



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY CLERK
GLOUCESTER, MA

16 JAN 20 AM 10:46

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Month Date Year Month Date Year
Reporting Period Beginning October 17, 2015 Ending December 31, 2015

Type of report: (Check one)
 8th day preceding preliminary
 8th day preceding election
 30 day after election
 year-end report
 dissolution

Joseph J Giacalone
Full Name of Candidate (if applicable)
Councilor-at-Large Gloucester
Office Sought and District
16 Gould Court Gloucester, MA 01930
Residential Address
978-491-8160
Tel. No. (optional)

Giacalone for Councilor-At-Large
Committee Name
Grace Ann Giacalone
Name of Committee Treasurer
16 Gould Court Gloucester, MA 01930
Committee Mailing Address
978-491-8160
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>1572.08</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>325.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>1897.08</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1722.31</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>174.77</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>Ø</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>Ø</u>
Line 8: Name of bank(s) used	<u>Bank Gloucester</u>

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:

Grace Ann Giacalone
Treasurer's signature (in ink)

1-19-2016
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

[Signature]
Candidate's signature (in ink)

1/19/16
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.

This page may be copied 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)
10/28	Mac Bell 33 Dulliver Neck Dr Glou., MA 01910	100 00	
10/18	Vito Giacalone 4 Edgewood Rd Glou., MA 01930	75 00	
10/19	Simon Prudenzi: welding co 7 Pond Rd Glou., MA 01930	150 00	
Line 9: Total receipts in excess of \$50 (or listed above)		325 00	
Line 10: Total receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		325 00	

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.

This page may be copied 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	
10/26	Connolly Printing	17B Gill Street Woburn, MA 01801	Mailing	1476	01
Line 12: Expenditures over \$50				1476	01
Line 13: Expenditures \$50 and under*				246	30
Line 14: TOTAL EXPENDITURES				1722	31

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 C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

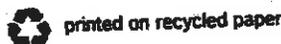
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	0

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	0





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: November 1, 2015

Name of Individual Being Reimbursed: Joseph Giacalone

Committee Name: Giacalone For Councillor -At-Large

CPF ID Number (if applicable): 47-3790262 Telephone Number (optional): 978-491-8160

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): 45.99

Line 3: TOTAL AMOUNT REIMBURSED: 45.99

Signed under the penalties of perjury:

[Signature]
Signature of Candidate / Treasurer

Date: 11/9/10

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