



Commonwealth
of Massachusetts

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:

9/2/2017

Ending Date:

Oct. 20, 2017

Type of Report: (Check one)

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

Adam Eugene Chiocca

Candidate Full Name (if applicable)

East District City Councillor

Office Sought and District

34 Archibald Ave. Methuen MA 01844

Residential Address

E-mail: adamchiocca@gmail.com

Phone # (optional): (978) 687-7884

Committee to Elect Adam Chiocca

Committee Name

Martha Woodbridge

Name of Committee Treasurer Methuen MA 01844

CTE Adam Chiocca, 34 Archibald Ave.

Committee Mailing Address

E-mail: adamchiocca@gmail.com

Phone # (optional): (978) 228-0058

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$ 318.19

Line 2: Total receipts this period (page 3, line 11)

\$ 2,285.00

Line 3: Subtotal (line 1 plus line 2)

\$ 2,603.19

Line 4: Total expenditures this period (page 5, line 14)

\$ 706.07

Line 5: Ending Balance (line 3 minus line 4)

\$ 1,897.12

Line 6: Total in-kind contributions this period (page 6)

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RECEIVED
CITY CLERK'S OFFICE
METHUEN, MA
PH 3-44

Line 7: Total (all) outstanding liabilities (page 7)

\$ 2,525.40

Line 8: Name of bank(s) used: Citizens 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: Martha Woodbridge

(Treasurer's signature)

Date: 10/27/17

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: Adam Chiocca

(Candidate's signature)

Date: 10/27/17

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)
9/21/17	Bibeau, Michelle 138 Merrimack St. Methuen, MA 01844	\$25.-	—
9/21/17	Bistany, Matthew 28 Pheasant Hill Lane Methuen, MA 01844	\$25.-	—
9/21/17	Bonanno, Luanne 255 Merrimack St. Methuen, MA 01844	\$50.-	—
9/21/17	Bull, Kerri 6 Barrett Circle Methuen, MA 01844	\$25.-	—
9/21/17	Carson, Richard and Jody 80 Page Rd. Bedford, MA 01730	\$50.-	—
9/21/17	Ciulla, Thomas + Lilian 375 Merrimack St. (#16) Methuen, MA 01844	\$50.-	—
10/10/17	CTE Diana Dizoglio 24 Smith Ave. Methuen, MA 01844	\$50.-	—
9/21/17	CTE James McCarty 3 Hyder Ave. Methuen, MA 01844	\$25.-	—
9/23/17	CTE Steve Saba 15 Chippy Lane Methuen, MA 01844	\$25.-	—
9/21/17	Deeb, Dennis J. II 50 Conrad St. Methuen, MA 01844	\$50.-	—
9/21/17	Devereaux, Laurie 15 Hideaway Lane Methuen, MA 01844	\$50.-	—
9/21/17	Edgar, Rich 12 Harness Downs Rd. Port Matilda, PA 16870	\$50.-	—
Line 9: Total Receipts over \$50 (or listed above)		\$475.-	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		<i>\$475.-</i>	← 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)(2)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/21/17	Farias, Domingo + Massi 40 Archibald Ave. Methuen, MA 01844	\$ 50.-	—
9/21/17	Forde, Mary C. 5 Michael Dr. York, ME 03909	\$ 25.-	—
10/10/17	Greeley, Ed + Andrea 85 Farm St. Wakefield, MA 01880	\$ 100.-	—
9/21/17	Haynes, Cynthia + William 3 Page Rd. Bedford, MA 01730	\$ 25.-	—
10/10/17	Howell, Jason + Christine 22 Landmark Dr. Methuen, MA 01844	\$ 20.-	—
10/10/17	Im, Sewon + Juhee 5000 Beeler St. Denver, CO 80238	\$ 25.-	—
9/21/17	Jajuga Committee 1416 Forest St. Methuen, MA 01844	\$ 100.-	—
9/21/17	Kannan, Jennifer 10B Grandview Rd. Methuen, MA 01844	\$ 50.-	—
10/10/17	Kelley, Bob + Linda 151 Washington St. Methuen, MA 01844	\$ 25.-	—
10/10/17	Khan, Rashid 8 Apple Crest Dr. Methuen, MA 01844	\$ 150.-	—
9/21/17	Kupiek, Mark + Marcia 22 Olympic Village Dr. Methuen, MA 01844	\$ 50.-	—
9/21/17	Lee, Seungchul Moses 1011 Arlington Blvd. (F516) Arlington, VA 22209	\$ 100.-	—
10/19/17	Lug, Jean 76 Ayer St. Methuen, MA 01844	\$ 25.-	—
Line 9: Total Receipts over \$50 (or listed above)		\$ 745.-	
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)(3)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/21/17	MacLeod, Allant Jessica 15 Belmont St. Methuen, MA 01844	\$ 50.-	—
9/21/17	McAllister, Mike + Margaret 9 Notre Dame Rd. Bedford, MA 01730	\$ 50.-	—
9/21/17	Methuen Firefighters (C.K. #3432 Mike Giannuzzi)	\$ 300.-	Methuen Firefighters Local 1691 24 Lowell St. Methuen, MA 01844
10/19/17	Mueskes, Matthew + Jessica 2 Morgan Dr. Methuen, MA 01844	\$ 50.-	—
9/21/17	Norcross, Christopher 710 Lowell St. Methuen, MA 01844	\$ 25.-	—
9/21/17	Parker, Erin 11636 Winding Ridge Dr. San Diego, CA 92131	\$ 25.-	—
10/19/17	Polanco, Angelica 110 Pleasant View St. Methuen, MA 01844	\$ 100.-	—
9/21/17	Rodricks, Edward + Valerie P.O. Box 389 E. Bridgewater, MA 02333	\$ 100.-	—
10/19/17	Salvo, Joseph + Jeannette 107 Woodburn Dr. Methuen, MA 01844	\$ 25.-	—
10/13/17	Scalesse, Ralph + Carol 111 Edgewood Ave. Methuen, MA 01844	\$ 30.-	—
10/19/17	Schwerin, Andrew 411 Franklin St. (#1007) Cambridge, MA 02139	\$ 10.-	—
10/16/17	Seaman, Jeff 2 Stevens St. Methuen, MA 01844	\$ 20.-	—
9/21/17	Stacy, Kathleen 39 Sycamore Rd. Methuen, MA 01844	\$ 30.-	—

