



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ELECTION DEPT.
SOMERVILLE, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:
2011 OCT 28 A 8:53

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="4346.42"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="3764.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="8110.42"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="5797.73"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="2312.69"/>
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="370.00"/>
Line 8: Name of bank(s) used:	<input type="text" value="Winter Hill Bank, PayPal"/>

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)
10/11/11	Berman, Frederic 25 Cherry St., Somerville, MA 02144	75.00	
09/24/11	Bernhard, Nancy 48 Highland Rd., Somerville, MA 02144	100.00	Homemaker Home
08/30/11	Chitouras, Costa 10 Packard Ave., Somerville, MA 02144	50.00	
09/18/11	Churchill, Stephen 33 Grant St., Somerville MA 02145	100.00	Attorney Lichten & Liss-Riordan, P.C.
09/23/11	Faigel, Jennifer 2 Williams Ct, Newton Upper Falls, MA 02464	75.00	
08/27/11	Ferrara, Jan 195 Brattle St., Cambridge MA 02138	100.00	
09/11/11	Gardner, Karen 11 Hinckley Street, Somerville, MA 02145	75.00	
10/16/11	Goldman, Joshua 43 Ossipee Rd. Somerville, MA 02144	60.00	
10/09/11	Gruman, Harris 242 Summer St., Somerville MA 02143	100.00	Administrator SEIU
08/28/11	Hicks, Janet 2008 Field Farm Ct., Spring Hill TN 37174	100.00	
09/21/11	Kanson-Benanav, Jesse 70 Berkshire St, #1 Cambridge MA 02141	50.00	
09/13/11	Klekota, Justin 56 Conwell Avenue, Somerville MA 02144	200.00	Scientist Novartis

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
09/07/11	Laber, Abigail 23 Irving St., Somerville MA 02144	25.00	
09/12/11	Martinez, Marty 86 Yorktown Street, Somerville MA 02144	48.00	
10/06/11	Morgan, Glenn 144 Rutledge Rd., Belmont MA 02478	250.00	EVP Skywords, Inc.
09/12/11	Mulvaney-Day, Norah 8 Parker St., Watertown MA 02472	100.00	
09/01/11	Nelson, Joanne 105 Saybrook Rd., Essex Junction VT 05452	250.00	Director of Alumni SUNY Plattsburgh
09/13/11	Niedergang, Mark 29 Conwell St, Somerville MA 02143	150.00	Non profit consultant Self
09/20/11	O'Brien, Carolyn 241 Huron Avenue, Cambridge MA 02138	75.00	
10/16/11	Panis, Michael 1188 Broadway, Somerville, MA 02144	50.00	
10/12/11	Pirie, Alex 7 St. James Ave., Somerville, MA 02144	50.00	
10/19/11	Seidel, Samuel 48 Maple Ave #2, Cambridge MA 02139	150.00	
10/05/11	Sloane, David 53 Paulina St., Somerville, MA	100.00	
10/06/11	Spalaris, Andreas 1077 Broadway, Somerville MA 02144	100.00	
10/20/11	Spiers, Janet One Emerson Place, 10K, Boston MA 02114	150.00	Administrator Mass General Hospital
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

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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
09/11/11	Tobin, Benjamin 34 Hamilton Rd., Somerville, MA 02144	50.00	
09/07/11	Tobin, Jennifer 384 Strawberry Hill Rd., Concord MA 01742	75.00	
09/18/11	Wallace, Katherine 26 Conwell Ave, Somerville MA 02144	100.00	
09/27/11	Zraket, David 25 Kingston St., Somerville MA 02144	100.00	
08/30/11	Butterfield, Nicole 141 Beach Ave, Mamaroneck NY 10543	100.00	
Line 9: Total Receipts over \$50 (or listed above)		3008.00	
Line 10: Total Receipts \$50 and under* (not listed above)		756.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3764.00	← Enter on page 1, line 2

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
09/03/11	Cambridge Offset Printing	Cambridge, MA	printing	185.94
09/09/11	Cambridge Offset Printing	Cambridge, MA	printing	1665.63
09/12/11	Cambridge Offset Printing	Cambridge, MA	printing	260.31
10/12/11	Central Paper Co.	Brighton, MA	stationary supplies	99.88
09/15/11	Sabur Restaurant	Somerville, MA	preliminary	125.00
10/11/11	Staples, Inc.	Somerville, MA	stationary supplies	61.60
09/06/11	Steinberg, Alexis	25 Pratt St., Apt. 1 Allston, MA 02134	campaign manager	250.00
09/12/11	Steinberg, Alexis	25 Pratt St., Apt. 1 Allston, MA 02134	campaign manager	250.00
09/16/11	Steinberg, Alexis	25 Pratt St., Apt. 1 Allston, MA 02134	campaign manager	250.00
09/26/11	Steinberg, Alexis	25 Pratt St., Apt. 1 Allston, MA 02134	campaign manager	250.00
09/30/11	Steinberg, Alexis	25 Pratt St., Apt. 1 Allston, MA 02134	campaign manager	250.00
10/11/11	Steinberg, Alexis	25 Pratt St., Apt. 1 Allston, MA 02134	campaign manager	250.00

Line 12: Total Expenditures over \$50 (or listed above)

Line 13: Total Expenditures \$50 and under* (not listed above)

Line 14: TOTAL EXPENDITURES IN THE PERIOD

* If you have itemized expenditures of \$50 and under, include them in line 13. Line 13 should include only those expenditures not itemized
Enter on page 1, line 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/20/11	Steinberg, Alexis	25 Pratt St., Apt. 1 Allston, MA 02134	campaign manager	250.00
09/29/11	TEC Mailing Solutions	Sun Prairie, WI	address verifications	70.00
08/29/11	USPS	Boston, MA	postage - permit	60.54
09/06/11	USPS	Boston, MA	postage - permit	600.00
08/30/11	USPS	Somerville, MA	stamps	58.00
09/23/11	USPS	Somerville, MA	stamps	58.00
10/06/11	USPS	Somerville, MA	stamps	63.80
10/17/11	USPS	Somerville, MA	stamps	84.40
Line 12: Expenditures over \$50 (or listed above)				5143.10
Line 13: Expenditures \$50 and under* (not listed above)				654.63
Enter on page 1, line 4 →				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				5797.73

* 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

Line 15: In-Kind Contributions over \$50 (or listed above)	
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Line 16: In-Kind Contributions \$50 & under (not listed above)	
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Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS	
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* 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
3/29/2011	Nilsson, Richard	49 Russell Rd., Somerville, MA 02144	To cover early mailing costs	370.00
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)		370.00