



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

Pg. 1 of 11

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: JAN 1, 2014 Ending Date: 4-28-14

Type of Report: (Check one)

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

Robert Cox  
Candidate Full Name (if applicable)

Selectman  
Office Sought and District

122 Black Oak Ln.  
Residential Address

Telephone Number (optional): \_\_\_\_\_

Committee Name: \_\_\_\_\_

Name of Committee Treasurer: \_\_\_\_\_

Committee Mailing Address: \_\_\_\_\_

Telephone Number (optional): \_\_\_\_\_

RECEIVED  
 TOWN CLERK'S OFFICE  
 MAY - 2 AM 10:28  
 KATHLEEN M. GRAMM  
 TOWN CLERK  
 DRAUGHT, MASS.

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>- 204.69</u>
Line 2: Total receipts this period (page 2, line 11)	<u>7245.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>7040.31</u>
Line 4: Total expenditures this period (page 3, line 14)	<u>3381.62</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3658.69</u>
Line 6: Total in-kind contributions this period (page 4)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	<u>0</u>
Line 8: Name of bank(s) used:	<u>TD 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: 4-28-14

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

##### Candidate with 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

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: 4-28-14



# SCHEDULE A: RECEIPTS

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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)
3-20	Conny Belanger Lowell	50	
3-20	BRIAN CALLAHAN FARMINGTON ST	100.	
3-9	Leslie Bernstein 803 Lowell Methuen	50.	
3-9	JARRET Foley 104 11TH ST. Lowell	50.	
3-9	Jim Hall 25 Fletcher Chelmsford	100.	
3-20	Mike Kuenzler 27 WESTVIEW	100.	
3-20	Mike Lenzi 4 BRIANA WAY	100.	
3-20	John Dowling 75 Dunbar Lowell	100.	
3-19	Mike Welcome PO 248 Pelham NH	100.	
3-19	John ChemLay PO 187 Lowell	250	
3-20	GARY Sepe 122 WESTFORD Lowell	250.	
3-20	BRIAN SHAWLEY 160 PUTNAM Lowell	100	
Line 9: Total Receipts over \$50 (or listed above)		3381.62	
Line 10: Total Receipts \$50 and under* (not listed above)		300.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>3681.62</b>	← 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.



Commonwealth of Massachusetts

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Type of Report: (Check one)  
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Robert Cox  
Candidate Full Name (if applicable)  
Selectman  
Office Sought and District  
122 Black Oak Ln.  
Residential Address  
Telephone Number (optional): \_\_\_\_\_

Committee Name  
Name of Committee Treasurer  
Committee Mailing Address  
Telephone Number (optional): \_\_\_\_\_

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MAY -2 AM 10:28  
KATHLEEN M. SHRAM  
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DRAFT, MA

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Line 6: Total in-kind contributions this period (page 4)	<u>0</u>
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Line 8: Name of bank(s) used:	<u>TD BANK</u>

#### Affidavit of Committee Treasurer:

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Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 4-28-14

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

##### Candidate with Committee

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Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 4-28-14

### 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)
3-9	DAVE MADE 181 Crosby Rd	50.	
3-21	JIM SEAN LON 1313 CARNEGROVE Peabody	100.	
3-19	PAT SEAN LON 412 DEARBORN Salem MA	100.	
3-20	JAMES RIVARD 60 RICHARD ST. Lowell	200.	
4-9	DENNIS SCANNELL 50 TANNER ST. Lowell	100.	
4-8	JIM McCLUTCHY 50 TANNER ST Lowell	250.	
4-3	GLEN MELO 25 Surrey Ln	100.	
3-31	TOM MONAHAN 25 SWART Tr. NASHUA NH	250.	
4-9	George Scannell 50 TANNER ST Lowell	100.	
4-13	COLLEEN ROVERING 55 Belvidere Cr. Lwl	50	
3-13	Robert For Bryan Callahan 136 FRAAGUE	125.	
3-14	GARY TROUVILLE 615 NASHUA Rd	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.