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

\$ 15.-

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) (4)

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

250.

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

1100

Line 11: TOTAL RECEIPTS IN THE PERIOD

2,285.

← 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
9/8/17	Bada Bing	26 Hampshire St. Methuen	Rally, Food	74.82
9/7/17	BJ's	70 Cluff Rd. Salem, NH	Rally, Supplies	29.47
9/8/17	Connolly Printing	17B Gill St. Woburn, MA	50 metal H-frames	66.41
9/29/17	Connolly Printing	17B Gill St. Woburn, MA	Palm Cards	333.09
10/16/17	Connolly Printing	17B Gill St. Woburn, MA	metal H-frames	6.41
9/7/17	Dollar Tree	294 N. Broadway suite 4 Salem, NH	Rally, Supplies	22.00
9/3/17	Home Depot	289 S. Broadway Salem, NH	Sign-Holding Supplies	37.33
9/4/17	K Mart	161 S. Broadway Salem, NH	Envelopes	7.17
9/8/17	Market Basket	265 S. Broad Salem, NH	Rally, Food	75.02
9/4/17	Staples	176 S. Broadway Salem, NH	Rally, Invitations	8.47
9/10/17	Staples	176 S. Broadway Salem, NH	Printing	2.10
9/12/17	U.S.P.S. (Post Office)	272 Broadway Methuen	Stamps	39.20
Line 12: Total Expenditures over \$50 (or listed above)				706.07
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				706.07

* 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 B: EXPENDITURES (continued)(2)

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 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)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				

Enter on page 1, line 6 →

* 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.

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

\$2,525.40