



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERK
GLOUCESTER, MA

16 JAN 20 AM 11:46

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/17/15 Ending Date: 12/31/15

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Joseph M. Orlando, Jr.
Candidate Full Name (if applicable)
Gloucester City Councilor at Large
Office Sought and District
1 Bricky Pt. Rd., Gloucester, MA 01930
Residential Address
Telephone Number (optional): 978-317-1870

The Orlando Committee
Committee Name
Amanda O. Kesterson
Name of Committee Treasurer
293 Washington St., Gloucester, MA 01930
Committee Mailing Address
Telephone Number (optional): 978-559-9404

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$ 1,821.56
Line 2: Total receipts this period (page 3, line 11)	\$ 825.00
Line 3: Subtotal (line 1 plus line 2)	\$ 2,646.56
Line 4: Total expenditures this period (page 5, line 14)	\$ 2,302.63
Line 5: Ending Balance (line 3 minus line 4)	\$ 343.93
Line 6: Total in-kind contributions this period (page 6)	\$ 146.35
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	<u>Santander Bank</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: [Signature] (Treasurer's signature) Date: 1/20/16

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: [Signature] (Candidate's signature) Date: 1/20/16

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)
10/25/15	Ramon Mac Bell PO BOX 1037 Gloucester, MA 01930	\$100.-	
11/1/15	Kathryn + Mark Baillieu 6 Dennis Ct. Gloucester, MA 01930	\$50.-	
10/29/15	Candice Carmiziano 88 Rocky Neck Ave. Gloucester, MA 01930	\$50.-	
11/2/15	Stephen + Elaine Conval 73 Dollowers Neck Gloucester, MA 01930	\$25.-	
10/25/15	Brad Curcum 5 Riverview Rd. Gloucester, MA 01930	\$50.-	
11/1/15	Maurice Flatley 138 Main St. Apt. 3B Essex, MA 01929	\$25.-	
10/26/15	Charles + Florence Mahony 24 Lockuit St. Gloucester, MA 01930	\$25.-	
10/24/15	John + Maria Malziti 14 Forest St. Gloucester, MA 01930	\$100.-	
10/28/15	Sean + Stacey Ndiem 120 R. Magnolia Ave. Gloucester, MA 01930	\$50.-	
11/1/15	Valentina Onovio 31 Whittemore St. Gloucester, MA 01930	\$25.-	
11/1/15	J.A. and S.J. Orlando 102 Centennial Ave. Gloucester, MA 01930	\$25.-	
11/2/15	Josh + Kendice Tebbel 8 Wells Avenue Amesbury, MA 01913	\$100.-	
Line 9: Total Receipts over \$50 (or listed above)		7	
Line 10: Total Receipts \$50 and under* (not listed above)		4	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$625.-	← 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)
10/16/15	Richard Tsai 703 Main St. Wakfield, MA 01850-5204	\$200.-	Realtor Northrup Realty - Wakfield
Line 9: Total Receipts over \$50 (or listed above)		\$200.-	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$200.-	← 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.