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(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)
3-9	OLIVAS 1734 LAKEVIEW	200.	
3-9	Enterprise Bank Lowell	100.	
3-9	Murphy, Paul 25 Phyllis	250.	
3-8	Dillon, Bill 395 Donahue	50.	
3-21	Bernie Spellissy 21 Aberdeen Lowell	100.	
3-21	CIE Joe Procco 312 Marsh Hill Rd	100.	
3-21	ATTY Brinn Shea 755 Dutton St Lowell	100.	
3-29	NMF LLC 1480 BROADWAY	100	
3-8	Tom Golden 24 Munroe Lowell	150.	
3-9	Leo OUELLETTE 4146 PELHAM Rd	50.	
3-4	John Dolan 173 THORNTON LVL	50.	
3-4	Mike Kuenzler 27 WESTVIEW	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

Pg. 5 of 11

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)
3-20	Donald Lampson 1 Deserieux Ln Tyngs.	100	
4-13	Harvey Gagnon 1483 Hiedveth	200	
4-13	Robert Lowney 89 Sherburne Pelham	50.	
4-13	John Spinney 1117 Methuen St	100	
4-13	Arlene Cox 97 Whitney Ave Lowell	80.	
4-10	James Moriarty 25 McIntosh Chelmsford	50.-	
3-20	Kevin Coughlin 3 Pine Ridge Westford	100.-	
3-20	Lev Creegan	50.5	
3-20	James Haley 66 Cherry Lee Lowell	100.	
3-20	Dennis Cormier 67 Delaware Lowell	100.	
3-9	Jessie Forcier 803 Lowell Methuen	100.	
3-9	Mike Welcome PO 248 Pelham	100.	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← 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

Pg. 6 of 11

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)
3-8	Jim Moriarty 25 McINDOSH Chelms.	50.	
3-9	Harvey Gagnon 1483 Hildreth	200.	
3-9	Keren Merchant 58 Gov Dinsmore W. W. H. H.	50.	
3-20	Terry McCarthy 37 Ebene Lowell	50.	
3-14	FRANK McCABE 41 TRULL Lowell	100.	
3-20	DAN Rourke 15 Bridger Lowell	100.	
3-20	DAVID PALEY 229 STEDMAN Lowell	150.	
3-9	MIKE MURPHY 41 ADAMS	50.	
3-8	Arlene Cox	50.	
3-9	Colleen Louerling 55 Belvidere Cr Lwl	25.	
3-9	DAVE CHARTRAND 53 E ST. DRALW	50.	
3-9	Dennis Cormier	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

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)
3-19	Terrance McCarthy 220 WESMITH ST Lwl	50.	
3-20	John Cox 144 BUTMAN RD Lwl	100.	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← 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
2-10	CARBON COLORS	LAKEVIEW AVE	Tickets	90.37
3-11	H OAKS CC	Meadow creek	Function-Food	856.00
3-14	CARBON Colors	LAKEVIEW AVE	Tickets	69.06
3-22	CTE Dave Nangle	LAWRENCE ST LOWELL	FUNDRAISER	50.-
3-23	CTE MATT Sheehan	DRACUT	FUNDRAISER	50
3-26	CARBON COLORS	LAKEVIEW AVE	Tickets	116.37
3-23	USPS	DRACUT	Postage	147.00
4-1	CARBON COLORS	DRACUT	SIGNS	447.77
4-9	DRACUT FIRE		DONATION	100.
4-4	CARBON COLORS	DRACUT	SIGNS	948.28
4-5	Lowe's	Methuen	Lumber	124.80
4-7	CTE Jesse Fowler	DRACUT	DONATION	50.

Line 12: Total Expenditures over \$50 (or listed above)	
Line 13: Total Expenditures \$50 and under* (not listed above)	
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	

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 Pg. 11 of 11

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
* 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.			Line 15: In-Kind Contributions over \$50 (or listed above)	
Enter on page 1, line 6 →			Line 16: In-Kind Contributions \$50 & under (not listed above)	
			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	

## 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 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	

