



Commonwealth of Massachusetts

CITY CLERK
GLOUCESTER, MA

2018 JAN 22 PM 2: 15

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: 10/21/2017 Ending Date: 12/31/2017

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

Paul Lundberg
Candidate Full Name (if applicable)
Municipal- City Council, Gloucester
Office Sought and District
5 Bridgewater Street, Gloucester, MA 01930
Residential Address
E-mail: gwpartners@msn.com
Phone # (optional): (978) 290-8281

Committee to Elect Paul Lundberg
Committee Name
Matthew Lundberg
Name of Committee Treasurer
5 Bridgewater Street, Gloucester, MA 01930
Committee Mailing Address
E-mail: gwpartners@msn.com
Phone # (optional): (978) 290-8281

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	3,783.83
Line 2: Total receipts this period (page 3, line 11)	4,477.12
Line 3: Subtotal (line 1 plus line 2)	8,260.95
Line 4: Total expenditures this period (page 5, line 14)	6,469.69
Line 5: Ending Balance (line 3 minus line 4)	1,791.26
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 Bank

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: 1/22/2018

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: 1/22/2018

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)
10/24/2017	Lida Bernard 9 Planters Neck Road Gloucester, MA 01930	100	
10/24/2017	Eric Bornhofft 5 Squam Rock Lane Gloucester, MA 01930	100	
10/24/2017	Thomas Brooks 14 River Road Gloucester, MA 01930	100	
10/24/2017	Thomas Burger 131 Atlantic Road Gloucester, MA 01930	100	
10/24/2017	Richard Burke 8 Raven Lane Gloucester, MA 01930	100	
10/24/2017	Mollie Byrnes PO Box 1640 Gloucester, MA 01930	100	
10/24/2017	Al Fichera 726R Washington Street Gloucester, MA 01930	100	
10/24/2017	Ron Fleet 37 Norseman Avenue Gloucester, MA 01930	100	
10/24/2017	Rose Floyd 23 Rockwood Heights Road Manchester, MA 01944	100	
10/24/2017	Kari Gale 4 Cambridge Avenue Gloucester, MA 01930	100	
10/24/2017	Josie Gardiner 4 Lane Road Gloucester, MA 01930	100	
10/24/2017	Mark Glovsky 8 Adams Hill Road Gloucester, MA 01930	100	
Line 9: Total Receipts over \$50 (or listed above)		[]	
Line 10: Total Receipts \$50 and under* (not listed above)		[]	
Line 11: TOTAL RECEIPTS IN THE PERIOD		[]	← 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)
11/13/2017	Michele Harrison 27 Sayward Street Gloucester, MA 01930	100	
11/13/2017	Patricia Hecht 191 Main Street Gloucester, MA 01930	100	
11/13/2017	Caroline Hovey 4 Norwood Heights Gloucester, MA 01930	250	Retired
11/13/2017	Sally Jackson 30 Old Nugent Farm Road Gloucester, MA 01930	100	
11/13/2017	Pat Jedrey 61 High Popples Road Gloucester, MA 01930	100	
11/13/2017	Jonathan Lawrence 21 Fernwood Lake Road Gloucester, MA 01930	150	
11/13/2017	J.D. MacEachern PO Box 005 Gloucester, MA 01930	100	
11/13/2017	Eileen Matz 70 Atlantic Street Gloucester, MA 01930	100	
11/13/2017	Katia Mason 34 Raven Lane Gloucester, MA 01930	100	
11/13/2017	Betty Nicasro 144 Mt. Pleasant Avenue Gloucester, MA 01930	100	
11/13/2017	George Sibley 17 Rocky Neck Gloucester, MA 01930	100	
11/13/2017	Val Somers 72 Old Nugent Farm Road Gloucester, MA 01930	200	Retired
11/13/2017	Mary Somers 67 Old Nugent Farm Road Gloucester, MA 01930	150	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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
11/16/2017	Cricket Press	50 Summer Street Manchester, MA 01944	Campaign Brochure	442
11/16/2017	Cricket Press	50 Summer Street Manchester, MA 01944	Campaign Brochure	1,718.75
12/18/2017	Cricket Press	50 Summer Street Manchester, MA 01944	Inauguration Invitations	83
11/02/2017	Gloucester Times	Whittemore Street Gloucester, MA 01930	Newspaper Ad	839.73
11/06/2017	Gloucester Times	Whittemore Street Gloucester, MA 01930	Newspaper Ad	424.73
11/16/2017	Paul Lundberg	5 Bridgewater Street Gloucester, MA 01930	Reimbursement (see R-1)	785.75
10/26/2017	United States Postal Service	Dale Avenue Gloucester, MA 01930	Postage	2,175.73
Line 12: Total Expenditures over \$50 (or listed above)				6,469.69
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				6,469.69

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.



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

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:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
09/15/2017	United States Postal Service	8300 NE Underground Drive Kansas City, MO 64144-0001	Postage	\$785.75

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input type="text" value="785.75"/>
Line 2: Expenditures \$50 or under (not itemized):	<input type="text"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input type="text" value="785.75"/>

Signed under the penalties of perjury:



Signature of Candidate / Treasurer

Date:

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