



Commonwealth of Massachusetts

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: 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="4,139.95"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="6,675"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="10,814.85"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="4,659.9"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="6,155.05"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="TD Bank, Broadway Chelsea, MA 01250"/>

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 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, CPF ID# and a page number on each page.

Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount
11/8/2011	AT&T Card	P.O. Box 18113 Columbus, 43218	Travel for Political Event in Wash DC	\$344.30
1-30-9-15-2011	AT & T	P.O.Box 536216 Atlanta GA 33035	Campaign Phone T Moblie 9 Months Cell Bills	\$630.00
	Calvin T Brown	32 Heard St Chelsea	Election Miscelleous	\$100.00
4/8/2013	Calvin T Brown	32 Heard St Chelsea	Reimbursement for Campaign expense and Party Supply	\$250.00
5/2/2013	Capic	Crescent Ave Chelsea, Ma	Ticket for event	\$75.00
5/22/2013	Centro Latino	272 Broadway Chelsea, MA	Banquet Ticket	\$75.00
5/2/2013	Chelsea High School	Everett Ave Chelsea, MA	Scholarship Fund	\$500.00
6/6/2013	Chelsea Rotarty	Broadway Chelsea, MA	Ticket for event	\$60.00
3/22/2013	Crest Printing	449 Eastern Ave Chelsea	Printing/Inviations	\$191.19
6/17/2013	Family & Children,Inc	S. Peoria Tulsa, 74120	Item for Centro Latino Annual Auction	\$70.89
8/1/2013	Jean Holman	99 Holman Boston, Ma	Reimbursement for campaign expense	\$100.00
5/22/2013	Mass Dems State Party	Summer St Boston, Ma	Convention Fee	\$75.00
8/7/2013	Northrup Printing	919 Winthrop Ave Revere, MA	Printing/Envelopes	\$75.00
3/22/2013	U.S Postal Master	Broadway Chelsea, MA	Fee for P.O. Box	\$124.00
8/4/2013	US Postal Services	Dorchester Ave Boston, MA	Bulk Rate Annaul fee	\$200.00
4/11/2013	Wyndham Hotel	201 Everett, Ave Chelsea, MA	Fundraiser Event	499.64
			Line 12 Expen. Over \$50	\$3,370.02
			Line 13 Expen. Under \$50	\$1,289.88
			Line TOTAL EXPEDITURES	\$4,659.90

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)
4/27/2013	Alberto Calvo 59 Wilde Rd Newton, MA	\$150.00	
4/12/2013	Dennis Cataldo 3 Baldwin Lynnfield, MA	\$100.00	
4/9/2013	Juan Colan 11 Clark Ave	\$75.00	
4/13/2013	Gerry D'Ambrosio 11 Proctor Revere, MA	\$250.00	Lawyer/ Self
4/13/2013	James Dilday 9 Larchmont St, Boston MA	\$100.00	
5/4/2013	Tara DeCristofaro 11 Summit Rd, Medford	\$100.00	
3/30/2013	Bob DeLeo P.O. Box 520456, Winthrop MA	\$100.00	
9/7/2013	Seth Elin 64 Berkshire Rd Needham, MA	\$100.00	
4/18/2013	Jerry Forte 35 Handel Rd Billerica e, MA	\$100.00	
4/9/2013	Phil Garofalo 25 Wildewood Dr Lynnfield, MA	\$100.00	
4/9/2013	Gloria Goon 83 Antwerp St, Boston MA	\$250.00	Billing/Coordinator State St. Corp
4/21/2013	Jose Garaldo 972 Saratoga St, East Boston, MA	\$200.00	
4/9/2013	Donald Green 144 Alfred RD Milton, MA	\$100.00	
4/9/2013	Kevin Honan 192 Faneuil St Boston, MA 02136	\$100.00	
4/13/2013	Roland Hughes 54 Lindenwood Rd, Stoneham, MA	\$100.00	
	Kate Machowski 11 Anita Rd Brockton, MA	\$200.00	
		\$2,150.00	

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)
4/13/2013	Thomas MacKay 27 Plymouth Rd Wakefield, MA	\$100.00	
4/13/2013	Fred Mannix 137 Russell Rd Newton, MA	\$100.00	
4/13/2013	Shelagh Mahoney Westview Rd Lowell, MA	\$500.00	Mineral Salt/Self
8/21/2013	Charley Murphy 185 Devonshire St Boston, MA	\$100.00	
4/27/2013	Dominic O'Flaherty 21 John St Chelsea, MA	\$100.00	
4/27/2013	Dan O'Malley 29 Hemlock Dr Milton, MA	\$200.00	Lawyer/Self
3/30/2013	David Paleologos 1 Central Rd Lynnfield MA	\$200.00	Pollster/ DAPA
5/26/2013	Alex Pyatigorskly 402 Paradise Rd Swampscott	\$500.00	President/Atlantic Rehab
4/13/2013	Richard Shibley 41 Rutland Rd Boston, MA	\$200.00	System Engineer
1/3/2013	Julie Stonehill 299 Mills Newton, MA	\$100.00	
4/13/2013	Julie Stonehill 299 Mills Newton, MA	\$200.00	School Teacher
2/13/2013	Steve Tompkins 106 William Ave Boston, MA	\$100.00	
4/13/2013	Jack Unbaczewski 27 Orsini Dr Wakefield MA	\$100.00	
4/9/2013	Union Heat & Frost Insulator Local 6 303 Freeport So. Boston, MA	\$100.00	
4/9/2013	Union IUPAT Council 35 25 Colgate Rd Boston, MA	\$100.00	
4/9/2013	Union Local 1445 30 Stregis Way Dedham, MA	\$100.00	
		\$2,800.00	

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)
3/30/2013	Union Pipe Fitter Local 537 35 Travis St Boston, MA	\$100.00	
4/9/2013	Peter Welsh 282 East St, South Boston, MA	\$100.00	
4/27/2013	H. Mark White 302 Highland Ave, Newton MA	\$250.00	Self /Tran Del
Line 12 Receipts Over \$50.00		\$5,400.00	
Line 13 Receipts Under \$50.00		\$1,275.00	
Total Receipts In This Period		\$6,675.00	

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 contributor has given an aggregate amount of \$200 or more in a calendar year, 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)	

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