifco	26 Howley St Peabody MA	supplies	1738.41	
9/17/2011	Committee To Elect Ted Bettencourt	1 America Drive Peabody MA 01960	Contribution	80.00	
9/19/2011	PROMotions Logo Marking	120 Tremont St Everett MA 02149	supplies	1,286.88	
9/23/2011	Thrifco	26 Howley St Peabody MA 01960	supplies	2,287.04	
10/6/2011	Maurice Pratt	21 Parkwood LN Lynnfield MA	supplies	21.52	
10/23/2011	USPS	Northshore Mall Peabody MA 01960	stamps	742.60	
10/26/2011	PROMotions Logo Marking	120 Tremont St Everett MA 02149	supplies	977.50	
					7,133.95

**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	
			<b>Line 17: Total In-kind</b>	

\* 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			<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.