Form CPF M 102: Campaign Finance Report **Municipal Form** 

Office of Campaign and Political Finance

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Commonwealth of Massachusgus OCT 28	PM	2: 48	3

Signed under the penalties of perjury:

of Massaches 910 CT 28 PM 2: 48	File with: City or Town Clerk or Election Commission					
Fill in Reporting Period dates: Beginning Date:						
Type of Report: (Check one)  Sth day preceding preliminary   Sth day preceding election   30 day	after election year-end report dissolution					
Donald L. Conn JR.  Candidate Full Name (if applicable)	MITTER TO ELECT DONALL CONN Committee Name					
Alclerman - at - Large A	PRIL CONN Name of Committee Treasurer					
Residential Address	Committee Mailing Address e Number (optional): 781 662-3464					
SUMMARY BALANCE INFO	RMATION:					
Line 1: Ending Balance from previous report	\$2,738.49					
Line 2: Total receipts this period (page 3, line 11)	\$11145					
Line 3: Subtotal (line 1 plus line 2)	\$3883.49					
Line 4: Total expenditures this period (page 5, line 14)	688.96					
Line 5: Ending Balance (line 3 minus line 4)	43194.53					
Line 6: Total in-kind contributions this period (page 6)						
Line 7: Total (all) outstanding liabilities (page 7)						
Line 8: Name of bank(s) used: EaStew Bawt						
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best of my knowl activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions in ance activity of all persons acting under the authority or on befalf of this committee in accordance visigned under the penalties of perjury:  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 k activity, of all persons acting under the authority or on behalf of this committee in accordance with incurred any liabilities nor made any expenditures on my behalf during this reporting period.	and liabilities for this reporting period and represents the campaign with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 10/25/13  chowledge and belief, a true and complete statement of all campaign finance					
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 k finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind concampaign finance activity of all persons acting under the authority or on behalf of this committee	cnowledge and belief, a true and complete statement of all campaign tributions and liabilities for this reporting period and represents the					

#### 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)
10/2/13	reith Bowden 45 mapre road Metrose, Ma	\$25	
10/16/13	FredCefalo i Muple Terruce Melrose, Ma	\$100	
10/9/13	Steve Cefalo St 12 Mt version St Melrose Ma	\$50	
10/7/13	John Cinella 388 Porter St Melnose, Ma	\$100	
10/15/13	WILLIAM DEANE 27 Brunswick PK Melnuse Ma	\$100	
3/12/13	mark FUSS St SO temple St Melruse, Ma	\$100	
10/21/13	Richard Forestiene 34 Holland road Metrose, Ma	\$50	
10/9/13	ANTHONY GILANDI TIE. EMESON ST Me IROSE Ma	\$25	
10/21/13	John Gregorio 415 woodland Ave Me Lrose Ma	\$50	
10/16/13	PAUL GUZZO 21 CRICKIEWOOD LN MCLOSE MA	\$100	
10/10/13	JOHN HIGGINS 47 malvanst melnose, ma	\$100	
10/21/13	Heury Houton 66 still now ru me crose ma	\$25	
Line 9: Total Receipts over \$50 (or listed above)		81,145	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	\$1,145	Enter on page 1, line 2

<sup>\*</sup> 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)
10/21/13	Raneu Huntst 241Themant St Mecrose Ma	\$20	
10/21/13	WITTAM C HUNTIESE GEASTMOND PLACE MELLOSE MA	\$100	
10/8/13	Anvold tach Gerannore in Meinuse, Ma	\$50	
10/8/13	Matt Kusinski 85 Doman Ave Melrose Ma	420	
10/6/13	RICHURD LYONS 22 Sherwood 12 Mel 20 Sel MG	\$50	
10/16/13	James Unbau SBrookledge 1d Mei 105e Ma	\$50	
1			
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)			
	RECEIPTS IN THE PERIOD	Q. Lina 10 about	Enter on page 1, line 2

<sup>\*</sup> 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.)

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	
1/0/13	Mass MUNICPAL	BOSTON, Mass	Conference	\$189	
10/19/13	Minutemon Pre Mainu Strace Peabody Ma	s mainst Peubodyma	painting	\$180.63	
8/12/13	Staples	Broadway Saugus Mass	printer	\$35.36	
8/25/13	Stuples	Broadway Saugus MG	printerINK	\$59.46	
9/16/13	STaples	Broadway Saugus Ma	printer	60.85	
9/20/13	Staples	Broadway Saugus Ma	paper	29.74	
10/2/13	stuples	Broadway Saugus Ma	printer INK	71.17	
10/14/13	Stuples	Broddway Saugus/Ma	paper	16.75	
10/10/13	us postal service	Essex St Melnose Ma	postage	46	
Line 12: Total Expenditures over \$50 (or listed above)			688.96		
Line 13: Total Expenditures \$50 and under* (not listed above)			٥		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD  * If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not item.				688.96	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
-				
			Machine and the contract of th	
				The state of the s
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 15: In-Kind Contributions over \$50 (or listed above)		
Line 16: In-Kind Contributions \$50 & under (not listed above)			0	
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

<sup>\*</sup> 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.

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Date Incurred	To Whom Due	Address	Purpose	Amount
				:
	·			
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	0