

Campaign Finance Tracking Form for Local Election Officials

Call OCPF with campaign finance questions at 617-979-8300

Candidate or Committee Committee to Elect Michael Year _____
Report: Pre-Preliminary Pre-Election 30-Day Year-End

Organization / Providing Materials / Notification *

_____ Organizational form provided to candidate or committee (M101, M101BQ, M101PC)
_____ Campaign finance report form provided to candidate or committee (M102)
_____ Summary of the campaign finance law provided (OCPF guide booklet)
_____ Filing notice (includes reporting dates, due dates and language concerning late fines)
_____ Pre-Preliminary Pre-Election 30-Day Year-end

*All forms, guides and notices can be delivered by e-mail

Inspecting Reports

The campaign finance law requires local election officials to "inspect" M102 and M102-0 campaign finance reports within 30 days of a due date.

Correct dates for the relevant reporting period
 Signatures
 Positive ending balance
_____ If the M102-0 form is filed, the candidate does not have a committees and has not received any contributions, made any expenditures or incurred any obligations during the reporting period, and does not have a campaign fund in existence.

Contributions (Monetary receipts and in-kind contributions)

Names and Addresses for contributions of more than \$50
 Occupation and Employer for contributions of \$200 or more
 No contributions from corporations, business partnerships, LLCs or LLPs
_____ No contributions from individuals or PACs for more than \$500 (see OCPF's limits chart for other limits)

Expenditures

Vendor Names and Addresses for expenditures of more than \$50
 Purpose information is disclosed
_____ Reimbursements form (R-1s) filed for reimbursements

Date of Inspection 10/27/15



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2015 OCT 27 AM 08:19 SHAWCITYC

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="2,375.89"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="5,655.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="8,030.89"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="2,905.41"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="5,125.48"/>
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="5641.78"/>
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

Elect Michael S. McGonagle

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)
9/23/15	Andon, Jim & Gail 27 Commonwealth Ave, Haverhill MA	100.00	
10/24/15	Baker, Erin 35 Liberty St. Haverhill, MA	100.00	
09/21/15	Breault, Richard JR 2 Woodland Partk Dr Haverhill MA	100.00	
09/23/15	Chemaly, John PO Box 187 Lowell, MA	500.00	Owner Trinity Ambulance
9/14/15	Brian Dempsey Committee 15 Oxford St. Haverhill MA	100.00	
9/27/15	Dempsey Brian & Julie 15 Oxford St, Haverhill MA	100.00	
09/23/15	Darby, Eric & Kathy 24 Wellington Ave, Haverhill MA	100.00	
09/23/15	Denaro, Alan & Carol 5 East Meadow Drive Haverhill MA	100.00	
9/23/15	Dick, Christopher 187 Catamont Rd, Tewksbury MA	150.00	
9/23/15	Dolan David & Diane <i>Golden Hill Ave (144) Haverhill, MA 01830</i>	100.00	
9/23/15	Charles & Mary Emery 29 Newton Ave Haverhill M	100.00	
10/08/15	Fiorello & Migliori 18 Essex St Haverhill MA	100.00	
Line 9: Total Receipts over \$50 (or listed above)		1,650.00	
Line 10: Total Receipts \$50 and under* (not listed above)		705.00	
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)
09/21/15	Franzone, Mark 34 Newark St	100.00	
9/20/15	G&L Enterprises 191 Merrimack St Haverhill MA <i>Joe D'Orazio</i>	100.00	
9/23/15	Gleason, Scott & Patricia 97 Lakeview Ave Haverhill MA	100.00	
10/07/15	Glidden, George & Carol 125 Golden Hill Ave Haverhill MA	100.00	
9/23/15	Griffin, Wayne & Susan 7 twelve Rod Way	100.00	
9/28/15	Gianoukos, Constantine Hariene 19 Lakeview Ave Haverhill MA	200.00	Retired
9/23/15	Laflamme, Barron & Chabot LLP 114 Kenoza Ave Haverhill MA	100.00	
9/23/15	Matthews, Bruce & Beth 34 Heald Bailey Drive Atkinson NH	100.00	
9/23/15	McCafferty, Brian 339 Concord St. Haverhill MA	100.00	
9/23/15	McGonagle Home Improvement <i>60 Montclair Ave Haverhill, MA 01830</i>	75.00	<i>Matt McGonagle</i>
9/23/15	McGonagle, Carol & Patrick 67 Hanscome Ave Haverhill MA	100.00	
9/24/15	McGonagle Hazel 429 Primrose st	100.00	
9/24/15	Menzie, Maureen & Robert <i>429 Primrose St Haverhill, MA 01830</i>	100.00	
Line 9: Total Receipts over \$50 (or listed above)		1,375.00	
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)
09/23/15	Moriarty, Mark 9 Norwood Rd Salem Nh	125.00	
9/23/15	Mulcahy, Charles 15 Amberwood Drive Atkinson NH	100.00	
9/23/15	Oconnor Ives Committee P.O. Box 121 Newburyport MA	100.00	
9/21/15	Ororke, Vincent & Sally 400 Chadwick Rd Haverhill MA	200.00	Owner Gold Leaf Jewley
9/23/15	Persichetti, Linda 3 Melrose Ave Haverhill MA	200.00	Nurse Manager Pentucket Medical
9/28/15	Norma Riley 39 Newton Ave Haverhill MA	200.00	Retired
9/23/15	Riley, Susan 47 Keeley St Haverhill MA	100.00	
9/21/15	Timothy Riley 70 Washington St Haverhill MA	100.00	
9/23/15	Robert & June Riley 21 Wingate St Haverhill MA	100.00	
9/23/15	Sepe, Gary 1221 Westford Street Lowell MA	500.00	Co- Owner Trinity Ambulance
9/23/15	Torrise, David & Sarah 67 Settlers Ave Haverhill MA	100.00	
9/23/15	Williams, Steven & Dawn 78 Winona Ave Haverhill MA	100.00	
Line 9: Total Receipts over \$50 (or listed above)		1,925.00	
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 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
9/23/15	Haverhill Country Club	Brickett Hill Haverhill	Fund Raider	\$1,059.00
10/8/15	Home Dept	Plaistow Rd, Plaistow NH	Wood & Tubing for Signs	400.00
8/27/15	Senior News	Hampstead NH	Advertising	256.00
9/1/15	Victory Signs	On-line	Signs	1,190.41
Line 12: Total Expenditures over \$50 (or listed above)				2,905.41
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				2,905.41

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

