



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)

—

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

\$ 2,525.40

Line 8: Name of bank(s) used:

Citizens Bank

2017 NOV - 1 PM 3:44

RECEIVED
CITY CLERK'S OFFICE
METHUEN, MA

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	Derereaux, Laurie 15 Hideaway Lane Methuen, MA 01844	\$50.-	—
9/2/17	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		475.-	← 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 146 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. (#516) 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, Allan + Jessica 15 Belmont St. Methuen, MA 01844	\$50.-	_____
9/21/17	McAllister, Mike + Margaret 9 Notre Dame Ad. Bedford, MA 01730	\$50.-	_____
9/21/17	Methuen Firefighters (ck. # 3432 Mike Granucci)	\$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	Scalese, 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)

815.-

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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/21/17	Swallow, Sheila + David 23 Archibald Ave. Methuen, MA 01844	\$25.	—
9/21/17	Tayb, Youssef + Annette 20 Piedmont St. Methuen, MA 01844	\$50.	—
9/21/17	Tulley, Julie + Daniel 3 Hyder Ave. Methuen, MA 01844	\$25.	—
9/21/17	Wadhwa, Neeraj + Dharam 315 Highland Ave. (#203) Somerville, MA 02144	\$25.	—
9/21/17	Woodbridge, Martha 5 Michael Dr. York, ME 03909	\$100.	—
10/19/17	Zannini, Erica 45 Booth Rd. Methuen, MA 01844	\$25.	—

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

250.

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

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)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				706.07

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 B: EXPENDITURES (continued)(2)[illegible]

* 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.

[illegible]

* 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
9/1/17	Adam Chiocea	34 Archibald Ave.	unpaid liabilities, loans to candidate + mileage reimbursement	\$2,384.93
10/20/17	Adam Chiocea	34 Archibald Ave.	mileage reimbursement (9/2 - 10/20/17) 263.7 miles x .535 =	\$141.07
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$2,525.40