



# 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):

13 OCT 24 PM 6:12  
CITY CLERK  
GLOUCESTER, MA

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending Balance from previous report	65.23
Line 2: Total receipts this period (page 3, line 11)	1,508.88
Line 3: Subtotal (line 1 plus line 2)	1,574.11
Line 4: Total expenditures this period (page 5, line 14)	599.3
Line 5: Ending Balance (line 3 minus line 4)	974.81
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	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)
Oct 10, 2013	Mac Bell 33 Dollivers Neck Gloucester, MA	100	
Oct 6, 2013	Melissa Cox (Loan) 13 Maplewood Ave Gloucester, MA	188.25	
Sep 23, 2013	Tracey Muller 107 Atlantic Rd Gloucseter, MA	500	Self Employed, Hotel Owner
Oct 4, 2013	Richard Sagall, MD 35 Starknaight Heights Gloucester, MA	100	
Line 9: Total Receipts over \$50 (or listed above)		888.25	
Line 10: Total Receipts \$50 and under* (not listed above)		620.63	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1,508.63</b>	← 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
Oct 18, 2013	Melissa Cox	13 Maplewood Ave Gloucester, MA	Reimbursement for signs and pamphlets from Vistaprint	188.25
Oct 10, 2013	Virgillios	29 Main St Gloucester, MA	Cookies for meet/greets	72
Oct 6, 2013	Vistaprint	95 Hayden Ave Lexington, MA 02421	Campaign pamphlets & signs	188.25
Line 12: Total Expenditures over \$50 (or listed above)				448.5
Line 13: Total Expenditures \$50 and under* (not listed above)				150.8
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>599.3</b>

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.











**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  
Boston, MA 02108  
(617) 727-8352

Please print or type all information, except signatures.

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.

Name of Individual Being Reimbursed: Melissa Cox

Committee Name: Campaign to Elect Melissa Cox CPF ID #: \_\_\_\_\_

Amount of Reimbursement: \$25.00

Date of Reimbursement: 10/18/2013

**ITEMIZE EXPENDITURES IN EXCESS OF \$50**

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
Expenditures in excess of \$50 (listed above)				
Expenditures \$50 and under (not listed above)				25.00
<b>TOTAL AMOUNT REIMBURSED</b>				<b>25.00</b>

**Signed under the penalties of perjury:**

*Melissa Cox / Will W*  
 \_\_\_\_\_  
 Signature of Candidate/Treasurer

10/23/13  
 \_\_\_\_\_  
 Date

Please use a separate sheet for each reimbursement check issued.



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Name of Individual Being Reimbursed: Melissa Cox

Committee Name: Campaign to Elect Melissa Cox CPF ID #: \_\_\_\_\_

Amount of Reimbursement: \$25.40

Date of Reimbursement: 10/18/2013

**ITEMIZE EXPENDITURES IN EXCESS OF \$50**

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
Expenditures in excess of \$50 (listed above)				
Expenditures \$50 and under (not listed above)				25.40
<b>TOTAL AMOUNT REIMBURSED</b>				<b>25.40</b>

Signed under the penalties of perjury:

Melissa Cox / Wil V  
Signature of Candidate/Treasurer

10/23/13  
Date

Please use a separate sheet for each reimbursement check issued.