



Commonwealth of Massachusetts

2016 JAN 20 PM 12:00 HAVR CIVI

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="1,249.99"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="5,641.08"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="6,891.07"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="4,354.14"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="2,536.93"/>
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="10,274.66"/>
Line 8: Name of bank(s) used:	<input type="text" value="TD 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.

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)
Oct 20, 2015	ALAN BOISVERT 51 LINCOLNSHIRE DRIVE HAVERHILL, MA 01830	100	
Oct 23, 2015	JOHN P. CHEMALY P.O. BOX 187 LOWELL, MA 01853-0187	500	OWNER TRINITY AMBULANCE
Oct 14, 2015	WILLIAM D. COX, JR. 145 S. MAIN STREET BRADFORD, MA 01835	100	
Sep 13, 2015	BRIAN S. DEMPSEY 15 OXFORD STREET HAVERHILL, MA 01830	100	
Oct 18, 2015	ERNEST J. DIBURRO P.O. BOX 5068 BRADFORD, MA 01835	150	
Oct 22, 2015	CHRISTOPHER DICK 187 CATAMOUNT ROAD TEWKSBURY, MA 01876-1212	150	
Oct 29, 2015	ANDREW DIPIETRO 21 SEVEN SISTER ROAD HAVERHILL, MA 01830	150	
Oct 10, 2015	THOMAS DIPIETRO 125 GALE AVENUE HAVERHILL, MA 01830-2209	200	RETIRED
Oct 12, 2015	JOHN GUERIN, JR. 26 LEROY AVENUE BRADFORD, MA 01835	100	
Oct 14, 2015	STEVEN HANIDES 10 TAPPAN STREET HAVERHILL, MA 01830	125	
Oct 23, 2015	COLIN LEPAGE 5 SUNRISE DRIVE BRADFORD, MA 01835	2,500	CANDIDATE LOAN
Oct 14, 2015	KATHLEEN O'CONNOR IVES P.O. BOX 121 NEWBURYPORT, MA 01950	100	
Line 9: Total Receipts over \$50 (or listed above)		4,275	
Line 10: Total Receipts \$50 and under* (not listed above)		666.08	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4,941.08	← 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)
Oct 14, 2015	CATHERINE ROGERS 161 NECK ROAD BRADFORD, MA 01835	200	REAL ESTATE AGENT COCO EARLY AGENCY
Oct 20, 2015	GARY SEPE 1221 WESTFORD STREET LOWELL, MA 01851	500	OWNER TRINITY AMBULANCE
Line 9: Total Receipts over \$50 (or listed above)	700		
Line 10: Total Receipts \$50 and under* (not listed above)	0		
Line 11: TOTAL RECEIPTS IN THE PERIOD	5,641.08	← 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 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
PAST	Colin LePage	5 Sunrise Drive Bradford, MA 01835	candidate loan	7,774.66
Oct 23, 2015	Colin LePage	5 Sunrise Drive Bradford, MA 01835	candidate loan	2,500
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	10,274.66