



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY CLERK
GLOUCESTER, MA

11 OCT 31 AM 8:31

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="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="2,375.66"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="2,375.66"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="945.62"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="1,430.04"/>
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="60"/>
Line 8: Name of bank(s) used:	<input type="text" value="Cape Ann Savings"/>

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)
Sep 23, 2011	Lilian Amero 5 Westbrook Lane Gloucester, MA 01930	200	Admin, J & L Welding
Aug 4, 2011	Melissa Cox (loan) 13 Maplewood Ave Gloucester MA, 01930	60	
Aug 22, 2011	Melissa Cox (loan) 13 Maplewood Ave Gloucester MA, 01930	360	Bookkeeper, BBS Business Solutions
Sep 28, 2011	Melissa Cox (loan) 13 Maplewood Ave Gloucester MA, 01930	260	Bookkeeper, BBS Business Solutions
Aug 24, 2011	Ronald Gilson 87 Atlantic Rd Gloucester, MA 01930	100	
Aug 19, 2011	Howard Johnson 73 Washington St Gloucester, MA 01930	100	
Aug 24, 2011	Louis McGrath 6 Gilbert Rd Gloucester, MA 01930	100	
Aug 20, 2011	Sal Parisi 10810 Commercial St Gloucester, MA 01930	100	
Aug 20, 2011	Arlene Taliadoros 35 John Wise Ave Essex, MA 01929	150	
Aug 20, 2011	Tony Taliadoros 35 John Wise Ave Essex, MA 01929	150	
Line 9: Total Receipts over \$50 (or listed above)		1,580	
Line 10: Total Receipts \$50 and under* (not listed above)		795.66	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,375.66	← 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
Aug 4, 2011	Kevin St. Peter DBA: K-Designs	PO Box 211 Rockport, MA 01966	Campaign Signs	60
Oct 21, 2011	Rotary Club of Gloucester	PO Box 1228 Gloucester, MA 01930	Donation/Sponsor a table at fundraising event	100
Aug 23, 2011	Sign Depot	1813 E Colonial Drive Orlando, FL 32803	Campaign Signs	360
Sep 28, 2011	Sign Depot	1813 E Colonial Drive Orlando, FL 32803	Campaign Signs	260
Line 12: Total Expenditures over \$50 (or listed above)				780
Line 13: Total Expenditures \$50 and under* (not listed above)				225.6
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,005.62

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.

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
Aug 4, 2011	Melissa Cox (loan)	13 Maplewood Ave Gloucester, MA 10930	Loan for sign purchase from K-Designs	60
Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			60



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <input style="width: 90%;" type="text" value="Aug 31, 2011"/>
Name of Individual Being Reimbursed:	<input style="width: 90%;" type="text" value="Melissa Cox"/>
Committee Name:	<input style="width: 90%;" type="text" value="Campaign to Elect Melissa Cox"/>
CPF ID Number (if applicable):	<input style="width: 40%;" type="text"/> Telephone Number (optional): <input style="width: 40%;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Aug 23, 2011	Sign Depot	1813 E Colonial Drive Orlando, FL 32803	Signs	\$360.00
				\$0.00
				\$0.00
				\$0.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text" value="360"/>
Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 90%;" type="text" value="360"/>

Signed under the penalties of perjury:	
<hr style="width: 80%; margin: 0 auto;"/> Signature of Candidate / Treasurer	Date: <input style="width: 90%;" type="text" value="10/28/11"/>

Please prepare a separate report for each reimbursement check issued by the committee.



Form CPF R 1: Itemization of Reimbursements

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of Massachusetts

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	Date of Reimbursement: <input style="width: 90%;" type="text" value="Sep 23, 2011"/>
Name of Individual Being Reimbursed: <input style="width: 95%;" type="text" value="Melissa Cox"/>	
Committee Name: <input style="width: 95%;" type="text" value="Campaign to Elect Melissa Cox"/>	
CPF ID Number (if applicable): <input style="width: 200px;" type="text"/>	Telephone Number (optional): <input style="width: 200px;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
				\$0.00
				\$0.00
				\$0.00
				\$0.00

(Include items listed on Page 2) →

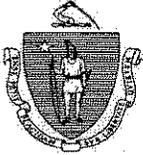
Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 95%;" type="text"/>
Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 95%;" type="text" value="29.13"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 95%;" type="text" value="29.13"/>

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



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	Date of Reimbursement: <input style="width: 90%;" type="text" value="Oct 3, 2011"/>
Name of Individual Being Reimbursed:	<input style="width: 90%;" type="text" value="Melissa Cox"/>
Committee Name:	<input style="width: 90%;" type="text" value="Campaign to Elect Melissa Cox"/>
CPF ID Number (if applicable): <input style="width: 200px;" type="text"/>	Telephone Number (optional): <input style="width: 200px;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
				\$0.00
				\$0.00
				\$0.00
				\$0.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text"/>
Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text" value="47.28"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 90%;" type="text" value="47.28"/>

Signed under the penalties of perjury:

 Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



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	Date of Reimbursement: <input style="width: 90%;" type="text" value="Oct 7, 2011"/>
Name of Individual Being Reimbursed:	<input style="width: 90%;" type="text" value="Melissa Cox"/>
Committee Name:	<input style="width: 90%;" type="text" value="Campaign to Elect Melissa Cox"/>
CPF ID Number (if applicable):	<input style="width: 40%;" type="text"/> Telephone Number (optional): <input style="width: 40%;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
				\$0.00
				\$0.00
				\$0.00
				\$0.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text"/>
Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text" value="44"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 90%;" type="text" value="44"/>

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



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	Date of Reimbursement: <input style="width: 90%;" type="text" value="Oct 14, 2011"/>
Name of Individual Being Reimbursed:	<input style="width: 90%;" type="text" value="Melissa Cox"/>
Committee Name:	<input style="width: 90%;" type="text" value="Campaign to Elect Melissa Cox"/>
CPF ID Number (if applicable):	<input style="width: 40%;" type="text"/> Telephone Number (optional): <input style="width: 40%;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Sep 28, 2011	Sign Depot	1813 E Colonial Drive Orlando, FL 32803	Signs	\$260.00

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text" value="260"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 90%;" type="text" value="260"/>

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.