



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2015 OCT 26 AM 8:25

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2015 Ending Date: 10/16/2015

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

JAMES P JAJUGA
Candidate Full Name (if applicable)

METHUEN COUNCILOR AT LARGE
Office Sought and District

146 FOREST ST. METHUEN, MA 01844
Residential Address

Telephone Number (optional): 978-807-0079

FRIENDS of JIM JAJUGA
Committee Name

PAULA JAJUGA
Name of Committee Treasurer

146 FOREST ST. METHUEN, MA 01844
Committee Mailing Address

Telephone Number (optional): 978 689-8711

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1898.50</u>
Line 2: Total receipts this period (page 3, line 11)	<u>9875.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>11773.50</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2004.37</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>9769.13</u>
Line 6: Total in-kind contributions this period (page 6)	<u>400.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>-0-</u>
Line 8: Name of bank(s) used:	<u>LOWELL FIVE</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: Paula Jajuga (Treasurer's signature) Date: 10/25/15

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: James P Jajuga (Candidate's signature) Date: 10/25/15

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)
10/6/15	ASADOORIAN, LEON 48 Lowell Rd SALEM, NH 03079	500 ⁻	OWNER Methuen CONSTRUCTION
10/3/15	BROADHURST, ARTHUR 109 Salem ST Methuen, MA 01844	100 ⁻	
10/6/15	Chemaly, John 2 Douglas Rd Chelmsford, M 01824	400 ⁻	CO-OWNER TRINITY Ambulance Co
9/23/15	COADY, FRANCIS 315 ATLANTIC AVE North Andover, MA 01845	500 ⁻	OWNER Coady Towing Co
10/6/15	CONNELLY, DANIEL 52 WAVE AVE WAKEFIELD, MA 01880	100 ⁻	
10/5/15	Dick, CHRISTOPHER 187 CATAMOUNT Rd TEWKSBURY, MA 01876	200 ⁻	DIRECTOR TRINITY Ambulance Co
10/6/15	DiZoglio, DENNIS 8 Thomas Rd Methuen, MA 01844	100 ⁻	
10/8/15	Doyle, PHILIP 51 Summer Rowley, MA 01969	100 ⁻	
10/2/15	EARLY, STEPHEN 353 S. MAIN ST BRADFORD, MA 01835	250 ⁻	OWNER S&R CONSTRUCTION Co.
9/25/15	FARRIS, ALBERT 40 FAIRVIEW AVE Methuen, MA 01844	100 ⁻	
10/5/15	FERRIS, MARIE 63 WALTON AVE Methuen, MA 01844	100 ⁻	
10/6/15	FITZGERALD, KATHARINE 52 WAVE AVE WAKEFIELD, MA 01880	100 ⁻	
Line 9: Total Receipts over \$50 (or listed above)		2550 ⁻	
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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/9/15	FOX, DAVID 900A BROOKSIDE DR ANDOVER MA 01810	100 ⁻	
10/6/15	GIARRUSSO, Helen 10 BURNHAM RD METHUEN, MA 01844	500 ⁻	Retiree
10/6/15	HOULIHAN, KEVIN 191 FOREST ST METHUEN, MA 01844	100 ⁻	
10/6/15	HUNT, DENNIS 15 ARUNDEL ST. ANDOVER, MA 01810	250 ⁻	OWNER MERRIMAC PLAZA Mobil
10/6/15	KEAMY, Mitchell 14 DEVONSHIRE PLACE ANDOVER, MA 01810	150 ⁻	
10/6/15	KEARNEY, JAMES 16 ALLEN ST METHUEN, MA 01844	250 ⁻	OWNER IRISH Cottage RESTAURANT
9/25/15	KHAN, RASHID 8 APPLECREST DR METHUEN, MA 01844	100 ⁻	
10/5/15	LAROCHELLE, DIANA 180 OCEAN BLVD SEABROOK, NH 03874	200 ⁻	MANAGER ACCU DATA LLC
10/6/15	LEONE, JOSEPH 28 MORGAN DR METHUEN, MA 01844	100 ⁻	
10/2/15	LOTH, ERIC 12 LAVENDER Circle N. ANDOVER, MA 01845	500 ⁻	MANAGER, MINCO INC.
10/5/15	MANZI, WILLIAM 66 WOODBURN DR. METHUEN, MA 01844	100 ⁻	
10/7/15	MAROUN, EMILE 26 SPRUCE ST METHUEN, MA 01844	250 ⁻	CO-OWNER George's BAKERY
