Commonwealth

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachu 31 OCT 30 PH 3:44	File with: City or Town Clerk or Election Commissi				
Fill in Reporting Period dates: Beginning Date:	26/2017 Ending Date: 10/20/2017				
Type of Report: (Check one)					
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution				
Domingo Dominguez Condidate Full Name (if applicable) Counce Or Atrack Arge Office Sought and District Residential Address E-mail: Phone # (optional): 978-815-1089	Committee Name AnderSon Pena Name of Committee Treasurer Rayman Rd Committee Mailing Address E-mail: Phone # (optional): 978 815-1089				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	\$200				
Line 2: Total receipts this period (page 3, line 11)	2980				
Line 3: Subtotal (line 1 plus line 2)	3,150.00				
Line 4: Total expenditures this period (page 5, lin	le 14) 2,950				
Line 5: Ending Balance (line 3 minus line 4)	200				
Line 6: Total in-kind contributions this period (pa	2,940				
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used: Emstern 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 in on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date: 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.					
gned under the penalties of perjury:					

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.)

Name and Residential Address			Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
8/1/17	Alexander Drew 35 toto St. 36 Beo Bodg MA 01960	20.00		
8/22/17	OSCAr Guerrero P. OBOX 20061 ROXbury, MAODIDO	100.0		
9/5/17	Shirley Wolker 51 LA fax It St. SALE	100		
9/15/17	Victoria Sham 253 Essex St. Swan	100		
9/20/17	Gardy Jean Francois 30 Lynnway Lynn HA 01902	100		
9/20/17	MAZOW/Mcullow Pc 10 Derby Sq. Salem	50		
10/2/17	Botsy Merry 413 LA fayette It SAGO	100		
10/2/17	Attorney Richard Lynn, MA	50		
10/11/17	Jeff Goldman 125 Washington Story	200	I monigration Ave. LCC	
10/6/17	ANA Peña 85 Congress St.	100		
9/27/17	Dioni Barrientos 25 Cactor St 25 Providence PI	100		
9/27/17	JCHV Group CCC 95 Alexander Si North providence	160		
Line 9: Total Receipt	s over \$50 (or listed above)	1,120		
Line 10: Total Receipt	ts \$50 and under* (not listed above)	,		
Line 11: TOTAL RE	CEIPTS IN THE PERIOD	1,120	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)		
10/11/12	Bod Carmire 10 Frances St. SAla	100			
101(1)3	Higuel Gonzaly	100			
10/11/17	Revere, MA				
10/11/17	Luz Villa Real 1 Square St. Sala	20			
10/11/17	Fawaz Abushark 4 HARRISOn Rd SAL	100			
10/11/17	Lucy Corcheto I Chase St. Salan	50			
10/11/17	MARK BARRY SALEM, MA	100			
Idula	Richard Wilcock 12 Buffunst. Salm	100			
10/11/17	Juan Aurelio Boston, MA	100			
10/11/17	NSADC Lynn, MA 01902	500	NORth Shore Adult Day Care Day Care		
10/11/12	Anthony Opened 35 Washington Sq. Salem MA 01970	200	Funeral Home O'Donell Funeral		
10/12/17	Daniel Domingery 1057 Sant Nichols 9	100			
10/12/17	Rusan Cedeno 926 Anna SI Elizabeth NJ	350	Ministerio Charch Pastor		
Line 9: Total Receipt	s over \$50 (or listed above)	1,820			
Line 10: Total Receipt	ts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD * If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.					

^{*} 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.)

	To Whom Paid		The state of the s	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		2 Hount Vernon		
1 0/00/	Lebel Sigms		1 / 2	
9/30/17	019	1 xnn, MA 01902	Lace Jigans	315
	The Columbus Society	Knigths of C	Hall Rental	10113
10/2/17	Society			240
10/2/10		Salen, MA		
1	Full Collor	PALM Cand	PALM Cards	325
9/30/17		Lynn, MA		
	T-1100 11			
	FullCollor	26 Joyce St.	Polm Cards	325
9/20/17		LYnn, MA		
	Staples	Eny 17 porchis	Envolop	
Glistal	1314	Calan II		\$16
1117/14		Salm Ma		TFW
	Den Kin Dunts	19 Andove St	Coffe s' Dunits	
9/14/12		Danvers, MA	Dunats	17.59
	Charles	17 Paredre S'	/ ********	
1 /2/2	Staplon		2 n vo Cop	16.00
10/8/17		SA long, MA		
	Stapless	385 Washingto	Envo Cap	16.00
10/5/17		Woburn, MA	CU100 de	16.44
	10			
1	AEB Solida	ANE Estrella Smokep.	DOOR Hanger	
16/10/7	print souls	SAGRED.	Dear friend	1,360
	I plant Sires			
	Lebel Signs	2 Hound Verna	Law Signs	310
1028	1	Lynn, MA		2 10
111				
		Line 12: Total Expenditures over \$50 (or listed above)		2940
		Line 13: Total Expenditures \$50 and under* (not listed above)		
			2940	
	Enter on page 1, line 4 g	nter on page 1, line 4 g 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.

Page 4