



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:  Ending Date:

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="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="3,002.81"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="3,002.81"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="3,002.81"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="0"/>
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="2,621.83"/>
Line 8: Name of bank(s) used:	<input type="text" value="Salem Co-op"/>

2015 OCT 27 AM 11:05  
 RECEIVED  
 CITY OF METHUEN  
 CLERK OF THE CITY

**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: David DiNatale (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: Jana DiNatale (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)
Oct 14, 2015	Committee to Elect Steve Zanni	100	70 Sevoian Drive, Methuen, MA, 01844
Oct 14, 2015	Cairnie, Douglas	100	16 Old Homestead Rd, Methuen, MA 01844
Oct 24, 2015	DiNatale, Jana (Candidate, Loan)	1,967.81	Methuen School Committee / Stay at home mom 170 Bay State Rd, Methuen, MA 01844
Oct 14, 2015	Marino, Dianne	200	Skip Tracing Specialist The CCS Companies, 11 Brickyard Sq, Epping, NH 03042
Oct 14, 2015	Pollard, Sharon	100	5 Locust St., Methuen, MA 01844
Line 9: Total Receipts over \$50 (or listed above)		500	
Line 10: Total Receipts \$50 and under* (not listed above)		2,502.81	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>3,002.81</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 (continued)**

<b>Date Received</b>	<b>Name and Residential Address (alphabetical listing required)</b>	<b>Amount</b>	<b>Occupation &amp; Employer (for contributions of \$200 or more)</b>
<b>Line 9: Total Receipts over \$50 (or listed above)</b>			
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>			
<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
Oct 13, 2015	Go 1 Dollar	73 Winthrop Ave, Lawrence, MA	Fundraiser	68
Oct 14, 2015	Jules on the Water	478 Lowell St, Methuen, MA	Fundraiser	400
Aug 27, 2015	Methuen Life	PO Box 485, Windham, NH 03087	Advertising / Newsprint	265
Sep 24, 2015	Owl Stamp	142 Middle St., Lowell, MA 01852	Advertising / Palm Cards	243
Oct 23, 2015	Owl Stamp	142 Middle St., Lowell, MA 01852	Advertising	830.62
10/8/2015	Valley Patriot	PO Box 453, North Andover, MA 01854	Advertising / Newsprint	220
Jun 9, 2015	Vistaprint	www.vistaprint.com 95 Hayden Ave, Lexinton, MA 014844	Business Cards, Notecards	86.55
Jun 10, 2015	Vistaprint	www.vistaprint.com 95 Hayden Ave, Lexinton, MA 014844	Business Cards / Notecards	86.45
Sep 17, 2015	Vogel Printing	PO Box 127, Lawrence, MA 01842	Yard Signs / Stakes	627.4
Line 12: Total Expenditures over \$50 (or listed above)				2,827.02
Line 13: Total Expenditures \$50 and under* (not listed above)				175.79
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>3,002.81</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 B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over \$50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	

\* 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)	0
			Line 16: In-Kind Contributions \$50 & under (not listed above)	0
			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	<b>0</b>

\* 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
Sep 21, 2013	Jana DiNatale (loan to CTEJD)	170 Bay State Rd, Methuen, MA 01844	Loan From Candidate	61.98
Sep 27, 2013	Jana DiNatale (loan to CTEJD)	170 Bay State Rd, Methuen, MA 01844	Loan From Candidate	295.32
Oct 11, 2013	Jana DiNatale (loan to CTEJD)	170 Bay State Rd, Methuen, MA 01844	Loan From Candidate	101.58
Oct 22, 2013	Jana DiNatale (loan to CTEJD)	170 Bay State Rd, Methuen, MA 01844	Loan From Candidate	82.14
Oct 30, 2013	Jana DiNatale (loan to CTEJD)	170 Bay State Rd, Methuen, MA 01844	Loan From Candidate	74.59
Nov 3, 2013	Jana DiNatale (loan to CTEJD)	170 Bay State Rd, Methuen, MA 01844	Loan From Candidate	25
Nov 10, 2013	Jana DiNatale (loan to CTEJD)	170 Bay State Rd, Methuen, MA 01844	Loan From Candidate	13.41
Oct 24, 2015	Jana DiNatale (loan to CTEJD)	170 Bay State Rd, Methuen, MA 01844	Loan From Candidate	1,967.81
Enter on page 1, line 7 →	<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>			2,621.83