10/7/15	MAROUN, GEORGE 10 THAYER ST METHUEN, MA 01844	250 ⁻	CO-OWNER George's BAKERY
Line 9: Total Receipts over \$50 (or listed above)		2850 ⁻	
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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/9/15	McSweeney, Gerald 6 Settlers Way SALEM, MA 01970	100 ⁻	
10/1/15	MINICUCCI, DAVID 340 JOHNSON ST N. ANDOVER, MA 01845	100 ⁻	
9/30/15	MINICUCCI, LOUIS JR 231 SUTTON ST N. ANDOVER, MA 01845	500 ⁻	OWNER MINCO INC
10/6/15	MINICUCCI, LOUIS III 530 MAIN ST N ANDOVER, MA 01845	100 ⁻	
10/7/15	MOTZKIN, JAMES 265 Newbury St Peabody, MA	500 ⁻	OWNER JRM Recycling Co.
10/6/15	MOYNIHAN, William 31 Adele Ave HAVERHILL, MA 01832	100 ⁻	
10/6/15	NASSAR, Henry 94 NISTMEY LANE N. ANDOVER, MA 01845	100 ⁻	
10/7/15	O'NEIL, EUGENE 16 WAYNE ST. BRADFORD MA 01835	100 ⁻	
10/6/15	RAMAPRIYA, JEEVANADHAR 519 HARRISON AVE BOSTON, MA 02118	100 ⁻	
10/6/15	RYAN, John 21 Pheasant Hill Lane Methuen, MA 01844	1000 ⁻	ELECTRICIAN, SELFEMPLOYED
10/5/15	RYNNE, JOSEPH 138 FOREST ST METHUEN, MA 01844	100 ⁻	
10/6/15	RYNNE, JOSEPH JR. 43 NEWPORT ST METHUEN, MA 01844	100 ⁻	
10/2/15	SEPE, GARY 1221 WEST FORD ST LOWELL, MA 01851	250 ⁻	CO-OWNER TRINITY AMBULANCE Co
Line 9: Total Receipts over \$50 (or listed above)		3150 ⁻	
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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/5/15	Sheehan, Robert 92 Pleasant St. Methuen, MA 01844	200 ⁻	OWNER, Sheehan Towing Co.
9/23/15	SIDDIQ, ABUBAKKAR 60 STRATHMORE Rd. Methuen, MA 01844	100 ⁻	
10/6/15	SULLIVAN, SCOTT 244 Lowell St Methuen, MA 01844	500 ⁻	Firefighter, Town of Methuen
10/6/15	Ventre, Steven 26 W BRADSTREET RD. N. ANDOVER, MA 01845	100 ⁻	
10/6/15	ZANNI, Steve 70 SEVOIAN DR Methuen, MA 01844	100 ⁻	
Line 9: Total Receipts over \$50 (or listed above)		1000 ⁻	
Line 10: Total Receipts \$50 and under* (not listed above)		325 ⁻	
Line 11: TOTAL RECEIPTS IN THE PERIOD		9875 ⁻	← 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
10/13/15	AMERICAN CANCER Society	% MARY KOSIOREK 20 BATES ST. METHUEN MA 01844	FUNDRAISER WALK SPONSORED M. Kosiorek	100-
2/18/15	FIRST Congregational Church	20 PLEASANT ST METHUEN, MA 01844	POLITICAL Ad FUNDBRAISER	100-
6/11/15	Methuen Arlington Neighborhood, INC.	141 TENNEY ST PO BOX 715 METHUEN, MA 01844	SPONSOR GOLF TOURNAMENT FUNDBRAISER	150-
4/23/15	METHUEN CREW	P.O. Box 81 N. ANDOVER, MA 01845	Rowing Club FUNDBRAISER	100-
5/17/15	Methuen Exchange Club	PO Box 1008 Methuen, MA 01844	Taste of Methuen FUNDBRAISER	150-
9/2/15	Methuen Life	PO BOX 485 Windham, NH 03087	Reelection Political Newspaper Advertisement	400-
3/24/15	Methuen School Fund	10 DITSON Place METHUEN, MA 01844	FUNDRAISER ARTHUR NICHOLSON	80-
9/11/15	Vogel PRINTING	PO Box 127 Lawrence MA 01842	POLITICAL SIGNS	924 ³⁷

Line 12: Total Expenditures over \$50 (or listed above) **2004.37**

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

Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD** **2004.37**

* 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
10/6/15	JAMES KEARNEY	16 ALLEN ST METHUEN, MA 01844 OWNER Irish Cottage Rest.	FUND RAISER BREAKFAST IRISH COTTAGE RESTAURANT	400
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

* 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
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	- 0 -