



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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="81.2"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="1,039.66"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="1,120.86"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="905.6"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="215.26"/>
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="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)
11/2/2015	Amero, Jeff 29 Arthur Court, Gloucester	100	
10/31/2015	Bell, Mac 33 Dollivers Neck, Gloucester	100	
11/17/2015	Cox, Melissa (loan) 45 Warner St, Gloucester	161.99	
11/18/2015	Cox, Melissa (loan) 45 Warner St, Gloucester	87.98	
11/20/2015	Cox, Melissa (loan) 45 Warner St, Gloucester	19.54	
10/29/2015	Talliadoros, Thomas 209 Essex Ave, Gloucester	200	Automotive Business Owner
Line 9: Total Receipts over \$50 (or listed above)		669.51	
Line 10: Total Receipts \$50 and under* (not listed above)		370.15	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,039.66	← 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
11/17/2015	Cox, Melissa	45 Warner St, Gloucester	Loan Reimbursement	161.99
11/18/2015	Cox, Melissa	45 Warner St, Gloucester	Loan Reimbursement	87.98
11/20/2015	Cox, Melissa	45 Warner St, Gloucester	Loan Reimbursement	19.54
12/22/2015	Gloucester House	63 Rogers St, Gloucester	Post Inauguration Function	100
10/29/2015	Topside Restaurant	50 Rogers St, Gloucester	Meet and greet function	107.95
11/3/2015	Topside Restaurant	50 Rogers St, Gloucester	Election Night Dinner	125.13
11/17/2015	Vistaprint	95 Hayden Ave, Lexington, MA 02421	Mailers	161.99
Line 12: Total Expenditures over \$50 (or listed above)				764.58
Line 13: Total Expenditures \$50 and under* (not listed above)				141.02
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				905.6

* 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, 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:	11/17/2015
Name of Individual Being Reimbursed:	Melissa Cox	
Committee Name:	Campaign to Elect Melissa Cox	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/17/2015	Vistaprint	95 Hayden Ave Lexington, MA 02421	Mailers, cards	\$161.99
(Include items listed on Page 2) →			Line 1: Expenditures in excess of \$50 (itemized above):	161.99
			Line 2: Expenditures \$50 or under (not itemized):	0
			Line 3: TOTAL AMOUNT REIMBURSED:	161.99

Signed under the penalties of perjury:	
<hr style="width: 80%; margin: 0 auto;"/> Signature of Candidate Treasurer	Date: 1/11/2016

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



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	Date of Reimbursement:	11/18/2015
Name of Individual Being Reimbursed:	Melissa Cox	
Committee Name:	Campaign to Elect Melissa Cox	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	
Line 2: Expenditures \$50 or under (not itemized):	87.98
Line 3: TOTAL AMOUNT REIMBURSED:	87.98

Signed under the penalties of perjury:	
<p style="margin: 0;">_____ Signature of Candidate / Treasurer</p>	<p>Date: 1/11/2016</p>

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



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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:	11/20/2015
Name of Individual Being Reimbursed:	Melissa Cox	
Committee Name:	Campaign to Elect Melissa Cox	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
(Include items listed on Page 2) →			Line 1: Expenditures in excess of \$50 (itemized above):	
			Line 2: Expenditures \$50 or under (not itemized):	19.54
			Line 3: TOTAL AMOUNT REIMBURSED:	19.54

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 1/11/2016

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